Form	9	9	0
Form	J	J	U

Department of the Treasury

Internal Revenue Service

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Activities & Governance

Revenue

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Yes X No

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and ending A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number SACRAMENTO SOCIETY FOR THE PREVENTION Address change OF CRUELTY TO ANIMALS]Name]change 94-1312343 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final (916)383 - 73876201 FLORIN-PERKINS ROAD termin-ated 14,276,381. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended SACRAMENTO, CA 95828 H(a) Is this a group return Applica-F Name and address of principal officer: KENN ALTINE for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No 4947(a)(1) or Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) If "No," attach a list. See instructions WWW.SSPCA.ORG H(c) Group exemption number J Website: **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1927 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: FOUNDED IN 1892, THE SACRAMENTO SPCA HAS BEEN PROVIDING HOMELESS ANIMALS WITH INDIVIDUAL COMFORT, 2 Check this box ot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 7,321,859. 7,540,440. Contributions and grants (Part VIII, line 1h) 8 2,679,838. 2,784,092. Program service revenue (Part VIII, line 2g) 9 1,556,312. -116,697.Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 96,572. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 11,922,993. 9,981,572. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,752,449. 6,841,007. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,003,819. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,686,874. 3,186,047. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,439,323. 10,027,054. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,542,249. 1,895,939. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances **Beginning of Current Year** End of Year 28,807,999. 27,770,011. Total assets (Part X, line 16) 20 728,513. 1,018,062. **21** Total liabilities (Part X, line 26) Net / 28,079,486. 26,751,949. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
	KENN ALTINE, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	JENNIFER Z IWATA	JENNIFER Z IWATA	11/15/23 ^{if} self-employed P01310188	
Preparer	Firm's name GILBERT CPAS		Firm's EIN 68-0037990	
Use Only	Firm's address 2880 GATEWAY OAKS	DR, STE 100		
	SACRAMENTO, CA 95	833	Phone no. $916 - 646 - 6464$	
May the II	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes	No
232001 12-1	13-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (20	22)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	SACRAMENTO SOCIETY FOR THE PREVENTION
	990 (2022) OF CRUELTY TO ANIMALS 94-1312343 Page 2
Pa	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: FOUNDED IN 1892, THE SACRAMENTO SPCA HAS BEEN PROVIDING HOMELESS
	ANIMALS WITH INDIVIDUAL COMFORT, SHELTER, AND LOVE FOR MORE THAN 130
	YEARS. WE WORK TO REDUCE PET OVERPOPULATION THROUGH AFFORDABLE
	SPAY/NEUTER SERVICES, PROMOTE HUMANE TREATMENT OF ANIMALS THROUGH
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?
4	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,108,640. including grants of \$) (Revenue \$ 1,868,353.)
	SPAY AND NEUTER SERVICES ARE A MAJOR FOCUS OF THE SACRAMENTO SPCA, AND
	ALL ANIMALS IN OUR CARE ARE SPAYED OR NEUTERED PRIOR TO RELEASE FOR
	ADOPTION. IN ADDITION, WE PROACTIVELY OPERATE OUTREACH PROGRAMS
	DESIGNED TO ENCOURAGE AND FACILITATE THE SPAYING AND NEUTERING OF
	COMPANION ANIMALS AND FREE-ROAMING CATS IN OUR COMMUNITIES, INCLUDING
	PROGRAMS TO ENCOURAGE THE PARTICIPATION OF PEOPLE WHO MAY BE RELUCTANT OR UNABLE TO PAY FOR SUCH SERVICES. IN 2022, 19,908 ANIMALS WERE
	STERILIZED. WE PROVIDED 825 SURGERIES AT NO COST FOR PIT BULLS, PIT
	MIXES, AND CHIHUAHUAS THROUGH OUR WE PAY TO SPAY PROGRAM AND 6,132 CATS
	WERE ALTERED AT NO COST TO OUR TNR PARTNERS THROUGH OUR COMMUNITY CAT
	PROGRAM.
4b	(Code:) (Expenses \$ 2,431,482. including grants of \$) (Revenue \$ 718,700.)
	THE SACRAMENTO SPCA SERVES THE ENTIRE SACRAMENTO REGION AS A PREMIER
	PROVIDER OF LOW-COST SPAY/NEUTER SERVICES, COLLABORATING WITH LOCAL
	RESCUE GROUPS, COMMUNITY CAT CAREGIVERS, THOSE IN NEED, AND THE PUBLIC TO ALTER 19,908 ANIMALS IN 2022. ADDITIONALLY, 47,982 LOW-COST AND NO
	COST VACCINATIONS WERE PROVIDED TO THE COMMUNITY, ANIMALS RECEIVED
	LOW-COST VETERINARY EXAMS, AND MORE THAN 3,600 SICK, INJURED, AND
	HOMELESS ANIMALS FOUND NEW HOMES THROUGH THE SHELTER'S ADOPTION
	FACILITY. THE SACRAMENTO SPCA PROVIDES A COMPREHENSIVE SPECTRUM OF
	SERVICES TO THE COMMUNITY, INCLUDING ANIMAL CARE, SHELTERING, FOSTER
	CARE, AND ADOPTIONS; LOW-COST AND/OR FREE SPAY AND NEUTER SERVICES;
	ANIMAL/HUMAN INTERACTION THERAPY AT NURSING HOMES AND HOSPITALS; HUMANE
	EDUCATION OUTREACH; ANIMAL BEHAVIOR SUPPORT; SENIOR AND LOW-INCOME
4c	(Code:) (Expenses \$ 750,967. including grants of \$) (Revenue \$ 206,637.) THE SACRAMENTO SPCA PROVIDES A SAFE AND NURTURING ENVIRONMENT FOR
	UNWANTED, ABANDONED, AND MISTREATED PETS UNTIL THEY CAN BE PERMANENTLY
	PLACED INTO LOVING HOMES. THROUGH PROACTIVE INTERVENTION, PUBLIC
	EDUCATION, AND COMMUNITY OUTREACH EFFORTS, 3,669 ANIMALS WERE PLACED
	INTO LOVING HOMES, AND AN ADDITIONAL 1,695 WERE PLACED THROUGH FOSTER
	CARE AND RESCUE PARTNERS DURING THE CALENDAR YEAR 2022. ANOTHER 558
	ANIMALS WERE TRANSPORTED FROM OVERBURDENED SHELTERS IN THE COMMUNITY TO
	THE SACRAMENTO SPCA FOR ADOPTION.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,012,378 · including grants of \$) (Revenue \$)
4e	Total program service expenses 8, 303, 467.
	Form 990 (2022)
232003	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)

