**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.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

А	ror the	2024 calendar year, or tax year beginning	anu	enaing	_					
В	Check if applicable	C Name of organization			D Employer identific	cation number				
	Addres	SACKAMENIO SOCIETI FOR	THE PREVENTION							
F	Ichange Name change				94-13123	43				
F	lchange lnitial return	Doing business as  Number and street (or P.0. box if mail is not delivent to the control of the	vered to street address)	Room/suite						
F	Final return/	6201 FLORIN-PERKINS RO		1100111/3uite	(916)383-7387					
	termin- ated	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	23,268,881.				
	Ameno	SACRAMENTO, CA 95828	<b>.</b> .		H(a) Is this a group re	eturn				
	Application		NIFER BRENT		for subordinates	? Yes X No				
	pendin	SAME AS C ABOVE	<u> </u>		H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1	list. See instructions				
	Websit			<del> </del>	H(c) Group exemptio					
			sociation Other	<b>L</b> Year	of formation: 194/N	1 State of legal domicile: CA				
		<b>Summary</b> Briefly describe the organization's mission or most	simulational activities. STNC	F 1892	CACRAMENTO	CDCV HVC				
Activities & Governance	'	PROVIDED HOMELESS ANIMALS	WITH COMFORT	SHELTE	R. AND LOVE	bick likb				
nar			tinued its operations or dispo							
Ş.	-	Number of voting members of the governing body (			3	14				
Ğ	1		Number of voting members of the governing body (Fart VI, line 1a)							
es 8		Total number of individuals employed in calendar y				148				
Σŧ	6	Total number of volunteers (estimate if necessary)			6	800				
Act		Total unrelated business revenue from Part VIII, col				0.				
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11			0.				
Revenue		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year 7,858,774.	Current Year 11,310,155.				
		Contributions and grants (Part VIII, line 1h)			3,205,951.	3,076,842.				
Ver		Program service revenue (Part VIII, line 2g)	and 7d\		551,757.	982,507.				
æ		Other revenue (Part VIII, column (A), lines 5, 4,			35,545.	2,620.				
	1	Total revenue - add lines 8 through 11 (must equal		11,652,027.	15,372,124.					
		Grants and similar amounts paid (Part IX, column (A	. , , , , , , , , , , , , , , , , , , ,		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A			0.	0.				
98	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		7,476,924.	7,666,308.				
Expenses	16a	Salaries, other compensation, employee benefits (Professional fundraising fees (Part IX, column (A), ling Total fundraising expenses (Part IX, column (D), ling	ne 11e)	<u>,</u> L	0.	0.				
ă	b	Total fundraising expenses (Part IX, column (D), line	(25)   1,371,4	15.	2 000 620	2 500 511				
	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		3,276,638.	3,720,511.				
		Total expenses. Add lines 13-17 (must equal Part I)			10,753,562. 898,465.	11,386,819.				
	19	Revenue less expenses. Subtract line 18 from line	12		ginning of Current Year	End of Year				
ets (	20	Total assets (Part X, line 16)			30,245,438.	35,120,901.				
ASS	21	Total liabilities (Part X, line 26)			899,895.	942,764.				
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from	line 20		29,345,543.	34,178,137.				
P	art II	Signature Block		·						
	•	lties of perjury, I declare that I have examined this return,				y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.					
		Signature of officer			l Date					
Sig		-			Date					
He	re	JENNIFER BRENT, CEO Type or print name and title								
			Preparer's signature		Date Check	TI PTIN				
Pai	d	·	JENNIFER Z IWAT.	a 1	.1/13/25 of self-employe					
		Firm's name GILBERT CPAS		<b> -</b>		8-0037990				
	Only	Firm's address 2880 GATEWAY OAKS	DR, STE 100							
	-	SACRAMENTO, CA 958			Phone no.91	6-646-6464				
Ма	y the IF	RS discuss this return with the preparer shown abo				X Yes No				
1.11	^ F	Denorwark Reduction Act Notice and the concr				Form <b>990</b> (2024)				

Form	990 (2024) OF CRUELTY TO ANIMALS	94-1312343	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	FOR MORE THAN 132 YEARS, THE SACRAMENTO SPCA HAS WORKED	TO REDUCE P	ET
	OVERPOPULATION THROUGH AFFORDABLE SPAY/NEUTER SERVICES,		
	TREATMENT OF ANIMALS THROUGH EDUCATION AND OUTREACH, ANI		
	THEIR FAMILIES TOGETHER FOR LIFE.	NULL ILID	71111
2	Did the organization undertake any significant program services during the year which were not listed on the		▼
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 4,865,937 • including grants of \$ ) (Revenue)	<sub>le\$</sub> 2,029,	363.)
	THE SACRAMENTO SPCA SERVES THE ENTIRE SACRAMENTO REGION	AS A PREMIE	IR
	PROVIDER OF LOW-COST SPAY/NEUTER SERVICES, AND ALL ANIMA	ALS IN OUR C	CARE
	ARE SPAYED OR NEUTERED BEFORE RELEASE FOR ADOPTION. IN 2		
	18,400 ANIMALS WERE STERILIZED. OUR PROACTIVE OUTREACH H	-	
	FACILITATE THE SPAYING/NEUTERING OF COMPANION ANIMALS AN		ITNG
	CATS IN OUR COMMUNITIES, INCLUDING ENCOURAGING THE PARTI		
	PEOPLE WHO MAY BE RELUCTANT OR UNABLE TO PAY FOR SUCH SE		
	PROVIDED 836 SURGERIES AT NO COST FOR PIT BULLS, PIT MIX	•	177
	CHIHUAHUAS THROUGH OUR WE PAY TO SPAY PROGRAM. THROUGH (		.'Y
	CAT PROGRAM 6,369 CATS WERE ALTERED AT A LOW OR NO COST		
	PARTNERS. ADDITIONALLY, 46,220 LOW-COST AND NO-COST VACO		ND
	596 LOW-COST VETERINARY EXAMS WERE PROVIDED TO THE COMMU		
4b	(Code:) (Expenses \$ 2,619,623. including grants of \$) (Revenue)		35 <b>4.</b> )
	THE SACRAMENTO SPCA PROVIDES A COMPREHENSIVE SPECTRUM OF	F SERVICES T	O A
	990-SQUARE-MILE AREA OF SACRAMENTO COUNTY AND SURROUNDIN	NG COMMUNITI	ES.
	IN 2024, MORE THAN 40,000 ANIMALS WERE POSITIVELY IMPACT	TED THROUGH	
	SERVICES PROVIDED AT THE SACRAMENTO SPCA, INCLUDING ANIM	MAL CARE,	
	SHELTERING, FOSTER CARE AND ADOPTIONS; ANIMAL BEHAVIOR S	SUPPORT; LOS	ST
	PET RESOURCES; AND LOW-COST MEDICAL SERVICES. MORE THAN	· · ·	
	OF FREE PET FOOD WERE SERVED TO LOW-INCOME FAMILIES THRO		
	FOOD PANTRY. THE SACRAMENTO SPCA CURRENTLY HAS MORE THAN		
	SUPPORTERS AND 800 ACTIVE VOLUNTEERS. WE HAVE COLLABORATE		
	WITH PET FOOD COMPANIES, LOCAL VETERINARIANS, PHARMACEUT		
	AND THE UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF VETERIN		
	ALL WITH THE EXPRESS PURPOSE OF IMPROVING CARE FOR SHELT		
			304.)
4c			
	THE SACRAMENTO SPCA PROVIDES A SAFE AND NURTURING ENVIRO		
	UNWANTED, ABANDONED, AND MISTREATED PETS UNTIL THEY CAN		1.T.T. X
	PLACED INTO LOVING HOMES. THROUGH PROACTIVE INTERVENTION		
	EDUCATION, AND COMMUNITY OUTREACH EFFORTS, MORE THAN 3,6		
	PLACED INTO LOVING HOMES, AND AN ADDITIONAL 2,118 WERE H		
	FOSTER CARE AND RESCUE PARTNERS DURING THE CALENDAR YEAR		HER
	524 ANIMALS WERE TRANSPORTED FROM OVERBURDENED SHELTERS	IN THE	
	COMMUNITY TO THE SACRAMENTO SPCA FOR ADOPTION AND 266 AM	NIMALS WERE	
	REUNITED WITH THEIR FAMILIES AFTER BEING LOST.		
4-1	Other pregram convices (Describe on Cabadada O.)		
40	Other program services (Describe on Schedule O.)		
	(Expenses \$ 1,098,194 • including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 9,410,985.		

# SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Form 990 (2024) OF CRUELTY TO Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(k)(1) (other than a private foundation)? 1 If X				Yes	NO
2 Is the organization equiled to complete Schedule 8, Schedule of Contributions See instructions 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  Section 801(e)(8) organization. Bid the organization engage in bibbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Is the organization ascertion 501(e)(4) 501(e)(5) or 501(e)(6) organization that receives membrarily dues, assessments, or similar amounts as defined in Rev Proc. 98-19 If "Yes," complete Schedule C, Part II  Bid the organization maritain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment funds or accounts of "Yes," complete Schedule C, Part II  Bid the organization maritain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment funds or accounts for which donors have the right to provide advise on the distribution or investment funds or accounts for which donors have the right to provide advise on the distribution or investment funds or accounts for which donors have the right to provide advise on the distribution or investment funds or accounts for Wes, "complete Schedule D, Part III  Bid the organization maritain and reas or accordance and account stability, serve as a custodian for amounts not listed in Part X, in Part X, in e 21, for searons or other similar assessity If Yes," complete Schedule D, Part V  Bid the organization maritain and provide product consisting, dolb management, credit repair, or debt negotiation services?  By A X  Bid the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasis indoorwants? If "Yes," complete Schedule D, Part X in to 10? If "Yes," complete Schedule D, Part X in to 10? If "Yes," comple	1		•	x	
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 II  4 Sections S01(c)(S) organizations. Bid the organization engage in biobying activities, or have a section 501(h) election in effect our interpretation as section 501(e)(S) organization engage in biobying activities, or have a section 501(h) election in effect our interpretation as section 501(e)(S), 501(c)(S), 6751(c)(S), 6751(c)(S) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 If "Yes," complete Schedule C, Part III  5 Did the organization marketion and votal organization druds 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts to list and in Part X, in cold account liability, even as a custodian for amounts not listed in Part X, or provide credit courseling, distribution and account liability, serve as a custodian for amounts not listed in Part X, or provide credit courseling, distribution and account liability, serve as a custodian for amounts not listed in Part X, in control or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V III III III III III III III III III	2	It step organization required to complete Schedule R. Schedule of Contributors See instructions			
public office? If "Yes," complete Schedule C, Part I  4				- 21	
Section 501(c)(3) or ganizations. 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 is the organization ascende of 101(e)(s), or 501(e)(s), or 501(c)(6)(s), or 501(e)(s), or 50	3		3		x
during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section Sol (V)(4), 501 (V)(6), or 501 (V)(	4				
Signification   Section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in five, Proc. 96197 if "Yes," complete Schedule C, Part III   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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or hold a conservation easement, including easements to preserve open space, the environment, historical areas, in the conservation of the environment, instinct large of the conservation of the environment, instinction and account is ability, serve as a custodar for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V   Pros." complete Schedule D, Part V   Pros.   Part V   Pros.   Prov.   Pros.   Prov.   Pros.   Prov.   Pros.   Prov.   Pros.   Prov.	•		4	х	
similar amounts as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part III  by 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    Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historica land areas, or historica structure? If "Yes," complete Schedule D, Part III    By 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? If "Yes," complete Schedule D, Part IV    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? If "Yes," complete Schedule D, Part IV    Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V    If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII    Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII    Did the organization report an amount for other assets 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    Did the organization report an amount for other assets in Part X, line 18, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    Did the organization report an amount for other assets in Part X, line 18, that is 5% or more o	5		Ė		
6 Did the organization maintain any donor advised funds or any similar funds or accounts of vives, "complete Schedule D, Part II 6 X Did the organization receives or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7 X Did the organization macrinic collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X Did the organization of listed in Part X, inc 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? If "Yes," complete Schedule D, Part IV 10 Did the organization of the organization assets of the organization services? If "Yes," complete Schedule D, Part V 11 If the organization services? Organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments other securities in Part X, line 12, that is 5% or more of list total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 11 X X 11 If the Organization report an amount for investments - program related in Part X, line 158 If yes, "complete Schedule D, Part VII 11 X X 11 If the Organization report an amount for investments - program related in Part X, line 158 or more of list total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 11 X X 11 If X	•		5		Х
provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I  1 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I  2 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I  3 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? If "Yes," complete Schedule D, Part IV II If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II II I I the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part V II II I I I I I I I I I I I I I I I	6				
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Pes," complete Schedule D, Part III B 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? If "Yes," complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-andowments? If "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - program related in Part X, line 18; If "Yes," complete Schedule D, Part V Did the organization report an amount for other assets in Part X, line 18; If the St St Did the organization report an amount for other assets in Part X, line 18; If the St St Did the organization report an amount for other assets in Part X, line 18; If the St St Did the organization report an amount for other assets in Part X, line 18; If the St St Did the organization report an amount for other assets in Part X, line 18; If the St St Did the organization report an amount for other liabilities in Part X, line 18; If the If If Yes, "complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 18; If the St St Did the organization report an amount for other liabilities in Part X, line 18; If the If Yes, "complete Schedule D, Part X Did the organization report an amount for other liabi		· · · · · · · · · · · · · · · · · · ·	6		Х
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  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? If "Yes," complete Schedule D, Part IV.  10 Did the organization seport an amount for investments or in quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  12 Did the organization report an amount for investments or program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  13 Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  14 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.  15 Did the organization report an amount for their 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 XIII.  16 Did the organization report an amount for their 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 XIII.  17 Did the organization report an amount for their 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 XIII.  18 Did the organization report an amount for their assets in Part X, line 15, that is 5% or more of its total assets reported in	7				
8			7		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?  If 'Yes,' complete Schedule D, Part IV' 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If 'Yes,' complete Schedule D, Part V' 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI'  13 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VII'  14 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 VII'  15 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 IVI'  16 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'  17 Did the organization shalling for uncertain tax positions under Final A (SpC 740) If 'Yes,' complete Schedule D, Part X'  18 Did the organization obtain separate, independent audited financial statements for the tax year' If 'Yes,' complete Schedule D, Part X and IVI is optional 15 bit be organization maintain an office, employees, or agents outside of the United States'  19 Did the organization maintain an office, employees, or agents outside of the United States'  19 Did the organization neport on Part IX, column (A), line 3, more than \$1,000 from grantmaking, fundr	8				
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, for provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  14 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  15 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 VIII  16 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 VIII  17 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization shalling for uncertain tax perts and the organization shalling for uncertain tax perts and the organization shalling for uncertain tax perts and the organization shalling for uncertain tax perts of the tax year? If "Yes," complete Schedule D, Part X I and XI is optional  15 Did the organization maintain an office, empl		Schedule D, Part III	8		Х
If "Yes," complete Schedule D, Part N   10   Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V   10   X	9				
or in quasi-endowments? If "Yes," complete Schedule D, Part V  10		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10 bit the organization, directly or through a related organization, hold assets in donor-restricted endowments? If "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 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? If "Yes," complete Schedule D, Part VII  3 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  4 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 VIII  5 Did the organization in separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  11 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization assenced "No" to line 12a, then completing Schedule D, Parts X and XII is optional If Yes, and if the organization assenced "No" to line 12a, then completing Schedule D, Parts X land XII is optional If Yes, and if the organization assenced "No" to line 12a, then completing Schedule D, Parts X land XII is optional If Yes, and if the organization assenced "No" to line 12a, then completing Schedule D, Parts X land XII is optional If Yes, and if the organization assenced "No" to line 12a, then completing Schedule D, Parts X land XII is optional If Yes, and if the organization assence of No" to line 12a, then complete Schedule		If "Yes," complete Schedule D, Part IV	9		Х
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14a Did the organization maintain an office, employees, or agents outside of the United States?  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? If "Yes," complete Schedule F, Parts I and IV  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 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 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 X  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b	13				
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			20b		
democracy government on that proceeding to the contract of the	21		ا . ا		<sub>v</sub>
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
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? If "Yes," complete		.,	
	Schedule J	23	X	
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		x
b	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	<del></del>		
	any tax-exempt bonds?	24c		
d	Did 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		X
b	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
35.5	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	X	
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Contouring Contouring a recipolist of flote to diffy lifte in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a   27			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.40			
	filed for the calendar year ending with or within the year covered by this return	2a	148		v	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	X
3a				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
<del>4</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)'?	4a		Δ
D	If "Yes," enter the name of the foreign country	0001104	(FDAD)			
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advantage and the arguments of a product of a product of the arguments of the foreign Bank and Financial Advantage and the arguments of the foreign Bank and Financial Advantage and the arguments of the foreign Bank and Financial Advantage and the arguments of the foreign Bank and Financial Advantage and and Fina			Ea		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		22
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
ua	and a second			6a		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			0a		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices nr	ovided to the payor?	7a	Х	
	ASING THE PERSON OF THE PERSON		ovided to the payor.	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
·	to file Form 8282?	•		7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7.0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
10	Section 501(c)(7) organizations. Enter:					
а		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~		13b				
c	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incom	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		L_
	If "Yes," complete Form 6069.					

