## Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the	e 2017 calen	dar year, or tax	year begir	nning		, 2017	, and endir	ng		,		
В	Check if	applicable:	С							D Employ	er identif	ication number	
	Add	lress change	Sacrament	o Socie	tv for t	he				94-1	13123	343	
	Nam	ne change	Prevention	n Of Cr	ueltv To	Animal	S			E Telepho		-	
	$\vdash$	al return	6201 Flor	in-Perk	ins Ŕoad	l				(91)	2) 383	3-7387	
	$\vdash$	return/terminated	Sacrament	o, CA 9	5828					()11	3) 300	7307	
	$\vdash$									<b>G</b> Gross re	خ خ	5 0 004	010
	$\vdash$	ended return	F Name and add	Irocc of princips	ol officer:				H(a) Is this	a group return			X No
	App	olication pending	F Name and add	• <b>7.1</b>	Ken	n Altine	9		` '			'	No No
_	Taylar	vouset status	Same As C		\ (in		4047/2)/1) 21	.	If 'No,'	subordinates attach a list.	(see instr	ructions)	
<u></u>		xempt status	X 501(c)(3)	501(c) (	) - (II	isert no.)	4947(a)(1) or	f 527					
_			w.sspca.o		T T	Tau N				exemption nu			
K		of organization:	X Corporation	Trust	Association	Other ►	L	Year of format	ion: 192	/ IVI S	state of le	gal domicile: CA	
Pa	rt I	Summar	y bo the ergoniza	ationla mica	ion or most s	significant o	otiviti og . 🎞	4 . 4 . 4	1004	±1 1	<u> </u>	CD/	77
	1 E	Briefly descri	be the organiza	1 1	ion or most s	signinicant a	cuvilles.F O	unaea 1	n 1894	, the	Sacra	amento SPO	<u>∠A</u>
g			providin										
뎚			to reduce										
Ē			rs through										<u>.ет.</u> _
Activities & Governance			oting members								11et ass	seis.	1 /
~જ			dependent voti								4		14 14
es			of individuals	-	-		•	•			5		144
₹			of volunteers								6		2,700
ರ			ed business rev								7a		0.
	<b>b</b> N	Net unrelated	l business taxa	ble income	from Form 9	90-T, line 34	4				7b		0.
									P	rior Year		Current Ye	ear
	8 (	Contributions	and grants (Pa	art VIII, line	: 1h)				7	,101,3	08.	6,269	,065.
Revenue			vice revenue (P					-0.5		,872,1		2,085	
ķ	10 l	nvestment in	ncome (Part VII	II, column (	A), lines 3, 4	, and <b>7</b> d)				196,2			,943.
æ			e (Part VIII, co							93,5			,604.
	<b>12</b> T	Total revenue	e – add lines 8	through 11	(must equal	Part VIII, co	olumn (A), I	ine 12)	. 9	,263,2	11.	8,603	
	13	Grants and si	imilar amounts	paid (Part	IX, column (A	4), lines 1-3	)						
	14 E	14 Benefits paid to or for members (Part IX, column (A), line 4)											
<b>,</b> 0	<b>15</b> S	Salaries, othe	er compensatio	n, employe	e benefits (P	art IX, colur	nn (A), lines	s 5-10)	. 4	4,467,0	12.	4,686	,562.
Se	16a F	6a Professional fundraising fees (Part IX, column (A), line 11e)											
Expenses	Ь⊺	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► 1,029,148.											
Щ			ses (Part IX, co							2,635,1	52	2,213	270
			es. Add lines 1			-				, 033, 1 , 102, 1		6,899	
		•	expenses. Su	-	•	-							
- i 8		VOACUME 1699	o caponaca, ou	Diract IIIIC I		<u> </u>				2,161,0		1,703 End of Ye	
ts o	<b>20</b> T	Total assets i	(Part X, line 16	3)						ng of Curren		16,689	
lsse Bak	21 7		s (Part X, line							549,4 549,4			, 188. , 494.
Net Assets	20 1		•	,							- 1		
			fund balances	. Subtract I	ine 21 from 1	ine 20			. 14	,028,0	34.	15,976	,694.
	rt II	Signatur											
Unde	er penaltie olete. Dec	es of perjury, I de claration of prepa	eclare that I have ex arer (other than office	amined this reti er) is based on	urn, including acc all information of	companying sche f which preparer	edules and state has any knowle	ements, and to edge.	the best of m	ıy knowledge	and belie	ef, it is true, correct	, and
		<u> </u>											
c:		Signatu	re of officer						Da	ite			
Siç He	jn ro	77.	7.1.						CEO				
пе	16		Kenn Altine Type or print name and title  CE										
		,,	preparer's name		Preparer's sign	nature		Date		Observat	]; <u> </u>	PTIN	
_				an.	1		an.		/1.0	Check	<b>」"</b>		
Pa			ı J. Olds,		•	J. 01ds		11/29/	18 TR	self-employe	ed [	<u> 201343979</u>	
	eparei			WILLIAMS & OLDS PROFESSIONAL CORP									
US	e Only	<b>y</b> Firm's addre		900 UNIVERSITY AVENUE SUITE 100					Firm's EIN ► 01-0560769				
									Phone no. (916) 858-1680			0	
May	the IR	RS discuss th	is return with t	he preparer	shown abov	e? (see inst	ructions)					X Yes	No

