Form	990
FOIIII	000

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inter	nal Reve	enue Service		Go to w	ww.irs.gov/Form990 for instru	uctions and the	e latest in	formation			Inspection
Α	For th	e 2023 cale	ndar ye	ear, or tax year be	eginning 7/01	, 2023,	and endir	ig 6/	30		, 20 2024
В	Check if	f applicable:	С						D Employ	er iden	tification number
	Ad	dress change	Soc	iety for th	e Prevention of	Cruelty t	0		94-	1167	409
	Na	me change	Ani	mals for Mo	onterey County	1 -	-		E Telepho		
		tial return	PO	Box 3058					831.	- 373	8-2631
	_	al return/terminated	Mon	terey, CA 9	3942				001	575	2001
		nended return							G Gross re	acainte	\$ 25,874,774.
		plication pendin		ame and address of priv	acipal officer:			H(a) Is this	a group retur		
	Aþ	plication penuin	Com		ncipal officer: Scott Deli	ucchi		• •	÷ .		103 110
	Т.,,,,			e As C Abov		4047(a)(1) ar	F07	If "No,	subordinates " attach a list.	See in	structions.
<u>-</u>		exempt status:		D1(c)(3) 501(c)	() (insert no.)	4947(a)(1) or	527	-			
J			L	c.org		· · · ·			exemption nu		
ĸ		of organization:		orporation Trust	Association Other	LY	ear of format	ion: 190	5 MIS	tate of	legal domicile: CA
Pa	irt I	Summa	iry	·					<u> </u>		
	1				nission or most significant						
e					<u>scue, rehabilita</u>						
lan					lected, and abuse				, <u>amon</u> c	<u>ma</u>	<u>ny otner</u>
ler	~				oors are open to						
ő		Check this t			ation discontinued its oper overning body (Part VI, lin					net as 3	18
~ઍ					bers of the governing body					4	18
ies					ed in calendar year 2023 (F					5	127
Activities & Governance					e if necessary)					6	300
Act					om Part VIII, column (C), I					7a	0.
	b	Net unrelate	ed busir	ness taxable inco	me from Form 990-T, Part	: I, line 11				7b	0.
								P	Prior Year		Current Year
~					line 1h)				3,495,9	60.	14,189,418.
Revenue					line 2g)				L,575,3	37.	1,786,066.
eve				•	in (A), lines 3, 4, and 7d).			-	3,667,5	31.	4,049,588.
ď), lines 5, 6d, 8c, 9c, 10c,				-160,1	17.	-103,366.
					11 (must equal Part VIII,				3,578,7	11.	19,921,706.
					art IX, column (A), lines 1				50,0	00.	43,446.
					rt IX, column (A), line 4).						
s	15	Salaries, otl	her con	npensation, empl	oyee benefits (Part IX, col	umn (A), lines	5-10)	. 6	5,326,2	82.	7,775,043.
ISe	16a	Professiona	l fundra	aising fees (Part	X, column (A), line 11e)				163,6	94.	173,218.
Expenses	b	Total fundra	aising e	xpenses (Part IX	column (D), line 25)	1.49	6,734.				
ш	17		-), lines 11a-11d, 11f-24e).				3,491,2	15	3,743,175.
		•			ust equal Part IX, column			-),031,1		11,734,882.
					ne 18 from line 12				3,547,5		8,186,824.
- 8			55 CAPC						ng of Curren		End of Year
Net Assets or Fund Balances	20	Total assets	(Part	X, line 16)					6,526,6		85,033,528.
¶a8 Bal	21		•	· · ·					2,530,9		2,829,719.
det ,	22	Net assets (or fund	halances Subtra	ct line 21 from line 20				3,995,6		82,203,809.
	irt II	Signatu							,,,,,,,,	/ 1 .	02,203,005.
_		J			s return, including accompanying s	chedules and statem	nents and to	the best of n		and be	lief it is true correct and
com	plete. De	eclaration of prep	parer (oth	her than officer) is base	s return, including accompanying so d on all information of which prepa	rer has any knowled	lge.	the best of h	ny knowledge		
Sig	n	Signature of	of officer					Date			_
He	re	Sherr	ie M	Cullough			C	Chair			
		Type or pri									_
		Print/Type	e preparer	r's name	Preparer's signature		Date		Check	if	PTIN
Ра	id	Patric	ia M.	Kaufman CPA	Patricia M. Kaufr	nan CPA	3/19/2	25	self-employe	ed	P00312047
	epare				Ray, Brown & Kaufman						
Us	e On	y Firm's add			Road, Suite A-180				Firm's EIN	77-	-0460195
				Monterey, CA					Phone no.	(831	
Ma	y the II	RS discuss	this ret		arer shown above? See in:	structions					X Yes No
_					ee the separate instructio			EA0101L 08/	/23/23		Form 990 (2023)