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Divided (This decitor B requests information about politics not required by the internal revenue dead.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- iu		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ŭ	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55	_	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
.54	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	102		
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail:	able
	for public inspection. Indicate how you made these available. Check all that apply.	y	,	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.	u	.5.41	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SSPCA - (916) 383-7387			
	6201 FIORIN-PERKING ROAD SACRAMENTO CA 95828			

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Part VII 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

- 1a 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.

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- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		T	AI 1140			iiihe	ıısal			(E)
<b>(A)</b> Name and title	(B) Average			Pos	C) sition	1		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
rame and the	hours per week	box	not c	heck ss pe	more erson	than is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SARAH HANEY	40.00	_		l				000 501		15 011
CHIEF DEVELOPMENT OFFICER, INTERIM				Х		_		208,781.	0.	17,211.
(2) LAURIE SIPERSTEIN-COOK	40.00					١,,		160 070	0	40 166
CHIEF OF SHELTER MEDICINE	40.00				<u> </u>	Х		162,870.	0.	49,166.
(3) MICHELLE MEYER	40.00	4				١,,		172 006	_	2 505
CHIEF OF SURGERY	40.00				<u> </u>	Х		173,986.	0.	3,505.
(4) SARAH WILLIAMS	40.00	4				١,,		156 400	_	10 (41
VETERINARIAN	40.00					Х		156,498.	0.	10,641.
(5) JAMIE LARSON	40.00	4				١,,		125 420	_	25 022
CHIEF OPERATING OFFICER	40.00					Х		135,430.	0.	25,033.
(6) KATHERINE MARCIL	40.00	4				٠,		147 417	0	2 626
WELLNESS CLINIC VETERINARIAN	40.00				<u> </u>	Х		147,417.	0.	2,626.
(7) KENNETH ALTINE	40.00	4		7.				100 270	0	24 422
CEO THRU 3/31/24	40.00			Х	<u> </u>	₩		109,279.	0.	24,432.
(8) JENNIFER BRENT	40.00	4		7.				66 710	0.	6 215
CEO AS OF 10/15/24	2 00			Х		-		66,712.	0.	6,315.
(9) SUSAN GRAY	2.00	₩.		x				^	0.	_
BOARD PRESIDENT	2 00	Х				-		0.	0.	0.
(10) JILL PARISH	2.00	Į.,		7.				0.	0	_
BOARD VICE PRESIDENT	2.00	Х		Х	<u> </u>	-		0.	0.	0.
(11) VALERIE LETCH	2.00	x		x				0.	0.	0.
BOARD TREASURER (12) ZACHARY MORGAN, DVM	2.00	^		^	$\vdash$	$\vdash$		0.	0.	0.
BOARD SECRETARY	2.00	X		x				0.	0.	0.
(13) BILL ALTAVILLA	1.00	12			$\vdash$	$\vdash$		0.	•	•
DIRECTOR THRU MAY 2024	1.00	X						0.	0.	0.
(14) MARILYN CHRISTIE	1.00	122				$\vdash$		0.	0.	•
DIRECTOR	1.00	x						0.	0.	0.
(15) KRISTIN BEARD KING	1.00	+	$\vdash$	$\vdash$	$\vdash$	+		0.	· ·	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
(16) CHRIS WONG, DVM	1.00	+				+		-	•	
DIRECTOR	1111	x						0.	0.	0.
(17) HEATHER CANDY	1.00	Ħ			$\vdash$	t				
DIRECTOR		x						0.	0.	0.