Par	t III	Statement of Program Service Accomplishments		7.7
	D : 4	Check if Schedule O contains a response or note to any line in this Part III		X
1		ly describe the organization's mission:		
	<u>See</u>	<u> Schedule 0</u>		
2		ne organization undertake any significant program services during the year which were not listed on the prior		
		1 990 or 990-EZ?	X	No
		es,' describe these new services on Schedule O.		
3		he organization cease conducting, or make significant changes in how it conducts, any program services?	s X	No
		es,' describe these changes on Schedule O.		
4	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured by ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	expense expens	ises. ses,
	(Cada	a	00 6	00 \
4 a			83,6	
	<u>See</u>	<u>Schedule O</u>		
		- 101		
4 t	(Code		69,0	<u>55.</u> )
	Spa	y and neuter services are a major focus of the Sacramento SPCA and all anim	nals_	in
		care are spayed or neutered prior to release for adoption. In addition, we		
	pro	-actively operate outreach programs designed to encourage and facilitate sp	oayin	ıg
		l neutering of companion and feral animals in our communities, including pro		
	to	encourage participation of people who may be reluctant or unable to pay for	r suc	:h
	ser	vices. In 2017, 18,231 animals were sterilized. We average over 650 surger:	<u>ies e</u>	ach
	yea	r at no cost for pit bulls and pit mixes through our We Pay to Spay program	n and	l
	mor	e than 3,600 cats were altered at no cost to our TNR partners through our		
	Com	munity Cat Program.		
4 0	: (Code	e: ) (Expenses \$ 674,973. including grants of \$ ) (Revenue \$ 1	33,0	50.)
	The	e Sacramento SPCA provides a safe and nurturing environment for unwanted, al		
		mistreated pets until they can be permanently placed into loving homes. The		
		pactive intervention, public education and community outreach efforts, 3,472		
		mals were placed into loving homes and an additional 240 placed through re-		
		tners during the calendar year 2017. Another 459 animals were transported		
		erburdened shelters in the community to the Sacramento SPCA for adoption.		
4 1	Other	r program services (Describe in Schedule O.)		
•		enses \$ including grants of \$ ) (Revenue \$	)	
4 6		program service expenses > 5,354,993.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		X
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	Х	
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

# Form 990 (2017) Sacramento Society for the Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	IDid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
k	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ł	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
$D \wedge A$		Form	gan (	2017)

# Form 990 (2017) Sacramento Society for the Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

Check if Schedule O contains a response or note to any line in this Part V				. 🔲
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	33			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	144	. 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	Χ	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		20	71	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶		u		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				37
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>_</u>	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		<u> </u>
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat solicit any contributions that were not tax deductible as charitable contributions?	ion	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7 a	Χ	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 a	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		7 13	71	
Form 8282?		7 c		Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	L	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7 g	v	
Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		7 h	Х	
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b		
0 Section 501(c)(7) organizations. Enter:	Ī			
a Initiation fees and capital contributions included on Part VIII, line 12				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>				
1 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12 a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year				
3 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?		13 a		
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand				
4a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14b		
AA TEEA0105L 08/08/17		Form	990	(2017)

Form 990 (2017) Sacramento Society for the Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No **10 a** Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?....... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c **13** Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule. . 0. . . . . . Χ 15a **b** Other officers or key employees of the organization...See.Schedule.Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Sacramento CA 95828 (916)383-7387

SSPCA 6201 Florin-Perkins Road

	Form 990	(2017)	Sacramento	Society	for	the
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94-1312343

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated

employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional lighest compensated ormer (list any employee hours for and related related organizations organiza tions l trustee helow dotted line) (1) Hallye Jordan 1 0 President Χ Χ 0 0 0. (2) Kathy Lelevier 1 0 Χ 0 Director 0. (3) Melody Healy 1 0 0. Director 0 0 (4) Barbara Guthrie Director Χ 0 0 0. (5) Constance Crawford 1 Director 0 Χ 0 0. 0. (6) Maren Christie 1 Director 0 0. 0. Χ 0 (7) Tom Peno 1 0 Χ 0. Treasurer Χ 0. 0. (8) Bill Altavilla 1 0 Director Χ 0 0 0. (9) Susan Summers 1 Director 0 Χ 0 0 0. (10) Mike Cleary 1 0 Director Χ 0 0. 0 (11) Linda Starr 1 0 Χ Secretary Χ 0 0 0. (12) Susan Gray 1 Vice President 0 Χ Χ 0 0 0. (13) Nabil Musallam 1 0 Director Χ 0 0 0. Zack Morgan DVM 1 Director 0 Χ 0 0 0.