		SAC	CRAMENTO	SOC	CIETY	FOR	\mathbf{THE}	PREVENTION
Form 990 (2	2022)	OF	CRUELTY	то	ANIMA	ALS		
Part IV	Checklist of R	equii	red Schedule	es				

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
0	Schedule D, Part III	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; or provide credit counseling, debt management, credit repair, or debt negotiation services?	0		x
10	If "Yes," complete Schedule D, Part IV	9		- 17
10		10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	- 13	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Па		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	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		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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	990 (2022) OF CRUELTY TO ANIMALS 94-131	.2343	Р	age 4
Pa	rt 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		X
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	
24a	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	. 24 a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a		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	0.51		х
	Schedule L, Part I	. 25b		
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%	06		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		- 23
21	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.			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	. 21		
20	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			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
-	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			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			
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	. 38	А	
	Check if Schedule O contains a response or note to any line in this Part V			
	טוויטא א טטופעטוב ט טטוגמווז מ ובשטטושב טו ווטנב נט מוזץ וווים ווו נווש רמול ע	<u></u>	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	25	162	
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1a 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	-		
U	(gambling) winnings to prize winners?	1c	x	
232004	4 12-13-22		990	(2022)
				. /

SACRAMENTO SOCIETY FOR THE PREVENTION

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a a Did the organization have unrelated business gross income of S1,000 or more during the year? b If "Yes," that if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country were," fincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file FORm 888-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s any contributions rat were not tax deductible? for organization nave annual gross receipts that are normally greater than \$100,000, and services provided to the 'free's', 'did the organization notify the donor of the value of the goods or services provided? b If "Yes,' idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization nata yreceive eductible contributions under section 170(c). a Did the	a 3 3 3 3 3 3 3 3 3 3 5 5 5 5 5 5 5 5 5 5	2b 3a 3b 4a 5b 5c 6a 6b 7a 7b 7c 7c 7c 7f 7g 7h 8 8	Yes X X X X X X X	No X X X X X
filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If Yes,'' netre the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5w Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s any contributions that were not tax deductible contributions? b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal prope	a a 3 a 4 3). 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3a 3b 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c 7f 7g 7h 8	x	X X X X X
filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If Yes,'' netre the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5w Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s any contributions that were not tax deductible contributions? b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided	a a 3 a 4 3). 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3a 3b 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c 7f 7g 7h 8		X X X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-T? 6a Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization s any contributions that were not tax deductible as charitable contributions? b If "Yes," tid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the I"Yes," tid the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c	a a 3 a 4 3). 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3a 3b 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c 7f 7g 7h 8		X X X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provide? c Did the organization receive any funds, di	a 3 3 3 3 3 3 3 3 3 3 5 5 5 5 5 5 5 5 5 5	3a 3b 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c 7f 7g 7h 8		X X X
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against	·····	9a	┝──┤	
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against				
a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against 11a		9b		
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: 11a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against 11a				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against				
a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against 11a				
b Gross income from other sources. (Do not net amounts due or paid to other sources against				
amounts due or received from them.)		10-		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?	·····			
Note: See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the				l
organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand 13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?		13a		x
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		13a 14a		X
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		13a		X
evenue persolute permential during the very	14	13a 14a 14b		
excess parachute payment(s) during the year?	14	13a 14a		x
If "Yes," see the instructions and file Form 4720, Schedule N.		13a 14a 14b 15		x
If "Yes," see the instructions and file Form 4720, Schedule N.Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		13a 14a 14b		
 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 investment income? If "Yes," complete Form 4720, Schedule O. 		13a 14a 14b 15		x
If "Yes," see the instructions and file Form 4720, Schedule N.Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		13a 14a 14b 15		x

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

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	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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	1		
	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 1	1		
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		X
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	·		X
7a				
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14	-	
D	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	00	x	
	Each committee with authority to act on behalf of the governing body?		X	
b		uo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 9		- 23
000	tion D. Toncies (This Section D requests information about policies not required by the internal Revenue Code.)		Vac	No
10-	Did the exercitation have lead chapters, branches, ex efficience?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	+	- 23
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b		10-	x	
12a				
b		12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
40	on Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14		
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?	45-	x	
	The organization's CEO, Executive Director, or top management official		37	
b	Other officers or key employees of the organization	15b		
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		x
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>			
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 onl	y) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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,	and fina	ancial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SSPCA - (916)383-7387			
	6201 FLORIN-PERKINS ROAD, SACRAMENTO, CA 95828			

Form 990 (2022)

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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

CRUELTY TO ANIMALS

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.

• 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.

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OF

Form 990 (2022)

(A)	(P)	T		11	C)			(D)	(E)	(F)
(A) Name and title	(B)			Pos	ition			(D) Reportable	(ב) Reportable	(F) Estimated
Name and the	Average hours per		not c	heck	more	than		compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				eq		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			en sat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	e omp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	Ĕ	lns	Æ	, Ke	Hic em	<u>9</u>			
(1) KENNETH ALTINE	40.00	-		37					0	
CEO	40.00	\vdash		X				222,968.	0.	55,376.
(2) LAURIE SIPERSTEIN-COOK	40.00	4						140 600		41 0.50
CHIEF OF SHELTER MEDICINE						Х		143,637.	0.	41,962.
(3) MICHAEL OEI	40.00								_	
CFO				х				143,078.	0.	13,202.
(4) KATHERINE E. MARCIL	40.00									
VETERINARIAN						Х		131,413.	0.	19,200.
(5) SARAH WILLIAMS	40.00									
VETERINARIAN						Х		138,787.	0.	8,089.
(6) SARAH HANEY	40.00									
CHIEF DEVELOPMENT OFFICER						Х		135,091.	0.	9,521.
(7) MICHELLE S. MEYER	40.00									
CHIEF OF SURGERY		1				Х		123,384.	0.	90.
(8) JUN REINA	1.00									
DIRECTOR		X						0.	0.	0.
(9) MARILYN CHRISTIE	1.00									
DIRECTOR		X						0.	0.	0.
(10) PATRICK MCNEIL	1.00									
DIRECTOR		x						0.	0.	0.
(11) TRACY FAIRCHILD	1.00									
DIRECTOR		X						0.	0.	0.
(12) BILL ALTAVILLA	2.00									
BOARD SECRETARY		x		x				0.	0.	0.
(13) KRISTIN BEARD KING	1.00									
DIRECTOR		x						0.	0.	0.
(14) HEATHER CANDY	1.00	1						-		
DIRECTOR		x						0.	0.	0.
(15) NANCY FIELD, MD	1.00	<u> </u>							•	
DIRECTOR		x						0.	0.	0.
(16) SUSAN GRAY	2.00	<u> </u>								
BOARD PRESIDENT		x		x				0.	0.	0.
(17) VALERIE LETCH	2.00	<u> </u>		<u> </u>	-					~ · ·
BOARD VICE PRESIDENT		x		x				0.	0.	0.
		<u>د م</u>	1		1	1			U •	<u>Гакт 990 (2022)</u>