Form **990** (2024) 432007 12-10-24

Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	nployees, and Highe				ighe	st	Compensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck	ition	ገ e than	one	Reportable	Reportable	:	E	stimate	<del>:</del> d
	hours per	box	, unle	ss pe	rson	is bot	th ar	compensation	compensation		aı	mount	of
	week (list any	$\vdash$	l a		1	1	1	- Irom	from related			other	4:
	hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MIS		l .	npensa rom the	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)		1	ganizat	
	organizations	truste	Institutional trustee		yee	mper		1099-NEC)	,			d relat	
	below	idual	ution	je.	mplo	est co oyee	e.	1			org	anizati	ons
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Form						
(18) NANCY FIELD, MD	1.00												
DIRECTOR		Х						0.		0.			0.
(19) RYAN ENDEAN	1.00									_			_
DIRECTOR		Х						0.		0.			0.
(20) DAVID BOWEN	1.00	ļ								_			_
DIRECTOR	1 00	Х					L	0.		0.			0.
(21) JANET CROOKS	1.00	ļ								_			_
DIRECTOR	1 00	Х						0.		0.			0.
(22) RAQUEL ALTAVILLA	1.00	١								_			_
DIRECTOR AS OF AUGUST 2024	1 00	Х						0.		0.			0.
(23) JERRY HALEVA	1.00	١,,								^			^
DIRECTOR		Х					_	0.		0.			0.
		4											
						-							
		4											
						-	┢						
		1											
4h Cubbatal	l							1,160,973.		0.	13	8,9	29
1b Subtotal c Total from continuation sheets to Part V								0.		0.	13	0,5	0.
d Total (add lines 1b and 1c)								1,160,973.		0.	13	8,9	
2 Total number of individuals (including but r									L 0.000 of reportab			0 7 5	
compensation from the organization	iot iiiriitod to ti	1000		Ju u		o,		roccived more than proc	,,ccc or repertue				10
												Yes	No
3 Did the organization list any <b>former</b> officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hi	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s			•		•				•		3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J	for such individual	-		4	X	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y uni	rela	ted organization or indiv	idual for services	;			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch ,	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										npens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ith	in the organization's tax	year.				
(A)								(B)		_		C)	
Name and business					-			Description of s	services		ompe	ensatio	ก 
EFFORTLESS OFFICE LLC, 3				BOV	N			TM GEDIATORG			1.0	. 7 1	0.4
BLVD, STE 303, LAS VEGAS	, NV 89.	L 4 (	<u> </u>					IT SERVICES			10	7,1	94.
2 Total number of independent contractors (	includina but n	not li	mite	d to	tho	se li	ste	d above) who received n	nore than				
\$100,000 of compensation from the organi		- ••		۔ ۔		1		,					

Form 990 (2024) OF CRUES
Part VIII Statement of Revenue

			Check if Schedule O contai	ins a response	or note to any lin	ne in this Part VIII			
				'	,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
ts ts	1	<u>а</u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
ا ق ق			Fundraising events		483,166.				
ifts			Related organizations		100,100.				
n ii.			Government grants (contribution		132,872.				
Sir			All other contributions, gifts, grants	· <del></del>	132,072.				
it je		٠	similar amounts not included above		10,694,117.				
등등				· · · <del>    . · · ·</del>	387,896.				
in S		_	Noncash contributions included in lines 1:		307,030.	11,310,155.			
<u> </u>		n	Total. Add lines 1a-1f		Business Code	11,310,133.			
	_	_	VETERINARIAN CLINIC		621300	2,029,363.	2,029,363.		
je	2		SURRENDER INCOME		900099	, ,	· · · · ·		_
Program Service Revenue		b			900099	402,182.	402,182.		_
Wen S		-	CITY OF RANCHO CORDOVA			328,893.	328,893.		
gra Re			ADOPTIONS INCOME		900099	174,125.	174,125.		
o l		-	CITY OF FOLSOM		900099	93,091.	93,091.		
_			All other program service reven			49,188.	49,188.		
$\overline{}$		g	Total. Add lines 2a-2f			3,076,842.			
	3	, , ,			est, and	707 040			707 040
	other similar amounts)			787,849.			787,849.		
	4		Income from investment of tax-						
	5		Royalties						
			_ I. F	(i) Real	(ii) Personal				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a	7,784,304.	56,000.				
		b	Less: cost or other basis						
nu			and sales expenses	7,628,030.					
Other Revenue			Gain or (loss)	156,274.					
Ę.			Net gain or (loss)			194,658.			194,658.
the	8	а	Gross income from fundraising eve	`					
0			including \$ 483,						
			contributions reported on line 1	<i>'</i>					
			Part IV, line 18		t				
			Less: direct expenses		221,281.				
			Net income or (loss) from fundr	· -		-23,559.			-23,559.
	9	а	Gross income from gaming acti						
			Part IV, line 19		1				
			Less: direct expenses						
			Net income or (loss) from gamir						
	10	а	Gross sales of inventory, less re						
			and allowances		1				
			Less: cost of goods sold						
$\rightarrow$		С	Net income or (loss) from sales	of inventory		13,751.	13,751.		
ရှ					Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS REVENUE		900099	12,428.	12,428.		
llan		b			ļ				
Re.		С							
Ξ̈́			All other revenue						
		е	Total. Add lines 11a-11d			12,428.			
	12		Total revenue. See instructions .			15,372,124.	3,103,021.	0.	958,948.