Forn	n 990 (2023) Society for the Prevention of Cruelty to	94-116740)9	Р	age 2
Pa	rt III Statement of Program Service Accomplishments				
	Check if Schedule O contains a response or note to any line in this Part III				Х
1	Briefly describe the organization's mission:				
	See Schedule O	,			
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	Х	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 service	vices?	Yes	Х	No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue if any for each program service reported				

4a	(Code:) (Expenses \$ 4,349,713. including grants of \$) (Revenue \$ 986,232.)
	The SPCA for Monterey County operates the only open admission animal shelter in our
	community, providing rescue, rehabilitation, sheltering, and adoption of all types of
	pets, including dogs, cats, horses, barn animals, small pets, and exotic pets. We
	never turn pets away based on their breed, age, species, health, or behavior. We
	never put time limits on adoptable pets in our care, and most dogs and cats are in
	new loving homes within just days of becoming available for adoption. We place
	thousands of cats, dogs, horses, barn pets, exotic pets, and more into new homes
	every single year. And our shelter is a comfortable, happy, loving place for both
	animals and adopters. We are not a chapter of any other agency and we receive no
	funding from groups like the ASPCA and HSUS. Our services are only made possible by
	the support of our compassionate donors.

4b (Code: _____) (Expenses \$ 2,165,840. including grants of \$ 42,000.) (Revenue \$ 641,448.) The SPCA for Monterey County also focuses on spay and neuter to prevent the birth of thousands of homeless pets in our community. SPCA Monterey County operates a low-cost veterinary clinic providing high-quality spay and neuter surgeries and vaccinations to keep pets healthy and prevent the birth of thousands of homeless cats and dogs. In addition, we have supported multiple mobile spay/neuter clinics with funding or staffing to bring this service to underserved areas. We also provide greatly reduced pricing to the areas with the most homeless pets and will offer our services at no charge to our community's homeless and most in-need residents. Our clinic serves the public Monday through Friday, and is the only clinic in the county providing low cost surgeries Monday through Friday.

4c	(Code:) (Expenses \$ 1,123,320. inc	cluding grants of \$) (Revenue	\$ 12,556.)	
	The SPCA for Monterey County operates	s the only Wildl	ife Rescue and Reb	nabilitation		
	Center in Monterey County, rescuing t	thousands of inju	ured and orphaned	wild animals		
	every year. Our skilled, professional	l rescue team he	lps a wide variety	y of wildlife		
	from large animals such as bobcats, o	deer, opossums, l	hawks, owls, and p	pelicans, to		
	small_animals, including_squirrels, s	skunks, turtles,	hummingbirds, bat	s, swallows,		
	and more. We provide 24/7 on-call service every day of the year to respond to					
	wildlife emergencies and provide reso	cue and care to a	animals in distres	<u>ss</u>		
4d	Other program services (Describe on Schedule O.)	See Schedule C				
	(Expenses \$ 1,916,604. including grants or	of \$ 1,44	6.) (Revenue \$	145,830.)		
4e	Total program service expenses 9,555,47	77.				

					Prevention	of	Cruelty	to
Part IV	Chec	klist of Red	quire	d Sch	nedules			

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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)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	

Form 990 (2023)Society for the Prevention of Cruelty toPart IVChecklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	Х	
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.	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Λ
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		Х
35a	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 127			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for 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?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
1 4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		\vdash

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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b b	elow	, and	d for
	a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chai Schedule O. See instructions.	nges	on	
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Sec	tion A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
Id	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.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
4	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
-	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		11
a	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
t	• If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
Ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	: Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> SeeSchedule.0	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management officialSee.Schedule0	15a	Х	
Ł	Other officers or key employees of the organizationSee .Schedule.0	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure	100		L
	List the states with which a copy of this Form 990 is required to be filed CA			
18		01(c)(3)s on	ly)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	the public during the tax year. See Schedule O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Susan Imwalle 1002 Monterey-Salinas Highway Salinas CA 93908 831-373-2631			