					R	THI	E]	PREVENTION	04 12	1 0 0	10	_	~
Form 990 (2022) OF CRUEL									94-133	1234	43	Pag	e ð
Contraction A. Officers, Birectors, Ind		ploy	/ees			ighe	st C					-	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director of work	not c , unle	Pos check ess pend a d	more rson lirecto	than is bot	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)	;/	Estir amo ot compe fron organ	n the iizatior related	ר ו
(18) ZACHARY MORGAN, DVM	2.00	L L L	Ins	1 E	Key	e, <u>H</u>	ē						
BOARD TREASURER		x		x				0.	(0.			0.
								1,038,358.			147	-	
c Total from continuation sheets to Part V	VII, Section A							0.		0.	1 4 17		0.
d Total (add lines 1b and 1c)								1,038,358.		0.	147	,44	<u>.</u>
2 Total number of individuals (including but compensation from the organization	not limited to ti	lose	e IISte	ea a	DOVe	e) wi	no re	eceived more than \$100	J,000 of reportable				8
compensation nom the organization											Y	es I	10
 3 Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for</i> 4 For any individual listed on line 1a, is the s and related organizations greater than \$15 5 Did any person listed on line 1a receive or 	such individual sum of reportab 50,000? If "Yes	ole co ," co	omp	ensa ete S	atior Sche	n an edul	d otl e <i>J f</i>	her compensation from	the organization		3 4	X	X
rendered to the organization? If "Yes," col	mplete Schedu	le J f	for s	uch	pers	son					5		X
Section B. Independent Contractors	omponented in	don	anda	t	ont	raat		that reactived more than	¢100.000 of comp	onacti	ion fro		
 Complete this table for your five highest c the organization. Report compensation fo 	-	-							· · · · ·	ensati	on tro	m	
(A)								(B)			(C)		
Name and busines	s address	N	ONI	E				Description of s	services	Con	npens	ation	
							\neg						
							_						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2022)

SACRAMENTO SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (A) (D) Revenuè excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 452,601 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 7,087,839. 1f 231,397, g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 7,540,440 **Business Code** 2 a VETERINARIAN CLINIC Program Service Revenue 621300 1,868,353. 1,868,353 b CITY OF RANCHO CORDOVA 900099 300,940 300,940 c SURRENDER INCOME 900099 296,584 296,584 d ADOPTIONS INCOME 900099 197,039 197,039 e CITY OF FOLSOM 900099 74,778 74,778 900099 46,398 46,398. f All other program service revenue g Total. Add lines 2a-2f 2,784,092 Investment income (including dividends, interest, and 3 268,215 268,215. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses ... 6b c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 3,406,806. 13,460. assets other than inventory 7a b Less: cost or other basis **Other Revenue** 2,132,169. 7b 0 and sales expenses **c** Gain or (loss) 7c 1,274,637. 13,460. d Net gain or (loss) 1,288,097. 1,288,097. 8 a Gross income from fundraising events (not 452,601. of including \$ contributions reported on line 1c). See Part IV, line 18 8a 218,555. **b** Less: direct expenses 8b 186,004, 32,551, c Net income or (loss) from fundraising events 32,551 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 42,306. 35,215 10b **b** Less: cost of goods sold 7,091. 7,091. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE 900099 2,507 2,507 b С d All other revenue 2,507 e Total. Add lines 11a-11d 11,922,993. Total revenue. See instructions 2,793,690, 0 1,588,863. 12

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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Form 990 (2022) OF CRUELTY TO ANIMALS
Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	434,624.	366,711.	29,118.	38,795
	trustees, and key employees	434,024.	500,711.	29,110.	50,795
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	5,249,571.	4,515,705.	245,132.	488,734
	Other salaries and wages	J, 44J, J/1•	-,JLJ,/UJ.	24J, 1J2•	=00,/34
	Pension plan accruals and contributions (include	33,035.	24,971.	5,792.	2 272
	section 401(k) and 403(b) employer contributions)	714,518.	540,100.	125,280.	2,272 49,138
	Other employee benefits	409,259.	309,357.	71,757.	28,145
		405,255.	505,557.	11,157.	20,143
11	Fees for services (nonemployees):				
	Management	26,662.		26,662.	
	Legal	32,807.		32,807.	
	Accounting	52,007.		52,007.	
	Lobbying Professional fundraising services. See Part IV, line 17				
		81,188.		81,188.	
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	01,100.		01,100.	
-	column (A), amount, list line 11g expenses on Sch 0.)	201,087.	157,475.	1,839.	41,773
		201,007.	137,4730	1,000	41,775
	Advertising and promotion	112,903.	95,502.	9,254.	8,147
	Office expenses	84,857.	51,054.	4,922.	28,881
	Information technology	01/03/1	51,0510	1/5220	20,001
	Royalties	503,370.	463,018.	18,909.	21,443
	Occupancy	10,045.	8,820.	652.	573
	Travel Payments of travel or entertainment expenses	10,0150	0,0201		
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
19 20					
	Payments to affiliates				
	Depreciation, depletion, and amortization	498,454.	458,818.	25,763.	13,873
22 23	1	58,570.	53,913.	3,027.	1,630
	Other expenses. Itemize expenses not covered			0,02,1	
	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 0.)	1 064 647	1 064 611		36
-	SUPPORT FOR ANIMALS PRINTING & POSTAGE	1,064,647. 454,202.	1,064,611.	10 400	36
	MISCELLANEOUS EXPENSES	<u>454</u> ,202. 35,154.	161,317. 25,495.	19,409. 4,315.	273,476
-	BAD DEBT EXPENSE	12,928.	493.	12,928.	5,344
	h	9,173.	6,600.	1,014.	1 550
	All other expenses	9,173.	8,303,467.		1,559 1,003,819
25	Total functional expenses. Add lines 1 through 24e	10,02/,054.	0,303,40/.	719,768.	1,003,819
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)				