# Part IX | Statement of Functional Expenses

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

3601	Section 50 I(c)(3) and 50 I(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
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,	432,731.	368,975.	16,571.	47,185.					
_	trustees, and key employees	432,731.	300,373.	10,5/1.	47,100.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	5,971,753.	5,089,464.	229,791.	652,498.					
7	Other salaries and wages	3,311,133.	5,005,404.	449,191.	034,430.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,327.	55,915.	2,405.	7,007.					
9	Other employee benefits	723,638.	619,380.	26,646.	77,612.					
10		472,859.	404,732.	17,412.	50,715.					
11	Payroll taxes  Fees for services (nonemployees):	212,000	202,1324	1,1110	50,715					
	Management									
	Legal	7,600.		7,600.						
	Accounting	37,372.		37,372.						
	Lobbying	37,73720		37,737,23						
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	118,304.		118,304.						
	Other. (If line 11g amount exceeds 10% of line 25,	,								
J	column (A), amount, list line 11g expenses on Sch 0.)	282,184.	142,302.	51,535.	88,347.					
12	Advertising and promotion	-	-	-						
13	Office expenses	128,008.	108,311.	10,825.	8,872.					
14	Information technology	187,879.	120,100.	25,754.	42,025.					
15	Royalties									
16	Occupancy	561,190.	523,874.	20,375.	16,941.					
17	Travel	25,720.	18,830.	4,179.	2,711.					
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	F 4 2 2 2 2	505.065	00.000	45 000					
22	Depreciation, depletion, and amortization	549,023.	505,366.	28,377.	15,280.					
23	Insurance	62,473.	57,505.	3,229.	1,739.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)									
а	SUPPORT FOR ANIMALS	1,313,033.	1,313,033.							
b	PRINTING & POSTAGE	420,500.	67,367.	1,041.	352,092.					
c	MISCELLANEOUS EXPENSES	19,951.	10,478.	2,358.	7,115.					
d	DUES & SUBSCRIPTIONS	7,274.	5,353.	645.	1,276.					
e	All other expenses	-	· ·							
25	Total functional expenses. Add lines 1 through 24e	11,386,819.	9,410,985.	604,419.	1,371,415.					
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)									
	0 10 10 04				Form <b>990</b> (2024)					

Form 990 (2024)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,883,765.	1	3,887,582.
	2	Savings and temporary cash investments	1,951,691.	2	2,871,837.
	3	Pledges and grants receivable, net	206,473.	3	1,745,955.
	4	Accounts receivable, net	100,181.	4	80,574.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	16,738.	8	11,513.
⋖	9	Prepaid expenses and deferred charges	96,084.	9	121,320.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 15,138,695.			
	b	Less: accumulated depreciation 10b 7,622,077.	7,716,307.		7,516,618. 18,530,862.
	11	Investments - publicly traded securities	16,919,098.	11	18,530,862.
	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	355,101.	15	354,640.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	30,245,438.	16	35,120,901.
	17	Accounts payable and accrued expenses	845,574.	17	928,611.
	18	Grants payable	25 246	18	
	19	Deferred revenue	35,346.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u> </u>		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	18,975.	٥-	14,153.
	00	of Schedule D	899,895.	25 26	942,764.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here	0,	26	742,704.
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	28,105,983.	27	30,864,230.
Bala	28	Net assets with donor restrictions	1,239,560.	28	3,313,907.
l pu	20	Organizations that do not follow FASB ASC 958, check here	1/233/3001	20	3/323/30/1
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	29,345,543.	32	34,178,137.
2	33	Total liabilities and net assets/fund balances	30,245,438.	33	35,120,901.
	00	Total habilities and fiet assets/fully balafiles	00,210,1000	00	00,120,501

Form **990** (2024)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	······				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 37		
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,38		
3	Revenue less expenses. Subtract line 2 from line 1	3		,98		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29	,34		
5	Net unrealized gains (losses) on investments	5		84	2,9	28.
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 on Schedule O)	9			4,3	61.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	34	.,17	8,1	37.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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 on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	5,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>		3b		

Form **990** (2024)

# **SCHEDULE A**

(Form 990)

Total

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

Open to Public Inspection

SACRAMENTO SOCIETY FOR THE PREVENTION Employer identification number Name of the organization 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.) 1 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 university: 10 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 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on 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. Type II. A supporting organization supervised or 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

OF CRUELTY TO ANIMALS

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

(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 Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 9,653,784. 7,321,859 7,540,440 7,858,774 11,310,155 43,685,012. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 9,653,784. 7,321,859 7,540,440. 7,858,774 11,310,155 43,685,012. 4 Total. Add lines 1 through 3 5 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) 1,111,212. 42,573,800. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 9,653,784. 7,321,859 7,540,440. 7,858,774 11,310,155, 43,685,012. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 526,961. 321,166. 268,215. 501,613. 787,849. 2,405,804. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 52,024. 2,507. 2,763. 7,376. 12,428. assets (Explain in Part VI.) **11 Total support.** Add lines 7 through 10 212,779. 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 92.22 14 % 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 91.07 15 Public support percentage from 2023 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2023. 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 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 b 10% -facts-and-circumstances test - 2023. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2024

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# Part III | 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.)

Se	ction A. Public Support						_
Cale	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization'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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(=) 0000	(h) 0001	(=) 0000	(-1) 0000	(-) 0004	(f) Total
	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6  Gross income from interest,						_
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	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 on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here		-				<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2024 (					15	<u>%</u>
	Public support percentage from 2023					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)24</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2023 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2024. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
ŀ	33 1/3% support tests - 2023. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

# Part IV | Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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 organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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 Part VI.
- **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, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **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.)

		Yes	No
	1		
	2		
	3a		
	01		
	3b		
	3с		
	4a		
	ıu .		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5с		
	6		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	30		
	10a		
	10b		
lule	A (Forr	n gan	2024
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Par	t IV   Supporting Organizations (continued)			<u> </u>
	, see a community		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<i>y</i> 11 5 5		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization'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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

# SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Schedule A (Form 990) 2024

Part V Type III Non

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Pa	rt v Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( <i>expla</i> in in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2024

instructions).

OF CRUELTY TO ANIMALS

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Sche	dule A (Form 990) 2024 OF CRUELTY TO			9	4-1312343 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continue</sub>	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6_	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	•	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
c	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i_	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
b	Excess from 2021				
С	Excess from 2022				
d	Excess from 2023				
е	Excess from 2024				

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

OF CRUELTY TO ANIMALS

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Part VI 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 IV, Sect

Schedule A (	Form 990	2024

# Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

94-1312343

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	ration is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule	General Rule			
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sections 509 contributor,	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 990-EZ, line 1. Complete Parts I and II.			
contributor, literary, or ed	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ducational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering umn (b) instead of the contributor name and address), II, and III.			
year, contrib is checked, purpose. Do	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the outions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., on't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> aritable, etc., contributions totaling \$5,000 or more during the year\$			
answer "No" on Part	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify he filing requirements of Schedule B (Form 990).			