Tart VIII Section A. Officers, Directors, 110		103		•	_	c3, (	u	i inghest con	pensatea Emp	loyees (a	onunaca)
<b>(A)</b> Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box,	er and	ss pe d a d	ition more rson lirecto	than the both the bot	n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estim amount of comper from organiz and re organiz	ated of other isation the zation lated
(15) Kenn Altine	<u> 40</u> _	-		Х				139,074.	0.		0.
(16) Michael Oei	<u>40</u> 0	-									
(17)		-		Х				123,711.	0.		0.
(18)											
(19)											
(20)											
(21)		=									
(22)											
(23)								-01			
(24)								262			
(25)	1		Ň	C							
1 b Sub-total							<b>&gt;</b>	262,785.	0.		0.
c Total from continuation sheets to Part VII, Secti	on A						<b></b>	0.	0.		0.
d Total (add lines 1b and 1c)							▶	262,785.	0.		0.
2 Total number of individuals (including but not limited from the organization ► 2							ved			ensation	
Z										Y	es No
3 Did the organization list any <b>former</b> officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	tor, or tru h individu	stee, al	key	em	ploy	/ee, (	or h	nighest compensat	ed employee	. 3	X
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate	er than \$1	50,00	00? /	lf 'Y	'es,'	com	ıple	te Schedule J for			
<ul><li>such individual</li><li>5 Did any person listed on line 1a receive or accru</li></ul>	e comper	satio	n fro	m a	anv	unre	late	ed organization or	individual		X
for services rendered to the organization? <i>If 'Yes</i> Section B. Independent Contractors	s,' comple	te Sc	chedu	ule .	J foi	r suc	:h p	erson		. 5	X
1 Complete this table for your five highest compen compensation from the organization. Report compensation	sated ind	epend	dent	cor	ntrac	ctors	tha	it received more th	nan \$100,000 of		
(A) Name and business add		tile ce	aicrio	iai y	<i>r</i> cai	Criun	iig v	(B) Description of		(C) Compens	ation
Alpha Dog Marketing 9060 Andermatt Drive,		ncol	n, N	JE (	6852	26		Direct market	ing		2,919.
2 Total number of independent contractors (including t		ited to	thos	se li	isted	l abov	ve)	Mho received more	than		
\$100,000 of compensation from the organization	<b>►</b> 1										• (0017)

	Check if Schedule O contains a response or note to any	line in this Part V	III		
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a   b Membership dues 1b   c Fundraising events 1c   d Related organizations 1d   e Government grants (contributions) 1e   f All other contributions, gifts, grants, and similar amounts not included above 1f   g Noncash contributions included in lines 1a-1f: 5,939,652   h Total. Add lines 1a-1f 559,933	6,269,065.			
<u>9</u>	Business Code	0,209,003.			
e	2a Veterinarian Clinic 621300	968,765.	968,765.		
Rey	b Surrender Income 900099	456,824.	456,824.		
<u>8</u>	c City of Rancho Cordova 900099	279,596.	279,596.		
Program Service Revenue	d Adoptions Income 900099	133,050.	133,050.		
S	e City of Folsom 900099	71,555.	71,555.		
gra	f All other program service revenue WKS	175,995.	175,995.		
5	g Total. Add lines 2a-2f	2,085,785.	110/3301		
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	38,300.			38,300.
	5 Royalties				
	(i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	ic C	Kgo		
	7 a Gross amount from sales of (i) Securities (ii) Other	110			
	assets other than inventory  b Less: cost or other basis				
	and sales expenses				
	<b>c</b> Gain or (loss)				
	d Net gain or (loss)	141,643.			141,643.
Other Revenue	8a Gross income from fundraising events (not including. \$\frac{329,413.}{0f contributions reported on line 1c).}  See Part IV, line 18				
돗	c Net income or (loss) from fundraising events	62,675.			62,675.
	9 a Gross income from gaming activities. See Part IV, line 19 a	027073.			027073.
	<b>b</b> Less: direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory	5,875.			5,875.
	Miscellaneous Revenue Business Code	5,015.			3,013.
	11a Miscellaneous 900099	54.			54.
	b	J4.			J4.
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	54.			
	12 Total revenue. See instructions.		2.085.785	0.	248.547.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	Check if Schedule O contains a r not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	esponse or note to any (A) Total expenses	<b>(B)</b> Program service	(C) Management and general expenses	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	262,785.	211,967.	22,567.	28,251.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	3,572,617.	2,881,741.	306,802.	384,074.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,372,017.	2,001,741.	300,002.	304,074.
9	Other employee benefits	567,940.	454,277.	42,059.	71,604.
10	Payroll taxes	283,220.	226,538.	20,974.	35,708.
11	Fees for services (non-employees):	,	,		
a	Management				
ŀ	<b>)</b> Legal				
	Accounting	26,850.	21,865.	2,021.	2,964.
	<b>1</b> Lobbying	20,0001	22/0001	_, =	_, 5 5 1 1
•	Professional fundraising services. See Part IV, line 17		_1		
f	Investment management fees	29,380.		29,380.	
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	133,086.	85,490.	10,498.	37,098.
	Advertising and promotion  Office expenses	27 017	15 272	10.016	4 100
13	V-	37,517.	15,372.	18,016.	4,129.
14					
15	Royalties	274 217	252 772	11 710	0.720
16	Travel.	374,217.	352,773.	11,712.	9,732.
17		13,483.	10,862.	372.	2,249.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	393,784.	370,524.	13,321.	9,939.
23	Insurance	58,765.	42,737.	5,382.	10,646.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Support for animals	532,020.	530,158.		1,862.
_	Printing and Publications	256,932.	21,202.	4,011.	231,719.
	Postage and Shipping	123,685.	22,771.	4,948.	95,966.
	Computer expense	64,015.	34,747.	12,328.	16,940.
	All other expenses	169,544.	71,969.	11,308.	86,267.
25	Total functional expenses. Add lines 1 through 24e	6,899,840.	5,354,993.	515,699.	1,029,148.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any I	ine in this Part X				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			2,091,584.	1	3,227,623.	
	2	Savings and temporary cash investments			587,577.	2	2,531,624.	
	3	Pledges and grants receivable, net			2,914,311.	3	341,577.	
	4	Accounts receivable, net			130,461.	4	231,957.	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated en	officer nploye	s, directors, ees. Complete				
	_	Part II of Schedule L				5		
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(1) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	and contributing		6			
ţ	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			30,302.	8	23,948.	
Ä	9	Prepaid expenses and deferred charges			71,057.	9	39,866.	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	12,495,451.				
	b	Less: accumulated depreciation	10 b	5,814,815.	6,723,685.	10 c	6,680,636.	
	11	Investments – publicly traded securities			2,000,612.	11	3,598,912.	
	12	Investments – other securities. See Part IV, line 11			,	12	,	
	13	Investments – program-related. See Part IV, line 11.				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			27,861.	15	13,045.	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		14,577,450.	16	16,689,188.	
	17	Accounts payable and accrued expenses			549,416.	17	712,494.	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities			P	20		
ië.	21	Escrow or custodial account liability. Complete Part I			-	21		
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, air I disqu	alified persons.		22		
	23	Secured mortgages and notes payable to unrelated th				23		
	24	Unsecured notes and loans payable to unrelated third		L.		24		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25		
	26	<b>Total liabilities.</b> Add lines 17 through 25			549,416.	26	712,494.	
S		Organizations that follow SFAS 117 (ASC 958), check he	re ►	X and complete				
ğ		lines 27 through 29, and lines 33 and 34.						
<u>a</u>	27	Unrestricted net assets			13,613,639.	27	15,575,886.	
Ba	28	Temporarily restricted net assets.			404,395.	28	390,808.	
p	29	Permanently restricted net assets			10,000.	29	10,000.	
Net Assets or Fund Balances		organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	zations that do not follow SFAS 117 (ASC 958), check here ► omplete lines 30 through 34.					
2	30	Capital stock or trust principal, or current funds				30		
8	31	Paid-in or capital surplus, or land, building, or equipment	ent fu	nd		31		
As	32	Retained earnings, endowment, accumulated income,				32		
let	33	Total net assets or fund balances			14,028,034.	33	15,976,694.	
_	34	Total liabilities and net assets/fund balances			14,577,450.	34	16,689,188.	