SACRAMENTO SOCIETY FOR THE PREVENTION

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		D'AG	CARDIN 10	200		I OK	1111	E KE VENTION	
Form 990 ((2022)	OF	CRUELTY	то	ANIMA	ALS			
Part X	Balance Sheet								

		Check if Schedule O contains a response or not	e to an	v line in this Part X			
			o to un		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			6,434,962.	1	3,175,100.
	2	Savings and temporary cash investments			4,204,338.	2	2,744,905.
	3	Pledges and grants receivable, net		F	109,835.	3	657,472.
	4	Accounts receivable, net			93,015.	4	131,249.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	-				
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			28,722.	8	16,595.
βŝ	9	Prepaid expenses and deferred charges			80,912.	9	104,915.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,853,704.			
	b	Less: accumulated depreciation	10b	6,862,586.	8,195,249.	10c	7,991,118.
	11	Investments - publicly traded securities			9,274,650.	11	12,601,236.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			386,316.	15	347,421.
	16	Total assets. Add lines 1 through 15 (must equ			28,807,999.	16	27,770,011.
	17	Accounts payable and accrued expenses		728,513.	17	994,430.	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20					20	
	21	Escrow or custodial account liability. Complete		F		21	
ŝ	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
abi		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela	ated thi	F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X			
		of Schedule D			0.	25	23,632.
	26				728,513.	26	1,018,062.
(0		Organizations that follow FASB ASC 958, che	ck her	e X			
čě		and complete lines 27, 28, 32, and 33.					
Ilan	27	Net assets without donor restrictions			27,482,209.	27	25,540,784.
l Ba	28	Net assets with donor restrictions		<u></u>	597,277.	28	1,211,165.
nnc		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ec	quipmer	nt fund		30	
t∆ŝ	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Ne	32	Total net assets or fund balances			28,079,486.	32	26,751,949.
	33	Total liabilities and net assets/fund balances			28,807,999.	33	27,770,011.

Form **990** (2022)

	SACRAMENTO SOCIETY FOR THE PREVENTION					
Form	1990 (2022) OF CRUELTY TO ANIMALS	94-	-13123	843	Pa	ge 12
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				93.
2	Total expenses (must equal Part IX, column (A), line 25)	2				54.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				86.
5	Net unrealized gains (losses) on investments	5	-3,	16	0,9	49.
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		-6	2,5	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	26,	75	1,9	49.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
_			Г		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		— I			
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		····· -	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			0	Х	
a	Were the organization's financial statements audited by an independent accountant?			2b	<u>л</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	6,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
-		a audi				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th 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			20		
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ieuuie	0.			
Jd	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			Ja		<u> </u>
U U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Зb		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

3b Form 990 (2022)

SC	HED	DULE A						_		OMB No. 1545-0047				
	orm 99				rity Status an					つりつつ				
(-,	C		nization is a section 50			or a section		2022				
Depa	rtment o	of the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or Fo					Open to Public				
		nue Service			/Form990 for instruction			formation.		Inspection				
Nar	ne of t	the organizati	on SACR	RAMENTO SOC	CIETY FOR THE	PREV	ENTIO	N	Employer	identification number				
				RUELTY TO						4-1312343				
Pa	art I	Reason	for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	See instruction	าร.					
The	organ	ization is not a	private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)							
1		A church, co	nvention of ch	nurches, or associati	on of churches describe	d in sectio	on 170(b)(1)(A)(i).						
2		A school des	cribed in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)								
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).						
4		A medical res	earch organiz	zation operated in co	onjunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,				
		city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit descrisection 170(b)(1)(A)(iv). (Complete Part II.)												
6	· · · · · · · · · · · · · · · · ·													
7	X	•		•	antial part of its support f	from a gov	ernmental	unit or from	the general	public described in				
_				Complete Part II.)										
8	\square	-)(1)(A)(vi). (Complete Par	-								
9		•		•	d in section 170(b)(1)(A)(•	•				
			or a non-land-	grant college of agri	culture (see instructions).	. Enter the	name, cit	y, and state o	f the colleg	e or				
10		university:												
10		-		•	e than 33 1/3% of its sup				-	-				
		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.												
					e (less section 511 tax) in		esses acqu	lifed by the o	rganization	alter Julie 30, 1975.				
11				mplete Part III.)	sively to test for public sa	foty Soo	caction 5(O(a)(A)						
12	\square	-	-	-	sively for the benefit of, to	•			arry out the	purposes of one or				
12		-	-		ed in section 509(a)(1) o	-			-					
					of supporting organizatio									
a		7	•	• •	supervised, or controlled		-		-	aivina				
-					egularly appoint or elect a	•								
			-	complete Part IV, S	• • • •	, ,				11 5				
b		¬ -			d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving				
					ganization vested in the s									
		organizatio	n(s). You mus	st complete Part IV	, Sections A and C.									
c	:	Type III fur	ctionally inte	egrated. A supportir	ng organization operated	in connec	tion with,	and functiona	Illy integrat	ed with,				
		its supporte	ed organizatio	on(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.						
c		J Type III no	n-functionall	y integrated. A sup	porting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)				
		that is not f	unctionally in	tegrated. The organi	ization generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness				
		requiremen	t (see instruct	tions). You must co	mplete Part IV, Sections	s A and D,	, and Part	۷.						
e		Check this	box if the org	anization received a	written determination from	om the IRS	that it is a	а Туре I, Туре	e II, Type III					
		-	-	• •	onally integrated support	ing organi	zation.							
f				-										
<u>ç</u>		ide the followi	<u> </u>	n about the support	ed organization(s). (iii) Type of organization	(iv) Is the ora	inization listed	(v) Amount o	fmonetary	(vi) Amount of other				
	,	organization			(described on lines 1-10	in your govern	ng document?	support (see ii	-	support (see instructions)				
		-			above (see instructions))	163								
				1	1									
				1										
Tota	al													