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

Schedule B (Form 990) (Rev. 12-2024)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$ <sub>-</sub>	1,400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$ <sub>-</sub>	558,448.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	415,678.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	412,121.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	307,457.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	267,515.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$263,154. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space 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	(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
		\$	

Employer identification number

rt III	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, characteristics.	arough (e) and the following line en	section 501(c)(7), (8), or (10) that total more than \$1,000 for http://for organizations
	Use duplicate copies of Part III if additional sp	pace is needed.	less for the year. (Effect this line, office.)
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	I.	(e) Transfer of git	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
No. m			
m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
$ \lfloor$			
	Transferee's name, address, and	(e) Transfer of git	ift  Relationship of transferor to transferee
			Trotation on a district of the station of the
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I			
_		(e) Transfer of git	ift
	Transferee's name, address, and		Relationship of transferor to transferee
		<del></del>	

# SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization SACRAME	NTO SOCIETY FOR	THE PREVENT	ION	Employer identification number (EIN)
	OF CRUE	LTY TO ANIMALS			94-1312343
Pa		ganization is exempt un	der section 501(c)	or is a section 5	27 organization.
1 2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	zation's direct and indirect politi	ical campaign activities i	n Part IV.	\$
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c)(	(3).	
1	Enter the amount of any excise tax	incurred by the organization ur	der section 4955		\$
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 4955		\$
	If the organization incurred a section				
48	a Was a correction made?				Yes No
k	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt un	der section 501(c),	except section	501(c)(3).
	Enter the amount directly expended	, ,	•		\$
2	Enter the amount of the filing organ	nization's funds contributed to c	other organizations for se	ection 527	
	exempt function activities				\$
3	Total exempt function expenditures				
	line 17b				\$
4	Did the filing organization file Form	<b>1120-POL</b> for this year?			Yes No
5	Enter the names, addresses, and E organization listed, enter the amour promptly and directly delivered to a lf additional space is needed, provi	nt paid from the filing organizati a separate political organization	on's funds. Also enter th	ne amount of political	contributions received that were
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	n's contributions received and

9/1-13123/3 P

	t II-A   Complete if the org			TO ANIMALS	n 501/a\/2\ and fi		312343 Page 2
Pai	section 501(h)).	anizaud	ni is exe	mpt under sectio	n sor(c)(s) and iii	ied Form 5766 (ei	ection under
A (		tion belon	ns to an affi	liated group (and list in	Part IV each affiliated	I group member's nam	e address FIN
,, ,	expenses, and shar		•	•	Traitiv odom amiatoc	group mombor o nam	o, add. 555, En 1,
в				nd "limited control" pro	ovisions apply.		
	Limi	ts on Lobi	oying Expe			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
	Total lobbying expenditures to influ	uence pub	lic opinion (	(arassroots lobbying)		0.	
	Total lobbying expenditures to influ	-				3,183.	
	Total lobbying expenditures (add li					3,183.	
	Other exempt purpose expenditure					11,383,636.	
	Total exempt purpose expenditure					11,386,819.	
	Lobbying nontaxable amount. Enter					719,341.	
	IF the amount on line 1e, column (a)			he lobbying nontaxab			
	not over \$500,000	, ,,		the amount on line 1e.			
	over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
	over \$1,000,000 but not over \$1,5	_		00 plus 10% of the exc			
	over \$1,500,000 but not over \$17,			00 plus 5% of the exce			
	over \$17,000,000		\$1,000,	000.			
g	Grassroots nontaxable amount (en	ter 25% o	f line 1f)			179,835.	
h	Subtract line 1g from line 1a. If zer	o or less, e	enter -0-			0.	
i	i Subtract line 1f from line 1c. If zero or less, enter -0-			0.			
j	If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		
	reporting section 4911 tax for this	year?					Yes No
			4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organizations the			01(h) election do not ate instructions for li		of the five columns b	elow.
		Lobi	ying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2021	<b>(b)</b> 2022	(c) 2023	(d) 2024	(e) Total
	Lobbying nontaxable amount					719,341.	719,341.
b	Lobbying ceiling amount						1 000 010
	(150% of line 2a, column(e))						1,079,012.
c	Total lobbying expenditures					3,183.	3,183.
d	Grassroots nontaxable amount					179,835.	179,835.
е	Grassroots ceiling amount						
	(150% of line 2d, column (e))						269,753.
f	Grassroots lobbying expenditures						

Schedule C (Form 990) 2024

SACRAMENTO SOCIETY FOR THE PREVENTION

Schedule C (Form 990) 2024

OF CRUELTY TO ANIMALS

94-1312343 Page 3

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Force	ach "Vee" response on lines 1a through 1 holesy provide in Part IV a detailed description	(a	1	(b	<u>)</u>
	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.				
0	o todaying downly.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?	$\vdash$			
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	   F01/a\/	/E\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	on 501(c)(	b), or se	ection	
	501(c)(6).			Yes	No
	Managaribetantially all (000/ average) dues vessived panded vetible by vessible as			163	140
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).			ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3. is
	answered "Yes."	,	. (,	,	,
1	Dues, assessments, and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
	expenses for which the section 527(f) tax was paid):				
а	Current year		2a		
	Carryover from last year				
С					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1	and 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

# **SCHEDULE D** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 94-1312343

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
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 advisors in w	riting that the assets he	eld in donor advised fur	nds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	•		
_	impermissible private benefit?			Yes No
Pa			s" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	1	
	Preservation of land for public use (for example, recreating	on or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included on line 2c acquir	•		
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or	terminated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ease		<del> </del>	
5	Does the organization have a written policy regarding the period			
_	violations, and enforcement of the conservation easements it I			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	iandling of violations, ar	nd enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and en	forcing conservation e	asements during the year
•	, and are or expenses meaned in monitoring, inspecting, manan	rig or violations, and on	Toroning conservation of	accinents daring the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	s of section 170(h)(4)(B	)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	•	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	, .		
	of art, historical treasures, or other similar assets held for publi			ance of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public e	exhibition, education, o	r research in furtherand	ce of public service,
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				•
2	If the organization received or held works of art, historical treas			proviae
_	the following amounts required to be reported under FASB AS			¢.
a	Revenue included on Form 990, Part VIII, line 1			· · · · · · · · · · · · · · · · · · ·
a	Assets included in Form 990, Part X			Þ