Form 990 (2023) Society for the Prevention of Cruelty to	94-1167409	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
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 Compensa	ated Employees	
a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	g with or within the	

• 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0						
(A) Name and title	(B) Average hours	box, offic	unle: er an	ss pe d a d	rson i	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from
	per week (list any hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related organizations
	organiza- tions below	al trus tor	onal tri		ployee	compe èe				
	dotted line)	tee	Jstee			ensated				
(1) Scott Delucchi	40						Ń			
President & CEO	0			Х				319,407.	0.	65,711.
(2) Gina Galuppo	40									
VP Human Res.	0					Х		156,250.	0.	55,124.
(3) Kathleen Riley	40									
Veterinarian	0				Х			191,036.	0.	11,454.
(4) Susan Imwalle	40									
Vice Pres./ CFO	0			Х				180,904.	0.	18,907.
(5) Kimberly Willison	40									
VP Development	0					Х		155,462.	0.	33,556.
(6) Elizabeth Brookhouser	40									
VP Market & Comms	0					Х		141,579.	0.	34,725.
(7) Jenny Morales	40									
VP Shelter Ops	0					Х		152,499.	0.	16,516.
(8) Rosanna Isely	40									
VP Operations	0					Х		109,006.	0.	24,440.
(9) Anita Dunsay	1									
Board Member	0	Х						0.	0.	0.
(10) Adriana Hayward										
Board Member	0	Х						0.	0.	0.
(11) Debra Couch										
Board Member	0	Х						0.	0.	0.
(12) Anne Fitzpatrick	1									
Secretary	0	Х		Х				0.	0.	0.
(13) Courtney Jones								_	_	-
Board Member	0	Х						0.	0.	0.
(14) <u>C. Lee Cox</u>								-		-
Treasurer	0	Х		Х				0.	0.	0.
BAA	TEEA0	107L	08/2	3/23						Form 990 (2023)

94-1167409

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Part VII Section A. Officers, Directors, Tr	rustees,	Key	Emp	oloy	vees, a	n	l Highest Com	pensated Empl	oyees (continued)
				(C)					
(A) Name and title	(B) Average hours per week	box, offic	not cheo unless er and a	perso a dire	re than or n is both ctor/truste	an e)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	ormer	MISC/1099-NEC)	MIŚĊ/TO99-ŇEC)	the organization and related organizations
(15) Christina Sandera	1								
Board Member	0	Х					0.	0.	0.
(16) Robert Schaefer	1								
Board Member	0	Х					0.	0.	0.
(17) Sherrie McCullough	1								
Vice Chair	0	Х		X			0.	0.	0.
(18) Paul Hoffman	1								_
Chair (10)	0	Х		X			0.	0.	0.
(19) Laraine Sanford	1							0	0
Board Member	0	Х		_			0.	0.	0.
(20) Laurel Lembo	1							0	0
Board Member	0	Х					0.	0.	0.
(21) Janet Tague Board Member	$-1 - \frac{1}{0} - \frac{1}{0}$	Х					0.	0.	0
(22) Christine Chin	1	^					0.	0.	0.
Board Member	<u>-</u>	Х					0.	0.	0.
(23) J. Stewart Fuller	1						0.	0.	0.
Board Member		Х					0.	0.	0.
(24) Joan McKee	1								
Board Member		X	1				0.	0.	0.
(25) Constance Murray	1								
Board Member	0	X					0.	0.	0.
1b Subtotal							1,406,143.	0.	260,433.
c Total from continuation sheets to Part VII, Sect							0.	0.	0.
d Total (add lines 1b and 1c)								0.	260,433.
2 Total number of individuals (including but not limite from the organization 8	d to those	listed	above	e) wh	o receiv	ed	more than \$100,00	0 of reportable comp	ensation
									Yes No
3 Did the organization list any former officer, dire on line 1a? If "Yes, "complete Schedule J for su	ctor, truste ch individu	ee, ke <i>ial</i>	ey em	ploy	ee, or h	nigh 	nest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	ter than \$1	50,00	00'? If	"Ye	s," con	iple	ete Schedule J for	rom	4 X
5 Did any person listed on line 1a receive or accr for services rendered to the organization? <i>If "Ye</i>	ue comper es," compl	nsatio ete S	n fror chedi	n ar <i>ile J</i>	y unrel <i>for suc</i>	ate :h p	d organization or person	individual	5 X
Section B. Independent Contractors	neated in -	0005	dant	0.04	anto	th-	t roominad marine 11	$2200 \pm 100 000 - 1000 - 100 - 100 - $	
 Complete this table for your five highest compe compensation from the organization. Report compe 	insated ind	the c	alenda	ar ye	actors ar endir	ig v	with or within the or	ganization's tax year	
(A) Name and business ad	(A) Name and business address								(C) Compensation
Blach Contstruction 2244 Blach Pl Ste 100	San Jos	e,	CA 9	5131	L		Construction		9,311,870.
Livewire Information Systems 1325 Abbott							Technology Su	pport	258,961.
Seatec Underground Utilities 467 Airport							Construction		213,544.
* *									· · ·
2 Total number of independent contractors (including		ited to	thos	e list	ed abov	e)	who received more	than	
\$100,000 of compensation from the organization	n 3								