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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Schedule A	(Form 990) 2022	OF	CRUELTY	то	ANIMALS		94-1312
Part II	Support Schedule f	for Or	ganizations	Desc	cribed in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,071,301.	7,699,416.	9,653,784.	7,321,859.	7,540,440.	37,286,800.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	5,071,301.	7,699,416.	9,653,784.	7,321,859.	7,540,440.	37,286,800.
	The portion of total contributions				<u> </u>		
	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)						1,336,754.
6	Public support. Subtract line 5 from line 4.						35,950,046.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	5,071,301.	7,699,416.	9,653,784.	7,321,859.	7,540,440.	37,286,800.
	Gross income from interest,	5,071,501.	,,055,410.	5,000,701.	7,321,035.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	37,200,000.
0							
	dividends, payments received on						
	securities loans, rents, royalties,	230 116	542,546.	526 961	321,166.	268,215.	1 990 204
•	and income from similar sources	230,410.	542,540.	520,901.	521,100.	200,213.	1,889,304.
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		607				
	assets (Explain in Part VI.)	15,735.	607.	2,763.	52,024.	2,507.	73,636.
	Total support. Add lines 7 through 10					10	39,249,740.
	Gross receipts from related activities,	•	,				,130,875.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor		<u> </u>				
-	ction C. Computation of Publ						01 50
	Public support percentage for 2022 (14	91.59 %
	Public support percentage from 2021					15	98.78 %
1 6a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization		-				
	U U		,	. /			

Schedule A (Form 990) 2022

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OF	CRUELTY	то	ANIMA	ALS		

Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support					-			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20)22	(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								
2	Gross receipts from activities that								
3	are not an unrelated trade or bus-								
	in a second s								
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								
	Total. Add lines 1 through 5								
78	Amounts included on lines 1, 2, and								
k	3 received from disqualified persons 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.)								
	ction B. Total Support		i	i	· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20)22	(f) Total	
	Amounts from line 6	ļ							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is for the	ne organization's f	irst. second. third.	fourth. or fifth tax	vear as a section	- 501(c)(3) o	roanizati	on.	
	check this box and stop here	5		,	•		5		
Se	ction C. Computation of Publ	ic Support Pe							_
	Public support percentage for 2022 (column (f))		15			%
	Public support percentage from 2021					16			%
	ction D. Computation of Inve								/ 0
	Investment income percentage for 20					17			%
	Investment income percentage from					18			%
	33 1/3% support tests - 2022. If the					I	ind line 1	7 is not	,0
.50	more than 33 1/3%, check this box a							o	٦
۲	33 1/3% support tests - 2021. If the						3 1/3%	느 and	
	line 18 is not more than 33 1/3%, che								٦
20	Private foundation. If the organization								Ę
20	- mate roundation. In the organizatio	T GIG HOL CHECK d	557 011 1110 14, 18	a, or rob, oneon l	הוש ששא מווע שבל וווג	50 00015		····· ∟	_

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Part IV Supporting Organizations

Schedule A (Form 990) 2022

(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 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

SACRAMENTO SOCIETY FOR THE PREVENTION

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			165	
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	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			
			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.
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.

Section C	. Type	II Supporting	Organizations	

Schedule A (Form 990) 2022

			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	ction 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		

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а ____ The organization satisfied the Activities Test. Complete line 2 below.
- ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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 Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

1

2

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus	t complet	e 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			
е	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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	Schedule A (Form 990) 2022 OF CRUELTY TO ANIMALS 94-1312343 Page 7						
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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 Part VI). 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	9				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
с	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
	Excess from 2018						
b	Excess from 2019						
c	Excess from 2020						
	Excess from 2021						
e	Excess from 2022						
				°-	bodulo A (Earm 000) 2022		

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022		RAMENTO CRUELTY				THE	PREVENTION	94-1312343 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	natio 2, 3b, nes 2 a	n. Provide the 3c, 4b, 4c, 5a, and 3; Part IV,	e expla 6, 9a, Sectio	nations re 9b, 9c, 11 n E, lines	quired by a, 11b, a 1c, 2a, 2	and 11c; b, 3a, an	Part IV, Section B, lines ad 3b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

SACRAMENTO SOCIETY FOR THE PREVENTION

TO ANIMALS

OMB No. 1545-0047

2022

Employer identification number

94-1312343

	OF	CRUELTY
Organization type (che	eck on	e):

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(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 contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B	(Form	990)	(2022)

Name of organization SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS Employer identification number

94-1312343

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$551,843.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>550,000.</u>	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
3		\$281,944.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 249,000.	Type of contribution Person X Payroll
(a) No	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>165,000.</u>	Person X Payroll (Complete Part II for noncash contributions.)

(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
		\$	Cobadula D (Faura 000) (0000)

Part II

OF CRUELTY TO ANIMALS

SACRAMENTO SOCIETY FOR THE PREVENTION

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

94-1312343

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)			Page 4
	organization			Employer identification number
	MENTO SOCIETY FOR THE P	REVENTION		
	UELTY TO ANIMALS			94-1312343
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional	through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
			_	
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
			_	
		(e) Transfer of gift	•	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
			_	
		(e) Transfer of gift	I	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee

SCHEDULE D Supplemental Financial Statements	OMB No. 1545-0047
SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,	2022
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	Open to Public
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
	dentification number
	-1312343
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Co	omplete if the
organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds (b) Funds and c	
1 Total number at end of year	
Aggregate value of contributions to (during year) 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 writing that the assets held in donor advised funds 	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education)	ant land area
Protection of natural habitat	ructure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation eas	sement on the last
day of the tax year.	the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	the tax
 year Number of states where property subject to conservation easement is located 	
 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 	
	Yes No
 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements 	
	daning the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements durin	ng the year
	0 ,
8 Does each conservation easement reported on line 2(d) above satisfy the requirements 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 easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	he
organization's accounting for conservation easements.	-
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ass	sets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet wo	orks
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public serv	VICE,
provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1\$	
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 	
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$\$	
a Revenue included on Form 990, Part VIII, line 1 \$\$ b Assets included in Form 990, Part X \$	
	ıle D (Form 990) 2022