BAA Form **990** (2017)

BAA

Form **990** (2017)

-	the Contract of the Contract o	<i>-</i> -	<del></del>	10 10		-	9 -
Pa	art XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		1		8,6	03,3	397.
2	2 Total expenses (must equal Part IX, column (A), line 25)		2		6,8	99,8	340.
3	Revenue less expenses. Subtract line 2 from line 1		3			03,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4			28,0	
5	Net unrealized gains (losses) on investments		5			45,1	
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain in Schedule O)		9				0.
10							
	column (B))		10	1	5,9	76,6	594.
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
						Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or resperate basis, consolidated basis, or both:	eviewe	ed on a	а			
	Separate basis Consolidated basis Both consolidated and separate basis						l
	<b>b</b> Were the organization's financial statements audited by an independent accountant?				2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a basis, consolidated basis, or both:	separa	ite				
	X Separate basis Consolidated basis Both consolidated and separate basis						
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,			2 c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.						
3	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle 			3 a		Х
I	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed aud	it		3 h		

TEEA0112L 08/08/17

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number Sacramento Society for the Prevention Of Cruelty To Animals 94-1312343 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 12 Type II. A supporting organization supervised of controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	5,452,005.	5,430,591.	8,325,068.	8,973,410.	8,354,850.	36,535,924.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5,452,005.	5,430,591.	8,325,068.	8,973,410.	8,354,850.	36,535,924. 1,129,769.		
6	Public support. Subtract line 5 from line 4						35,406,155.		
Sec	tion B. Total Support			•	•	•	, , ,		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total		
7	Amounts from line 4	5,452,005.	5,430,591.	8,325,068.	8,973,410.	8,354,850.	36,535,924.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,408.	174,898.	58,918.	30,811.	38,300.	330,335.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		174,898.	C		20,000	0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	77.		-71.	-101.	54.	-41.		
11	<b>Total support.</b> Add lines 7 through 10						36,866,218.		
12	Gross receipts from related activ	rities, etc. (see ins	structions)				0.		
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	<b>&gt;</b> [		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
	Public support percentage for 20						96.04%		
	Public support percentage from 33-1/3% support test—2017. If t	he organization di	id not check the b	oox on line 13. an	d line 14 is 33-1/3	B% or more, check	95.64 % k this box		
b	and stop here. The organization qualifies as a publicly supported organization.  b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Parl	t VI how		
	b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								

94-1312343

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Calend	dar year (or fiscal year beginning in) >	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include							
2	any 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b				. 1			
	<b>Public support.</b> (Subtract line 7c from line 6.)			66	107			
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	'	(f) Total
9	Amounts from line 6	)	FT1011					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	P	U					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 organization, check this box and	stop here						<b>&gt;</b>
	tion C. Computation of Pul			10 1		- I		
	Public support percentage for 20						15	<u> %</u>
	Public support percentage from 2						16	્ર
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	е				
17	Investment income percentage f	or <b>2017</b> (line 10c,	column (f) divide	ed by line 13, colu	ımn (f))		17	%
18	Investment income percentage f					<u></u>	18	%
	33-1/3% support tests—2017. If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organiz	zation	▶ 🔲
	<b>33-1/3% support tests—2016.</b> If the line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> Th	ne organization qu	ualifies as a public	ly supported	organizati	on ▶
20	<b>Private foundation.</b> If the organizer	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	I see instruct	ions	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the	2		
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		
AA	TEEA0404L 08/10/17 Schedule A (Form 990	or 9	9 <b>0-EZ</b>	2017