Sche	<b>SACRAM</b> : dule D (Form 990) (Rev. 12-2024) <b>OF CRU</b> :	ENTO SOCIET		PREVENTIO		131234	.3 Р	age <b>2</b>
	rt III Organizations Maintaining C			easures, or Otl				<u> </u>
3	Using the organization's acquisition, accession							
	collection items (check all that apply).		•	· ·	· ·			
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other	3 1 3				
С	Preservation for future generations							
4	Provide a description of the organization's co	allections and explain	how they further th	ne organization's ex	cemnt nurnose in	Part XIII		
5	During the year, did the organization solicit o					i ait Aiii.		
3	to be sold to raise funds rather than to be ma					Yes		□No
Par	t IV Escrow and Custodial Arran						<u> </u>	<u> 140</u>
ı aı	reported an amount on Form 990, Par		ii trie organization	ranswered res o	n Form 990, Part	iv, line 9, o		
4-								
ıa	Is the organization an agent, trustee, custodi							٦.,,
	on Form 990, Part X?					└── Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table:			Amaiii	.+	
						Amoui	IL	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	•				1f			
	Did the organization include an amount on Fo				•	Yes	L	∐ No
_	If "Yes," explain the arrangement in Part XIII.						<u>. L</u>	<u></u>
Par	t V Endowment Funds Complete if	<del>_</del>		<del></del>				
		(a) Current year	(b) Prior year	(c) Two years back	1 ' '	ack (e) Fou	ır years	back
1a	Beginning of year balance	2,155,784.	673,852.	676,765	675,4	40.	674	,422.
b	Contributions	435,264.	1,500,000.					
С	Net investment earnings, gains, and losses	292,693.	-18,068.	-2,913	. 1,88	38.	1	,556.
d	Grants or scholarships				4:	30.		430.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses				1:	33.		108.
g	End of year balance	2,883,741.	2,155,784.	673,852	. 676,70	65.	675	,440.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	i)) held as:	•			
а	Board designated or quasi-endowment	0000	%					
b	Permanent endowment 96.4606	%						
С	Term endowment 3.5394	<del></del> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	•	ion that are held a	nd administered for	r the			
	organization by:						Yes	No
	(i) Unrelated organizations?					3a(i)	Х	
						l	<del>                                     </del>	Х
h	If "Yes" on line 3a(ii), are the related organiza					·····		<u>-</u> -
4	Describe in Part XIII the intended uses of the						<u> </u>	
Par	t VI Land, Buildings, and Equipm		mient iunus.					
	Complete if the organization answered		Part IV line 11a S	See Form 990 Part	X line 10			
	Description of property	(a) Cost or oth	<u> </u>	i	Accumulated	(d) Boo	ak vale	
	bescription of property	basis (investme		1	lepreciation	(u) D00	on vaiu	C
1-	Land	,	,	9,339.	ioprodiation	1,02	9 3	39
ıa	Land		12 67		650 791	6 02		$\frac{33}{2}$

ı		. '	, ,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		1,029,339.		1,029,339.
<b>b</b> Buildings		12,679,524.	6,650,791.	6,028,733.
c Leasehold improvements				
d Equipment		1,358,804.	900,258.	458,546.
e Other		71,028.	71,028.	0.
Total. Add lines 1a through 1e. (Column (d) must equa	7,516,618.			

Schedule D (Form 990) (Rev. 12-2024)

		THE PREVENTION	0.4. 4.04.00.4.0
Schedule D (Form 990) (Rev. 12-2024)OF CRUELTY	TO ANIMALS		94-1312343 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities	( //		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X.	line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			14,153
(3)			14,133
(4)			
(5) (6)			
<u>(6)</u>			
(7)			

14,153. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Par	TXI Reconciliation of Revenue per Audited Financial State		Revenue per R	eturi	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line				16 151 700
1	Total revenue, gains, and other support per audited financial statements			1	16,151,782.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	042 020		
а	Net unrealized gains (losses) on investments		842,928. 50,673.		
b	Donated services and use of facilities		30,073.		
C	Recoveries of prior year grants		4,361.		
d	Other (Describe in Part XIII.)				897,962.
	Add lines 2a through 2d			2e 3	15,253,820.
3	Subtract line 2e from line 1 Amounts included on Form 990. Part VIII. line 12. but not on line 1:			3	13,233,020.
4	, , ,	امدا	118,304.		
a b	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	4a	110,301.		
				4c	118,304.
5	Add lines 4a and 4b  Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	15,372,124.
	t XII Reconciliation of Expenses per Audited Financial Stat			Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	11,319,188.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
a	Donated services and use of facilities	2a	50,673.		
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	50,673.
3	Subtract line 2e from line 1			3	11,268,515.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	118,304.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	118,304.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,386,819.
Par	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infori	mation.		
D 7 T	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	ANGE IN VALUE OF BENEFICIAL INTERESTS				4,361.
	RT V, LINE 4: INTENDED USES OF THE ENDOW.	MENTO EIIN	חי		4,301.
	E SACRAMENTO REGION COMMUNITY FOUNDATION			TC	HOLDING
ASS	SETS AS AN ENDOWED COMPONENT FUND (FUND)	FOR THE	BENEFIT O	<u> </u>	HE SOCIETY.
	E SOCIETY HAS GRANTED THE FOUNDATION VAR				
	JNDATION'S BOARD OF DIRECTORS THE POWER				
	RPOSES IN CERTAIN CIRCUMSTANCES. THE FUN				
	/ESTMENT AND SPENDING POLICIES WHICH CUR				
OF	4 PERCENT OF A ROLLING 12 QUARTER AVERA	GE.			
	~				
THE	E EARNINGS FROM THE LEMAITRE ENDOWED FUN	D IS TO	CARE FOR T	HE	ANIMALS
SUC	CH AS PROVIDING FOOD, MEDICATIONS, CAGES	, OR EQU	IPMENT TO	BE	USED BY THE
ANI	IMALS.				
	E KENN ALTINE FELINE SPAY/NEUTER ENDOWED				HE
ORC	GANIZATION'S FELINE SPAY/NEUTER PROGRAM	FOR COMM	UNITY CATS	•	

# SACRAMENTO SOCIETY FOR THE PREVENTION

Schedule D (Form 990) (Rev. 12-2024) OF CRUELTY TO ANIMALS  Part XIII Supplemental Information (continued)	94-1312343 Page 5
Part XIII   Supplemental Information (continued)	

# SCHEDULE G (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SACRAMENTO SOCIETY FOR THE PREVENTION Employer identification number OF CRUELTY TO ANIMALS 94-1312343 Part I 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of nongovernment grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