Continuation Sheet for Form 990

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the Organization									nber	
Society for the Prevention of Cruelty to									94-1167409	
Part VII Continuation: Officers, D Highest Compensated Er	irectors nployee	, Tru s	ste	es,	Ke	y En	plo	oyees, and		
(A)	(B)	(C) ^P b a	osition ox, unle nd a di	(do no ess per rector/	t check son is trustee	k more tha both an o e)	in one fficer	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(1) Anthea Stratigos Board Member	$-\frac{1}{0}$	Х						0.	0.	0.
(2)										
		-								
(5)								N		
(6)		-								
		-								
(8)		-								
<u>(9)</u>			Ń							
(10)		ſ								
(11)										
(12)		Γ								
(13)		-								
(14)		-								
(15)		-								
(16)		-								
(17)		-								
(18)		-								
(19)										
(20)		-								
(21)		-								

Form 990 (2023) Society for the Prevention of Cruelty to 94-1167409

Part VIII Statement of Revenue

 Check if Schedule O contains a response or note to any line in this Part VIII.
 (B)
 (C)
 (D)

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ, হ	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
⊒ کړ	С	Fundraising events 1c	1/00/011				
ar j	d	Related organizations 1d					
i, s	е	Government grants (contributions) 1e					
i S	f	All other contributions, gifts, grants, and	10.070.001				
h t	~	similar amounts not included above 1f Noncash contributions included in	12,979,804.				
Ęp	y	lines 1a-1f	936,459.				
a C	h	Total. Add lines 1a-1f		14,189,418.			
ue			Business Code				
/eli	2a	Shelter and clinic fees	624200	1,640,236.	1,640,236.		
Ве		Behavior training	611600	79,473.	79,473.		
ice		Education	611600	41,626.	41,626.		
en		Humane Investigation	624200	24,731.	24,731.		
ŝ	е						
gra	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f		1,786,066.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		1,531,084.			1,531,084
	4	Income from investment of tax-exem	ot bond proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 21,60	D.				
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c 21,60	D.				
	d	Net rental income or (loss)		21,600.			21,600
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7a 7 , 288, 55 7b 4 , 758, 26					
	c	Gain or (loss) 7c 2,530,28					
		Net gain or (loss)		2 510 504			2 510 504
Other Revenue		Gross income from fundraising events (not including $\frac{1,209,614}{0}$ of contributions reported on line 1c).	Ba 67,450.	2,518,504.			2,518,504
ler	b	Less: direct expenses	Bb 250,069.				
हे	с	Net income or (loss) from fundraising		-182,619.			-182,619
•	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	с	Net income or (loss) from gaming act	ivities				
1	0a	Gross sales of inventory, less returns and allowances	0 a 967,646.				
	b	Less: cost of goods sold	0b 932,951.				
	С	Net income or (loss) from sales of in-		34,695.	28,024.		6,671
			Business Code				
<u>פ</u> ן	1a	<u>Other program revenue</u>	900099	22,958.	19,718.		3,240
	b						
Revenue	С						
Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d	·····	22,958.			
1	2	Total revenue. See instructions		19,921,706.	1,833,808.	0	. 3,898,480
BAA			TEEA	A0109L 08/23/23			Form 990 (202

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Form 990 (2023) Society for the Prevention of Cruelty to

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).