		NTO SOCIET		PREVENTIO	N			
		LTY TO ANI				94-13		
Par	t III Organizations Maintaining C						ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mak	e significar	t use of its		
	collection items (check all that apply):							
а	Public exhibition	d		hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's e	exempt purp	oose in Parl	t XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or other sim	ilar assets	_	-	_
_	to be sold to raise funds rather than to be ma		Q				Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the organization	on answered "Yes"	on Form 99	10, Part IV,	line 9, or	
	reported an amount on Form 990, Pa					<u> </u>		
1a	Is the organization an agent, trustee, custod		•				٦	<u> </u>
	on Form 990, Part X?					······ L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
						<u> </u>	Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance						1	
	Did the organization include an amount on F				• ····	L	Yes	
_	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i	(a) Current year	(b) Prior year	frm 990, Part IV, IIr (c) Two years back		veare back		aare hack
4.	De sienie statung helen en	13,854.	12,529.					
1a	Beginning of year balance	13,054.	12,529.	11,512	· •	10,244.		10 000
b	Contributions	2 012	1 000	1 55/	-	1 0.0 5		10,000.
с	Net investment earnings, gains, and losses	-2,913.	1,888.	,		1,805.		775.
d	Grants or scholarships		430.	430	· ·	430.		420.
е	Other expenditures for facilities							
-	and programs		1.7.7	1.00	<u> </u>	100		111
Ť	Administrative expenses	10 041	133.			108.		111.
g	End of year balance	10,941.	13,854.	,	·	11,511.		10,244.
2	Provide the estimated percentage of the cur	rent year end balanc		a)) held as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment 100.0000	%						
С		%						
-	The percentages on lines 2a, 2b, and 2c sho	-						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered to	or the			'es No
	organization by:							′es No X
	(i) Unrelated organizations							X
	(ii) Related organizations						3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza						3b	
	Describe in Part XIII the intended uses of the		wment funds.					
Fai	t VI Land, Buildings, and Equipm		Dort IV line 11e 9	Soo Form 000 Dad	V line 10			
	Complete if the organization answere		-				(-1) D	
	Description of property	(a) Cost or of basis (investn		• •) Accumula [.] depreciatio		(d) Book	value
	Land	· · ·	,	(other)			1 020	,339.
	Land				,949,7	156	$\frac{1,029}{6,461}$, <u>,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Buildings		12,41	,490. 3	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	0,401	,/44•
	Leasehold improvements		1 2 2	5 777	835,8	27 -	100	0 5 0
	Equipment			5,777.	77,0		499	<u>,950.</u> 87.
	Other			7,090.	11,0		7 001	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	x, column (B), line 🛾	IUC.)		<u></u>	7,991	,⊥⊥0•

Schedule D (Form 990) 2022

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRIEELTY TO ANTMALS

Schedule D	(Form 990) 2022		CRUELTY	то	ANIMALS		94-1312343 Page 3
Part VII	Investments -						
		-		on F		11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or cate	gory (includ	ling name of security)		(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Financia	al derivatives						
	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	o) must equal Form 990	0, Part X, c	col. (B) line 12.)				
	Investments -						
	Complete if the org	ganizatior	answered "Yes"	on F	orm 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of				(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)				-			
(9)				+			
,	o) must equal Form 990	n Part X o	ol (B) line 13)	+			
Part IX	Other Assets.	0, 1 alt A, t					
T are ix		anization	answered "Yes"	on F	orm 990 Part IV line	11d. See Form 990, Part X, line 15.	
		gamzation			ription		(b) Book value
(4)			(4)	Deede			
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	<i>"</i>		<u> </u>				
	mn (b) must equal F		Part X, col. (B) lin	ie 15.,)		
Part X	Other Liabilitie			_			05
				on F	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1.	(a) D	escription	n of liability				(b) Book value
	eral income taxes			-			00.000
(2) OP	ERATING LE	ASE .	LTABILI'I'I				23,632.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal F	orm 990,	Part X, col. (B) lin	ie 25.,)		23,632.
2. Liability	for uncertain tax po	sitions. Ir	n Part XIII, provide	e the	text of the footnote to	o the organization's financial stateme	nts 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...

SAC	CRAMENTO	SOC	CIETY	FOR	\mathbf{THE}	PREVENTION
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Sche	edule D (Form 990) 2022 OF CRUELTY TO ANIMALS			<u>1312343 р</u>	age 4
Pa	Int XI Reconciliation of Revenue per Audited Financial Statements Wit	th Revenue per R	eturi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	8,752,2	75.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	a Net unrealized gains (losses) on investments 2a	-3,160,949.			
b	Donated services and use of facilities 2b	133,946.			
С	Recoveries of prior year grants 2c				
d	d Other (Describe in Part XIII.) 2d	-62,527.			
е	Add lines 2a through 2d		2e	-3,089,5	
3	Subtract line 2e from line 1		3	11,841,8	05.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	81,188.			
b	Other (Describe in Part XIII.) 4b				
С	Add lines 4a and 4b		4c	81,1	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		5	11,922,9	93.
Ра	art XII Reconciliation of Expenses per Audited Financial Statements W		Retu	irn.	
Ра			Retu		
Ра 1	art XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per	Retu 1	ırn. 10,079,8	
	Art XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ith Expenses per			
1	Art XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ith Expenses per			
1 2	Art XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ith Expenses per			
1 2 a	Art XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b	ith Expenses per			
1 2 a b	Art XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c	ith Expenses per		10,079,8	12.
1 2 b c	Part XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ith Expenses per		<u>10,079,8</u> 133,9	12.
1 2 b c d	Part XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ith Expenses per	1	10,079,8	12.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b Cother losses 2c 4 Other (Describe in Part XIII.)	ith Expenses per	1 2e	<u>10,079,8</u> 133,9	12.
1 2 b c d 8 3	Part XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ith Expenses per	1 2e	<u>10,079,8</u> 133,9	12.
1 2 b c d 3 4	Part XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2 Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 7b	ith Expenses per	1 2e	10,079,8 133,9 9,945,8	<u>46.</u>
1 2 3 4 3	Part XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 20 Other losses 21 Other (Describe in Part XIII.) 22 23 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	7ith Expenses per 133,946. 81,188.	1 2e	10,079,8 133,9 9,945,8 81,1	<u>46.</u> 66.
1 2 b c d e 3 4 a b c 5	Part XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	7ith Expenses per 133,946. 81,188.	1 2e 3	10,079,8 133,9 9,945,8	<u>46.</u> 66.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTERESTS

PART V, LINE 4: INTENDED USES OF THE ENDOWMENT FUND

THE SACRAMENTO REGION COMMUNITY FOUNDATION (THE FOUNDATION) IS HOLDING

ASSETS AS AN ENDOWED COMPONENT FUND (FUND) FOR THE BENEFIT OF THE SOCIETY.