Par	t IV	Supporting Organizations (continued)			
11	Lloc t	the expenientian eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
С	A 359	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
	D: J II-			Yes	No
1	or ele <b>Part</b> If the	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint act at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization(s) effectively operated, supervised, or controlled the organization's activities. To organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			2		
3	By re voice	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
		mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	The organization satisfied the Activities Test. Complete line 2 below.			
b	, Ħ ⊤	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	금	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions)	•
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
а	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
	orgar	nization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-E2) 2017 Sacramento Society for the		94-13	12343 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Reports of the Properties of	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on N ons mu	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
ı	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	_
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years		. 1	
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)	10.0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	C		
4 Distributions for 2017 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
<b>b</b> Excess from 2014			
c Excess from 2015			
d Excess from 2016			
<b>e</b> Excess from 2017			
PAA		Schodulo A (Fo	rm 990 or 990 E7) 2017

BAA

Schedule A (Form 990 or 990-EZ) 2017

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Part II, Line 10 - Other Income

Nature and Source			2017	_	2016		2015	 2014		2013
Miscellaneous	Total	\$ \$	54. 54.	<u>\$</u> \$	-101. -101.	<u>\$</u> \$	-71. -71.	\$ 0.	<u>\$</u> \$	77. 77.



#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### PUBLIC DISCLOSURE COPY

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization Sacramento Societ	ty for the	Employer identification number
Prevention Of Cri	uelty To Animals	94-1312343
Organization type (check one):	-	•
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> trea	ted as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
FOIII 990-FF		
	4947(a)(1) nonexempt charitable trust treated a	as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>General</b>	al Rule or a Special Rule.	
<b>Note.</b> Only a section 501(c)(7), (8), or (10) or	ganization can check boxes for both the General Rule	e and a Special Rule. See instructions.
General Rule		
	Z, or 990-PF that received, during the year, contribuete Parts I and II. See instructions for determining a	
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi)	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/, that checked Schedule A (Form 990 or 990-EZ), Part II, the year, total contributions of the greater of (1) \$5,090-EZ, line 1. Complete Parts I and II.	line 13 16a or 16b and that
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that rethan \$1,000 exclusively for religious, charitable, scino children or animals. Complete Parts I, II, and III.	eceived from any one contributor, entific, literary, or educational
during the year, contributions exclusively f \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete a	01(c)(7), (8) or (10) filing Form 990 or 990-EZ that r for religious, charitable, etc., purposes, but no such of the total contributions that were received during the yary of the parts unless the <b>General Rule</b> applies to thable, etc., contributions totaling \$5,000 or more during \$5,000.	contributions totaled more than year for an <i>exclusively</i> religious, nis organization because
990-PF), but it must answer 'No' on Part IV, li	the General Rule and/or the Special Rules doesn't fine 2, of its Form 990; or check the box on line H of a filling requirements of Schedule B (Form 990, 990-E	its Form 990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page

1 of

2 of Part I

Sacramento Society for the

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	Total	Type of contr

Number	Name, address, and ZIP + 4	l otal contributions	Type of contribution
1		\$ <u>135,284.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$232,185.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	(b)	\$ 282,252.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>600,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	 	\$ <u>150,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$633 <u>,418.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Page

2 of

2 of Part I

Sacramento Society for the

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$266,907.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	C	\$ <b>0</b> }	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Sacramento Society for the

Name of organization

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
RΛΛ	Coh-	 	 7 ar 990 DE\ /2015

to

1 of Part III

Name of organization
Sacramento Society for the

Employer identification number

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)								
(a) No. from	Use duplicate copies of Part III if additional space is needed.  (b) (c) (d) Purpose of gift Use of gift Description of how gift is held								
Part I	N/A								
		(e)							
	Transferee's name, addres	Rela	ntionship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ntionship of transferor to transferee					
		Totic C	OY:	<b></b>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	Transferee's name, addres	Rela	ntionship of transferor to transferee						

# SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Sacramento Society for the Prevention Of Cruelty To Animals

	Prevention of Cruerty to Ann			94-131	.2343	
Par	Organizations Maintaining Donor A Complete if the organization answe	<b>Advised Funds or Oth</b> red 'Yes' on Form 990	<b>ier Similar Fund</b> ), Part IV, line 6	s or Accounts.		
		(a) Donor advised	funds	(b) Funds and	other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's	advisors in writing that the ganization's exclusive legal	assets held in done control?	or advised funds	Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writ the donor or donor adviso	ing that grant funds r, or for any other p	can be used only urpose conferring	Yes	□No
Par						
Par	Conservation Easements. Complete if the organization answe	red 'Yes' on Form 990	) Part IV line 7			
1	Purpose(s) of conservation easements held by the					
•	Preservation of land for public use (e.g., recr			a historically importa	int land are	a
	Protection of natural habitat	,		a certified historic st		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held last day of the tax year.	l a qualified conservation cor	ntribution in the form of			
				Held at the	End of the	Tax Year
	Total number of conservation easements			2a		
	Total acreage restricted by conservation easeme : Number of conservation easements on a certified			2 b		
				2 c		
C	Number of conservation easements included in (structure listed in the National Register			. 2d		
3	Number of conservation easements modified, transfetax year ►	rred, released, extinguished,	or terminated by the	organization during th	ne	
4	Number of states where property subject to conserva	tion easement is located >				
5	Does the organization have a written policy regard and enforcement of the conservation easements				Yes	No
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations	s, and enforcing cons	ervation easements di	uring the year	ar
7	Amount of expenses incurred in monitoring, inspectin ►\$	ng, handling of violations, an	d enforcing conservat	ion easements during	the year	
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the re	equirements of secti	on 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization reports coinclude, if applicable, the text of the footnote to the conservation assembly.	nservation easements in its he organization's financial	revenue and expense statements that des	statement, and balan scribes the organizat	ce sheet, ai ion's accou	nd Inting for
Par	conservation easements. t   Organizations Maintaining Collecti	ons of Art. Historical	Treasures or O	ther Similar Ass	sets.	
Гаг	Complete if the organization answe	red 'Yes' on Form 990	D, Part IV, line 8	·	JC (3.	
1 a	If the organization elected, as permitted under S art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financia	for public exhibition, education	on, or research in furtl			
ŀ	If the organization elected, as permitted under SI historical treasures, or other similar assets held for p following amounts relating to these items:	oublic exhibition, education, c	r research in furthera	nce of public service,	provide the	ks of art,
	(i) Revenue included on Form 990, Part VIII, lin					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, histoamounts required to be reported under SFAS 116	5 (ASC 958) relating to the	se items:		lowing	
a	Revenue included on Form 990, Part VIII, line 1.					

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar As	ssets (contin	ued)				
<b>3</b> Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that a	re a significant use of it	ts collection					
a Public exhibition	<b>d</b> Loan	or exchange programs							
<b>b</b> Scholarly research	e Other								
c Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	iintained as part of the o	rganization's collection	.?	. Yes	No				
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	<b>nents.</b> Complete if t Form 990, Part X,	he organization an line 21.	swered 'Yes' on F	Form 990, Pa	art IV,				
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or oth	er assets not included	Yes	No				
<b>b</b> If 'Yes,' explain the arrangement in Part XIII									
				Amount					
<b>c</b> Beginning balance			1c						
<b>d</b> Additions during the year			1 d						
e Distributions during the year			1 e						
f Ending balance			1f						
2 a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodia	l account liability?	. Yes	No				
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explar	nation has been provide	ed on Part XIII	<del></del>					
Part V Endowment Funds. Complete if		<u>iswered 'Yes' on Fo</u>							
(a) Curren	t year (b) Prior year	r (c) Two years bac	k (d) Three years bac	k (e) Four ye	ars back				
1 a Beginning of year balance									
<b>b</b> Contributions									
<b>c</b> Net investment earnings, gains,									
and losses		- 10							
d Grants or scholarships		COY	J						
Other expenditures for facilities and programs	15.0	• 000							
f Administrative expenses	1011	•							
<b>q</b> End of year balance	OIIP.								
2 Provide the estimated percentage of the curre	ent year end balance (lin	ne 1g, column (a)) held	as:						
a Board designated or quasi-endowment ►	%								
<b>b</b> Permanent endowment ►	5								
c Temporarily restricted endowment ►	%								
The percentages on lines 2a, 2b, and 2c should e	equal 100%.								
3 a Are there endowment funds not in the possession	of the organization that a	are held and administered	d for the						
organization by:				Yes	No				
(i) unrelated organizations				3a(i)					
(ii) related organizations				_ , ,					
<b>b</b> If 'Yes' on line 3a(ii), are the related organization	•			3b					
4 Describe in Part XIII the intended uses of the		ent funds.							
Part VI Land, Buildings, and Equipmen									
Complete if the organization ans	swered 'Yes' on Forr	m 990, Part IV, line	e 11a. See Form 9	990, Part X,	line 10.				
Description of property	(a) Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value				
<b>1 a</b> Land		1,407,957.		1,40	7,957.				
<b>b</b> Buildings		10,178,149.	5,039,873	5,138	3,276.				
c Leasehold improvements									
<b>d</b> Equipment		754,048.	665,756	. 88	3,292.				
e Other		155,297.	109,186		6,111.				
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, o	column (B), line 10c.)			0,636.				
PAA			Cah	dula D (Form 00	2017				