	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a				
Do 1 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	43,446.		general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	43,440.	43,446.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	601,124.	181,718.	419,406.	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	5,620,933.	4,764,407.	173,429.	683,097
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	3,020,933.		113,423.	000,001
	employer contributions)	177,009.	127,895.	7,954.	41,160
9	Other employee benefits	928,474.	779,527.	55,254.	93,693
10	Payroll taxes	447,503.	355,347.	40,156.	52,000
11 a	Fees for services (nonemployees): Management				
b	Legal	23,367.		199.	23,168
с	Accounting	31,300.		31,300.	•
d	Lobbying	, í		,	
е	Professional fundraising services. See Part IV, line 17	173,218.			173,218
f	Investment management fees	99,365.		99,365.	
g	Other. (If line 11g amount exceeds 10% of line 25, column		177 274		15 100
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	222,423. 18,951.	<u>177,274</u> . 15,301.	29,967.	<u> </u>
13	Office expenses	67,504.	34,833.	10,070.	22,601
14	Information technology			10,070.	22,001
14	Royalties	2,908.	2,908.		
15	Occupancy	E26 700	205 206	12 122	100 250
10	Travel.		385,306.	13,132.	128,350
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	103,307.	101,180.		2,127
19	Conferences, conventions, and meetings	41,679.	27,399.	7,868.	6,412
20	Interest		,	,	- ,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	899,596.	881,058.	14,922.	3,616
23	Insurance	120,203.	92,549.	21,799.	5,855
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Operating and Medical Supplies	518,546.	515,762.	765.	2,019
b	Repairs and maintenance	320,727.	248,637.	23,732.	48,358
с		245,731.	245,731.	20,102.	
d	Bank and Service charges	105,380.	58,883.	3,267.	43,230
F	All other expenses	395,400.	516,316.	-269,914.	148,998
25	Total functional expenses. Add lines 1 through 24e	11,734,882.	9,555,477.	682,671.	1,496,734
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)				,,

Form 990 (2023) Society for the Prevention of Cruelty to Part X Balance Sheet

94-	11	674	09
27			

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					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			1,148,820.	1	817,785
	2	Savings and temporary cash investments			6,896,184.	2	7,079,779
	3	Pledges and grants receivable, net			3,895,487.	3	3,523,949
	4	Accounts receivable, net			48,612.	4	53,12
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contrib rsons	er, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	ersons (as defined under		6	
	7	Notes and loans receivable, net.	• • •			7	
0	8	Inventories for sale or use			200 060	8	100 06
D.	9	Prepaid expenses and deferred charges			<u>208,069.</u> 310,823.	9	<u>188,86</u> 398,092
010000					510,025.	5	390,092
2	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	39,379,691.			
	b	Less: accumulated depreciation	1 0 b	11,785,446.	17,377,882.	10c	27,594,245
	11	Investments – publicly traded securities			38,268,226.	11	38,540,956
	12	Investments - other securities. See Part IV, line 11.			4,197,354.	12	4,944,455
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets.				14	
	15	Other assets. See Part IV, line 11			4,175,166.	15	1,892,273
	16	Total assets. Add lines 1 through 15 (must equal line	33)		76,526,623.	16	85,033,528
	17	Accounts payable and accrued expenses			1,583,274.	17	1,721,240
	18	Grants payable		18			
	19	Deferred revenue	60,822.	19	77,236		
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability. Complete Part I	hedule D		21		
Labilites	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ector, trustee, 35%		22		
	23	Secured mortgages and notes payable to unrelated th				23	
	23 24	Unsecured notes and loans payable to unrelated third	•			23	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			24	
					886,856.	25	1,031,243
	26	Total liabilities. Add lines 17 through 25			2,530,952.	26	2,829,719
29 29		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X			
an	27	Net assets without donor restrictions			39,584,867.	27	49,523,740
	28	Net assets with donor restrictions			34,410,804.	28	32,680,069
Net Assets of Fully balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.		k	51711070011		527000700
5	29	Capital stock or trust principal, or current funds				29	
3	30	Paid-in or capital surplus, or land, building, or equipm				30	
2	30 31	Retained earnings, endowment, accumulated income,				30	
ζ	32	Total net assets or fund balances			73,995,671.	32	82,203,809
lei	33	Total liabilities and net assets/fund balances			76,526,623.	33	
	4 4			L 08/23/23	10,320,023.	55	85,033,528 Form 990 (202