94-1312343 Page 2

Pa	rt I	Fundraising Events. Complete if th	e organization answered	l "Yes" on Form 990, Pa	rt IV, line 18, or reported	more than \$15,000	
		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.	
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events	
			L			(add col. (a) through	
				GALA	2	col. <b>(c)</b> )	
<u>e</u>			(event type)	(event type)	(total number)	. "	
Revenue			200 710	226 242	24 026	600 000	
Вè	1	Gross receipts	309,710.	336,242.	34,936.	680,888.	
		Lance Occidentians	246,297.	221,059.	15,810.	483,166.	
	2	Less: Contributions	240,297.	221,039.	15,010.	403,100.	
	3	Gross income (line 1 minus line 2)	63,413.	115,183.	19,126.	197,722.	
	Ť	areas interine (interinate into 2)		. ,	-, -	- ,	
	4	Cash prizes					
	5	Noncash prizes					
ses			00 514	05 056		F 4 200	
per	6	Rent/facility costs	28,514.	25,876.		54,390.	
Direct Expenses	_	Food and houseness	2,251.	21,235.		23,486.	
)irec	′	Food and beverages	2,251.	21,255.		25,400.	
	8	Entertainment					
	9	Other direct expenses	63,593.	59,463.	20,349.	143,405.	
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			221,281. -23,559.	
	11 Net income summary. Subtract line 10 from line 3, column (d)						
Pa	ırt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.	•		<del> </del>		
en			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue				billigo/progressive billigo		coi. (a) trilough coi. (c)	
Be	4	Gross revenue					
_	Ė	dross revenue					
Ø	2	Cash prizes					
nse							
Direct Expenses	3	Noncash prizes					
ct E							
Dire	4	Rent/facility costs					
	_	Other discount comments					
	5	Other direct expenses	Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No No	No No		
		Volumes labor		<u>                                     </u>	<u>                                     </u>		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
_	_						
		ter the state(s) in which the organization condu		-+-+0		Yes No	
		the organization licensed to conduct gaming an				Yes No	
L.	11	No," explain:					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No	
		Yes," explain:					

# SACRAMENTO SOCIETY FOR THE PREVENTION

Sch	nedule G (Form 990) (Rev. 12-2024)OF CRUELTY TO ANIMALS 94-3	13123	43 Page 3
	Does the organization conduct gaming activities with nonmembers?	Y	es No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	<b>Y</b> ∈	es  No
	Indicate the percentage of gaming activity conducted in:	11	
	a The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>Y</b>	es No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
(	If "Yes," enter the name and address of the third party:		
	Name		
	Address		
46			
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	<u> </u>		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🔲 Y	es No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D	organization's own exempt activities during the tax year \$  art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	محنا اللياسم	0 0h 10h
Гс	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, IIne	es 9, 9b, 10b,
_			

# SACRAMENTO SOCIETY FOR THE PREVENTION 94-1312343 Page 4 Schedule G (Form 990) OF CRUELTY Part IV Supplemental Information (continued) OF CRUELTY TO ANIMALS

# SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Part I Questions Regarding Compensation

SACRAMENTO SOCIETY FOR THE PREVENTION Employer identification number OF CRUELTY TO ANIMALS 94-1312343

_			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		Λ
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		Λ
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	ı	l

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARAH HANEY	(i)	208,781.	0.	0.	9,212.	7,999.	225,992.	0.
CHIEF DEVELOPMENT OFFICER, INTERIM C	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURIE SIPERSTEIN-COOK	(i)	162,870.	0.	0.	33,483.	15,683.	212,036.	0.
CHIEF OF SHELTER MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELLE MEYER	(i)	173,986.	0.	0.	3,165.	340.	177,491.	0.
CHIEF OF SURGERY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SARAH WILLIAMS	(i)	156,498.	0.	0.	2,937.	7,704.	167,139.	0.
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMIE LARSON	(i)	135,430.	0.	0.	2,650.	22,383.	160,463.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATHERINE MARCIL	(i)	147,417.	0.	0.	1,987.	639.	150,043.	0.
WELLNESS CLINIC VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							

# SACRAMENTO SOCIETY FOR THE PREVENTION

Part III   Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	
PART I, LINE 3:	
MOST RECENT COMPENSATION SURVEY CONDUCTED IN 2024.	

# **SCHEDULE M** (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

SACRAMENTO SOCIETY FOR THE PREVENTION

Open to Public Inspection

Employer identification number

94-1312343 OF CRUELTY TO ANIMALS Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 44 167,363.FAIR MARKET VALUE X 6 Cars and other vehicles ..... Boats and planes ..... 7 Intellectual property 8 6 114,801. Securities - Publicly traded ..... 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 88,138.FAIR MARKET VALUE (KENNEL, FOOD AN) 552 25 Other EVENT SUPPLIES ) 17,594.FAIR MARKET VALUE X 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2024

# SACRAMENTO SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS Schedule M (Form 990) 2024

94-1312343

Page 2

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.	
SCHEDULE M, PART I, LINE 32B:	-
THE SOCIETY RETAINS THE SERVICES OF CHARITABLE ADULT RIDES & SERVICES,	_
A NONPROFIT ORGANIZATION, FOR ITS VEHICLE DONATION PROGRAM.	_
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# SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 94-1312343

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OUR COMMUNITY OUTREACH PROGRAMS PROVIDE HUMANE EDUCATION TO CHILDREN
AND ADULTS EACH YEAR THROUGH CAMPS AT THE SHELTER, SCHOOL VISITS TO
K-12 GRADES, PARTICIPATION IN COMMUNITY EVENTS, ANIMAL/HUMAN
INTERACTION THERAPY AT NURSING HOMES AND HOSPITALS, AND FREE OR
LOW-COST VACCINATIONS AND ADOPTIONS TO SENIORS.
EXPENSES \$ 1,098,194. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

BILL ALTAVILLA (DIRECTOR, TERM ENDED IN MAY 2024) AND RAQUEL ALTAVILLA (DIRECTOR, TERM STARTED AUGUST 2024) ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY A FIRM OF CERTIFIED PUBLIC ACCOUNTANTS. IT IS REVIEWED BY MANAGEMENT AND EACH MEMBER OF THE AUDIT/FINANCE COMMITTEE. ANY QUESTIONS AND COMMENTS ARE RESOLVED PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OBTAINS COMPARABLE COMPENSATION INFORMATION AND EVALUATES THE CEO'S PERFORMANCE ANNUALLY. THIS PROCESS WAS LAST UNDERTAKEN IN 2024.

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. THIS PROCESS WAS LAST UNDERTAKEN IN 2024.

FORM 990, PART VI, SECTION C, LINE 19:

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF BENEFICIAL INTERESTS

4,361.

FORM 990, PART XI, LINE 2C

THE PROCESSES FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND THE SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.