Schedule **D** (Form 990) 2017

Part VII	Investments – Other Securities.	IV I	N/A	000 David V Jima 10
(-) D	Complete if the organization answered			
	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
	cial derivatives			
	ly-held equity interests			
(3) Other				
$\frac{(A)}{(B)}$				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
$\frac{(G)}{(H)}$ — — —				
			+	
Total (Colu	umn (h) must squal Form 000 Part V solumn (P) line 12 )			
	ımı (b) must equal Form 990, Part X, columı (B) line 12.) ► I Investments — Program Related.		N/A	
Part VII	Complete if the organization answered	'Yes' on Form 99	00. Part IV. line 11c. See Form	990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	
(1)		• •		•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			-01	
Total. (Colu	ımn (b) must equal Form 990, Part X, column (B) line 13.) 🕨		COU	
Part IX	Other Assets.	N/i		000 Dort V line 1E
	Complete if the organization answered	scription	o, Part IV, line 11d. See Form	(b) Book value
(1)	(a) 50.	SCHIDUOL		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
		2) // 15 )		
	olumn (b) must equal Form 990, Part X, column (E	3) line 15.)		<u> </u>
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fe	orm 000 Part IV line	11a or 11f Soo Form 900 Part V line	25
	(a) Description of liability	(b) Book value		<u> </u>
(1) Fede	eral income taxes	(D) Book Yarak	<u>-                                    </u>	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) T. I. I. (2.1)	(I) I I I 000 D I V I 000 T	_		
	umn (b) must equal Form 990, Part X, column (B) line 25.) for uncertain tax positions. In Part XIII, provide the text of the for		financial statements that were 1.11	wla liahilihi f · · · · · · · · ·
∠. I Ianility t	ior unicertain tay nositions. In Part XIII, brovide the text of the too	THICKE TO THE ORGANIZATION'S	unancial statements that reports the organization	n s nanuty for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	•
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	8,788,079.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	279,503.
3 Subtract line 2e from line 1.	3	8,508,576.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) See Part XIII 4b 65,441.		
c Add lines 4a and 4b	4 c	94,821.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	8,603,397.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	6,839,419.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	2 e	34,400.
3 Subtract line 2e from line 1.	3	6,805,019.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) See Part XIII 4b 65,441.		04.001
c Add lines <b>4a</b> and <b>4b</b>	4 c	94,821.
1 Iniai expenses and lines 3 and 40 Timis must equal Form 990 Part I line 18 =		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X - FIN 48 Footnote

Part XIII Supplemental Information.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Society to report information regarding its exposure to various tax positions taken. The Society has determined whether any tax positions have met the recognition threshold and have measured the exposure to those tax positions. Management believes that the Society has adequately addressed all relevant tax positions and that there are no unrecorded tax liabilities. Federal and state tax authorities generally have the right to

Schedule **D** (Form 990) 2017

#### Part XIII Supplemental Information (continued)

#### Part X - FIN 48 Footnote (continued)

examine and audit the previous three years of tax returns filed. Any interest or penalties assessed to the Society are recorded in operating expenses. No interest or penalties from federal or state tax authorities were recorded in the accompanying financial statements.

#### Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S

Thrift store program expenses  Vehicle donation program expenses  Total	 38,379. 27,062. 65,441.
Schedule D, Part XII, Line 4b Other Expenses Included On Form 990 But Not Included In F/S	
Thrift store program expenses.  Vehicle donation program expenses.  Total	 38,379. 27,062. 65,441.



**BAA** TEEA3305L 08/10/17 Schedule **D** (Form 990) 2017

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Sacramento Society for the Employer identification number Prevention Of Cruelty To Animals 94-1312343 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

compensated at least \$5,000 by the	ie organization					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custo of contr	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3					1	
4			150	Cob	y	
5	P	U				
6						
7						
8						
9						
10						
Total						0.
3 List all states in which the organization	on is registered	or licensed	to solicit c	ontributions or has been	notified it is exempt from	n registration

or licensing.
CA

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add column (a)			
_			Doggy Dash	Gala	2	through column (c))			
E			(event type)	(event type)	(total number)				
R E V E N U	1	Gross receipts	256,964.	231,256.	171,528.	659,748.			
E	2	Less: Contributions	162,089.	131,070.	36,254.	329,413.			
	3	Gross income (line 1 minus line 2)	94,875.	100,186.	135,274.	330,335.			
	4	Cash prizes							
D	5	Noncash prizes							
R E C T	6	Rent/facility costs							
	7	Food and beverages							
X P E	8	Entertainment							
E P E N S E S	9	Other direct expenses	95,803.	95,092.	76,765.	267,660.			
S	10	Direct expense summary. Add lines 4 thr				267,660.			
		Net income summary. Subtract line 10 from				62,675.			
Par	<u>t III</u>	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Ye	s' on Form 990, Pa	rt IV, line 19, or re <sub>l</sub>	ported more than			
R E V E N U			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
Ü	1	Gross revenue	130	COP					
F	2	Cash prizes	DUDII						
D X P E N C T S	3	Noncash prizes							
T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes% No	Yes%				
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)						
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)					
k	9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If 'No,' explain:								
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								

Sch	edule G (Form 990 or 990-EZ) 2017 Sacramento Society for the	4-13123	43	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to		<u> </u>	<u> </u>
	administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:	1 1		
	a The organization's facility.	13a		8
	<b>b</b> An outside facility.			<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
•	Zinto no name and address of the person mile propares the organization organization of gammigropoolar entries and and resonan			
	Name •			
	Address ►			
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization   and t of gaming revenue retained by the third party   c If 'Yes,' enter name and address of the third party:		Yes	No
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided •			
	Director/officer Employee Independent contractor  Mandatory distributions:			
17				
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
ı	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year ► \$			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide ar information. See instructions.	lumns (iii ıy additio	i) and ( nal	v);

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Sacramento Society for the Prevention Of Cruelty To Animals