THE SOCIETY HAS GRANTED THE FOUNDATION VARIANCE POWER WHICH GIVES THE

FOUNDATIONS BOARD OF DIRECTORS THE POWER TO USE THE FUND FOR OTHER

PURPOSES IN CERTAIN CIRCUMSTANCES. THE FUND IS SUBJECT TO THE FOUNDATIONS

INVESTMENT AND SPENDING POLICIES WHICH CURRENTLY RESULT IN A SPENDING RATE

OF 4 PERCENT OF A ROLLING 12 QUARTER AVERAGE.

Schodulo D (Earm 990) 2022			SC TC	CIETY	FOR	THE	PREVENTION	94-1312343 Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Inform	matio	n (continued)		/ 111/111				91 1012010 Fage 5
· ·		()						

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1					2022
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.		Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru		Inspection			
Name of the organization		NTO SOCIETY FOR TH LTY TO ANIMALS	IE P	REV	ENTION	Employer 94-13	identification number 12343
	complete this par	Complete if the organization answ t.	ered "ነ	es" o	n Form 990, Part IV,	line 17. Form 990)-EZ filers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	s f Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	ation of ation of I fundra I (inclu profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services'	stees, or	Yes No to be
(i) Name and addres or entity (fund		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by)
			Yes	No			
Total		1	1	1			
	ich the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notifie	d it is exempt fro	m registration

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			DOGGY DASH	GALA	2	col. (c)
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	316,398.	318,786.	35,972.	671,156.
	2	Less: Contributions	186,959.	262,257.	3,385.	452,601.
	3	Gross income (line 1 minus line 2)	129,439.	56,529.	32,587.	218,555.
	4	Cash prizes				
ŝ	5	Noncash prizes				
kpense	6	Rent/facility costs	23,963.	18,893.	0.	42,856.
Direct Expenses	7	Food and beverages	3,966.	16,998.		20,964.
	8	Entertainment				
	9	Other direct expenses		51,410.	18,079.	122,184.
	10	Direct expense summary. Add lines 4 through				186,004.
		Net income summary. Subtract line 10 from I				32,551.
Pa	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	ו 990, Part IV, line 19, or ו	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization	n licensed to c	onduct gaming act	ivities	in each	n of thes	se states?)	Yes	No
b If "No," explain:									

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Ves

 b If "Yes," explain:
 Ves

7 Direct expense summary. Add lines 2 through 5 in column (d)

232082 10-27-22

Sch	edule G (Form 990) 2022		CRAMENTO CRUELTY				נ א	HE PRI	EVENTI	ON	94-1	312	343	Page 3
												_	Yes	
	Does the organization conduct ga												res	
12	Is the organization a grantor, bene													—
	to administer charitable gaming?												Yes	└── No
	Indicate the percentage of gaming												I	
	The organization's facility											13a		%
	An outside facility											13b		%
14	Enter the name and address of the	e pers	on who prepare	es th	he organizati	on's gar	ming	g/special eve	ents books a	and reco	rds:			
	Name													
	Address													
15a	Does the organization have a cont	tract w	vith a third party	' fro	om whom the	organiz	zatic	n receives g	gaming reve	enue?			Yes	No No
b	If "Yes," enter the amount of gami	ing rev	venue received b	by t	the organizat	ion S	\$		an	nd the am	ount			
	of gaming revenue retained by the	e third	party \$			_								
с	If "Yes," enter name and address	of the	third party:											
	Name													
	Address													
16	Gaming manager information:													
	Name													
	Gaming manager compensation	\$_			_									
	Description of services provided													
	Description of services provided													
		<u> </u>			<u> </u>									
	Director/officer	L E	Employee		L Inde	epender	nt co	ontractor						
17	Mandatory distributions:													
	Is the organization required under	ototo	low to make ob	orite	abla diatribut	iono fro	m +k	o aomina n	rocodo to					
d													Yes	
	retain the state gaming license?										·	. – – – –	162	
b	Enter the amount of distributions r	-				ited to d	othe	r exempt or	ganizations	or spent	in the			
D	organization's own exempt activiti		/		\$									<u> </u>
Pa	rt IV Supplemental Inform				-	-	-			iii) and (v)	; and Pa	rt III, lir	1es 9,	96, 106,
	15b, 15c, 16, and 17b, as	applic	cable. Also provi	lue	any addition	aimorn	natio	on. See inst	ructions.					

Schedule G	(Form 990) Supplemental Inform		SOCIETY FOR TO ANIMALS	THE PREVENTION	94-1312343 Page 4
Part IV	Supplemental mon	nation (continued)			

CHEDULE J Compensation Information		OMB No.	1545-0047				
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	22				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	De Public				
epartment of the Treasury	Attach to Form 990. ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
nternal Revenue Service							
Name of the organization		4-131234	entification number				
Part I Question	OF CRUELTY TO ANIMALS 94	±-131234	2				
			Yes No				
1a Check the approp	riate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Tes NO				
	, line 1a. Complete Part III to provide any relevant information regarding these items.						
	charter travel						
Travel for cor		<u>.</u>					
	cation and gross-up payments Health or social club dues or initiation fees	·					
	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						
	provision of all of the expenses described above? If "No," complete Part III to explain	1b					
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
-	ers, including the CEO/Executive Director, regarding the items checked on line 1a?						
Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's						
CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organization to						
establish compens	sation of the CEO/Executive Director, but explain in Part III.						
Compensatic							
Independent	compensation consultant I Compensation survey or study						
Form 990 of a	other organizations I Approval by the board or compensation committe	ee					
During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization or a r	elated organization:						
	ce payment or change-of-control payment?						
b Participate in or receive payment from a supplemental nonqualified retirement plan?							
c Participate in or receive payment from an equity-based compensation arrangement?							
If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
contingent on the		5.	x				
a The organization?		<u>5a</u>	X				
	zation?	<u>5b</u>	A				
	or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
For persons listed contingent on the							
0	5	6a	x				
h Any related organi	zotion?	6a 6b	X				
	zation? or 6b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	ines 5 and 6? If "Yes," describe in Part III	7	X				
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	······					
•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	x				
	did the organization also follow the rebuttable presumption procedure described in						
	and the organization also rollow the resultable presultiplion procedure described in						
	n 53.4958-6(c)?	9					

SACRAMENTO SOCIETY FOR THE PREVENTION

Schedule J (Form 990) 2022

OF CRUELTY TO ANIMALS

94-1312343

Page 2

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.

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KENNETH ALTINE	(i)	222,968.	0.	0.	31,409.	23,967.	278,344.	0.
CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) LAURIE SIPERSTEIN-COOK	(i)	143,637.	0.	0.	28,823.	13,139.	185,599.	0.
CHIEF OF SHELTER MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL OEI	(i)	143,078.	0.	0.	12,244.	958.	156,280.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHERINE E. MARCIL	(i)	131,413.	0.	0.	19,200.	0.	150,613.	0.
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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 2020.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2022

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization	SAC	CRAMENTO	SOC	FO	
	OF	CRUELTY	то	ANIMA	чгг

TO SOCIETY FOR THE PREVENTION

Employer identification number 94-1312343

Pa	rt I Types of Property				·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermir	•	:S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	156	179,868.	FAIR MARKET	' VA	LUE	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	6,835.	FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	v	0	24 017		1 777	T TTT	
25	Other (KENNEL, FOOD AN)	X X	0		FAIR MARKET			
26	Other (FURNITURE AND E) Other (EVENT SUPPLIES)	X	0		FAIR MARKET FAIR MARKET			
27	()	A	0	5,915.	FAIR MARKET	VA	LOF	
28	Other ()							
29	Number of Forms 8283 received by the organi						1	
	for which the organization completed Form 82	83, Part V, L	Jonee Acknowledg	gement 29				No
30-2	During the year, did the organization receive b	v contributi	n any property ro	norted in Part L lines 1 throu	ah 28 that it		Yes	No
004	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period		,			30a		x
b	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •				000		
31								
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						X	
	contributions?							1
b	If "Yes," describe in Part II.					32a	X	
33	If the organization didn't report an amount in c	olumn (c) fa	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.	()			,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule N	/I (Forr	n 990)) 2022

SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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, LINE 32B:

Schedule M (Form 990) 2022

THE SOCIETY RETAINS THE SERVICES OF CHARITABLE ADULT RIDES & SERVICES,

A NONPROFIT ORGANIZATION, FOR ITS VEHICLE DONATION PROGRAM.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 the latest information. SACRAMENTO SOCIETY FOR THE PREVENTION Emp



94-1312343

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF CRUELTY TO ANIMALS

SHELTER, AND LOVE FOR MORE THAN 130 YEARS. WE WORK TO REDUCE PET

OVERPOPULATION THROUGH AFFORDABLE SPAY/NEUTER SERVICES, PROMOTE HUMANE

TREATMENT OF ANIMALS THROUGH EDUCATION AND OUTREACH, AND ASSIST PET

OWNERS THROUGH PROGRAMS AND SERVICES DESIGNED TO KEEP PETS AND THEIR

FAMILIES TOGETHER FOR LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AND OUTREACH, AND ASSIST PET OWNERS THROUGH PROGRAMS AND

SERVICES DESIGNED TO KEEP PETS AND THEIR FAMILIES TOGETHER FOR LIFE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ASSISTANCE; LOST PET RESOURCES; AND EXTENSIVE VOLUNTEER PROGRAMS. OUR OUTREACH PROGRAMS PROVIDE HUMANE EDUCATION TO CHILDREN AND ADULTS EACH YEAR THROUGH PARTICIPATION IN COMMUNITY EVENTS, CAMPS AT THE SHELTER AND SCHOOL VISITS TO K-12 GRADES. THE SACRAMENTO SPCA REACHES OUT TO SENIORS THROUGH ITS PET-FACILITATED VISITATION PROGRAM, AS WELL AS OFFERING FREE PET VACCINATIONS AND ADOPTIONS TO SENIORS. 256,000 MEALS WERE SERVED TO 36,600 ANIMALS DURING THE FREE WEEKLY PET FOOD PANTRY. THE SACRAMENTO SPCA CURRENTLY HAS MORE THAN 15,500 ACTIVE SUPPORTERS, 800 ACTIVE VOLUNTEERS AND SERVES A 990 SQUARE MILE AREA OF SACRAMENTO COUNTY. THE SACRAMENTO SPCA HAS COLLABORATIVE AND SUPPORTIVE AGREEMENTS IN PLACE WITH PET FOOD COMPANIES, LOCAL VETERINARIANS, PHARMACEUTICAL COMPANIES, AND THE UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF VETERINARY MEDICINE, ALL WITH THE EXPRESS PURPOSE OF IMPROVING CARE FOR SHELTER

ANIMALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY OUTREACH

EXPENSES \$ 1,012,378. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 2022.

A COMPENSATION COMMITTEE CONSISTING OF AT LEAST THREE BOARD MEMBERS IS CHARGED WITH REVIEWING, EVALUATION 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 2020.

Schedule O (Form 990) 2022 Name of the organization SACRAMENTO SOCIETY FOR THE PREVENTION	Page 2 Employer identification number						
OF CRUELTY TO ANIMALS	94-1312343						
FORM 990, AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENT	IS AND POLICIES						
ARE AVAILABLE FOR PUBLIC INSPECTION AT SSPCA'S BUSINESS OF	FFICE. FORM 990 IS						
AVAILABLE THROUGH OUR WEBSITE.							
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:							
CHANGE IN VALUE OF BENEFICIAL INTERESTS	-62,527.						
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.