Employer identification number 94-1312343

Day		10 AIIIIIlla	112	34-	1312343	
Par	t I Types of Property	1		Γ	1	
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribution	
1	Art — Works of art					
2	Art — Historical treasures					
3	Art — Fractional interests					
4	Books and publications					
5	Clothing and household goods	Х		325,890.	Sales Price	
6	Cars and other vehicles	Х	362		Sales Price	
7	Boats and planes					
8	Intellectual property					
9	Securities – Publicly traded	X	2	2,438.	FMV	
10	Securities — Closely held stock			,		
11	Securities - Partnership, LLC, or trust interests .					
12	Securities - Miscellaneous					
13	Qualified conservation contribution — Historic structures					
14	Qualified conservation contribution — Other					
15	Real estate – Residential					
16	Real estate – Commercial					
17	Real estate – Other.			10 N		
18	Collectibles.			77		
19	Food inventory.		Hic. U			
20	Drugs and medical supplies		110			
21	Taxidermy.					
22	Historical artifacts.					
23	Scientific specimens					
24	Archeological artifacts					
25	Other See Part II )					
26	Other • ()					
27	Other • ()					
28	Other► ( )					
29	Number of Forms 8283 received by the organization of	luring the tay	year for contributions for	r which the		
23	organization completed Form 8283, Part IV, Done				29	
	3 , ,		. 3		Ye	es No
30a	During the year, did the organization receive by contr it must hold for at least three years from the date for exempt purposes for the entire holding period	of the initial	I contribution, and which	ch isn't required to be u	sed	V
L	If 'Yes,' describe the arrangement in Part II.				30 a	X
	Does the organization have a gift acceptance poli	cy that requi	ires the review of any r	onstandard contribution	ne? <b>21</b>	v
					ns? <b>31</b>	X
	Does the organization hire or use third parties or noncash contributions?	_			32a	Х
	If 'Yes,' describe in Part II.		See Part I	=		
33	If the organization didn't report an amount in coludescribe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,	
	describe in Part II.					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2017)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### Sch M, Part I, Lines 25-28 Other Non-Cash Contributions

		Number of	 evenue	Method of
Description	Appl?	Contr.		Deter. Rev.
Animal food	X	1	\$ 22,955.	FMV
Software	X	1	18,640.	FMV
Promotional materials	X	1	6,880.	FMV
Kennel supplies	X	1	524.	
Kennel supplies	X	1	50.	FMV
Food	X	1	10,000.	FMV
Kennel supplies	X	1	724.	FMV
Kennel supplies	X	1	416.	FMV
Radio advertising	X	1	12,500.	FMV
Wine	X	1	1,000.	FMV
Advertising on-line	X	1	13,450.	FMV

#### Part I, Line 32 - Hire and Use of Third Parties

SSPCA operates a vehicle donation program under the terms of contracts through the following commercial fund raisers:

Car Program

3755 Omec Circle

Rancho Cordova, CA 95742

916-631-8491

Car Easy

4669 Murphy Canyon Road

San Diego, CA 92123

858-300-2900



#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Sacramento Society for the Prevention Of Cruelty To Animals

Employer identification number 94–1312343

#### Form 990, Part III, Line 1 - Organization Mission

Founded in 1894, the Sacramento SPCA has been providing homeless animals with individual comfort, shelter, and love for more than 122 years. We work to reduce pet overpopulation through affordable spay/neuter services, promote humane treatment of animals through education and outreach, and assist pet owners through programs and services designed to keep pets and their families together for life.

#### Form 990, Part III, Line 4a - Program Service Accomplishments

The Sacramento SPCA provides a comprehensive spectrum of services to the community, including animal care, sheltering, foster care and adoptions; low-cost and/or free spay and neuter services; animal/human interaction therapy at nursing homes and hospitals; humane education outreach; animal behavior and training classes; senior and low-income assistance; lost pet resources; and extensive volunteer programs. In 2017, care the Sacramento SPCA provided direct more than 28,300 animals. Our outreach programs provide humane education to over 6,800 children and adults each year through camps at the shelter, school visits to K - 12 grades, dog training programs and free advice on our behavior helpline. The Sacramento SPCA reaches out to seniors through its pet-facilitated visitation program, as well as through free pet vaccination clinics, free adoptions to seniors, and an in-home pet assistance program. The Sacramento SPCA currently has over 20,600 active supporters, 2,700 volunteers and serves a 990 square-mile area of Sacramento County. The Sacramento SPCA has collaborative and supportive agreements in place with pet food companies, local veterinarians, pharmaceutical companies and the University of California-Davis School of Veterinary Medicine, all with the express purpose of improving care for shelter animals.

Name of the organization Sacramento Society for the Prevention Of Cruelty To Animals

| Employer identification number 94-1312343 |

#### Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is prepared by a firm of certified public accountants, reviewed by management and each member of the audit/finance committee. Any questions and comments are resolved prior to filing.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Each board member is required to annually review possible conflicts of interest as set out in the corporate by-laws and promptly disclose such conflicts as they arise.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The executive committee of the board of directors obtains comparable compensation information and evaluates the CEO's performance annually.

#### Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

A compensation committee consisting of at least three board members is charged with reviewing, evaluating and determining the compensation of the chief executive officer annually and whenever a modification in compensation is proposed. The review includes consideration of performance and an appropriate consideration of comparability data.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Form 990, audited financial statements, governing documents and policies are available for public inspection at SSPCA's business office. Form 990 is available through our website.