Form	1990 (2023) Society for the Prevention of Cruelty to 94-	1167409		Pa	age 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.	1 1			. Х
1	Total revenue (must equal Part VIII, column (A), line 12)		19,9		
2	Total expenses (must equal Part IX, column (A), line 25).		11,7	34,8	382.
3	Revenue less expenses. Subtract line 2 from line 1	3			324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).		73,9	95,6	571.
5	Net unrealized gains (losses) on investments.	5			
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		21,3	314.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	82,2	0.2 0	000
Par	column (B))t XII Financial Statements and Reporting	10	02,2	03,0	509.
1 61					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			· L
1	Accounting method used to preserve the Form 000. Cook V Account Cother			Yes	No
I	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both.	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audii 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 Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au		21.		
BAA	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(2023)
200					(2020)

SCHEDULE A (Form 990)	OMB No. 1545-0047											
Department of the Treasury Internal Revenue Service	Go		h to Form 990 or Form m990 for instructions a			formation.	Open to Public Inspection					
Name of the organization	Society for	r the Preventi	lon of Cruelty	to		Employer identifica						
		Monterey Cou		compl	oto thi	94-116740 s part.) See instruc						
The organization is not												
<u> </u>		•	nurches described in sec		-	,						
			ach Schedule E (Form									
3 A hospital or	a cooperative h	ospital service organi	ization described in sec	ction 17	0(b)(1)(A	A)(iii).						
4 A medical res	search organiza	tion operated in conju	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's					
name, city, a	name, city, and state:											
5 An organizati section 170(b	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
	ate, or local gove	ernment or governme	ental unit described in s	section 1	1 70(b)(1)	(A)(v).						
7 X An organization in section 17	on that normally r 0(b)(1)(A)(vi). ((eceives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general pul	blic described					
8 A community	trust described	in section 170(b)(1)(A	A)(vi). (Complete Part	ll.)	4							
						on with a land-grant colle						
,	r a non-land-grar	nt college of agriculture	e (see instructions). Enter	r the nan	ne, city,	and state of the college of)r					
university:												
from activities investment in	s related to its e come and unrel	exempt functions, sub	e income (less section	ns; and	(2) no r	utions, membership fe nore than 33-1/3% of it usinesses acquired by	s support from gross					
11 An organizati	on organized ar	nd operated exclusive	ly to test for public saf	ety. See	sectior	n 509(a)(4).						
12 An organizati	on organized ar	nd operated exclusive	ly for the benefit of, to	perform	the fur	ctions of, or to carry o	ut the purposes of one					
or more publi lines 12a thro	icly supported o bugh 12d that de	rganizations describe	d in section 509(a)(1) of the section section (1) of the section (1) o	or section and com	o n 509(a nolete lii)(2). See section 509(a) nes 12e. 12f. and 12g.	(3). Check the box on					
a Type I. A supp organization(s		on operated, supervised gularly appoint or elect				ion(s), typically by giving the supporting organization	the supported on. You must					
b Type II. A sup management of	oporting organiz	ation supervised or c organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You					
'	,		ion operated in connectio	n with, a A. D. an	nd functio	onally integrated with, its	supported					
d Type III non-fu	unctionally integrated. The c	rated. A supporting org	anization operated in cor must satisfy a distribu	nnection Ition rea	with its s	supported organization(s) t and an attentiveness) that is not					
			s A and D, and Part V.		that it is	s a Type I, Type II, Typ	e III functionally					
integrated, or	r Type III non-fu	nctionally integrated	supporting organizatior	า.			-					
		organizations n about the supported										
(i) Name of supported of	-	(ii) EIN	(iii) Type of organization	6.0	o #bo	(v) Amount of monetary	(vi) Amount of other					
() Name of supported to	Jgamzation		(described on lines 1-10 above (see instructions))	organiza	s the tion listed joverning ment?	support (see instructions)	support (see instructions)					
				Yes	No							
(A)												
(B)												
<u>(C)</u>												
(D)												
<u> </u>												
<u>(E)</u>												
Total												

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	1		Γ									
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total						
1	Gifts, grants, contributions, and membership fees received. (Do Pot include any "unusual grants.") Pt. VI	6,483,365.	7,964,266.	8,482,425.	13495943.	14189418.	50,615,417.						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.						
4	Total. Add lines 1 through 3	6,483,365.	7,964,266.	8,482,425.	13495943.	14189418.	50,615,417.						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,707,245.						
6	Public support. Subtract line 5 from line 4					46,908,172.							
Sec	ection B. Total Support												
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total						
7	Amounts from line 4	6,483,365.	7,964,266.	8,482,425.	13495943.	14189418.	50,615,417.						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	484,646.	467,818.	921,131.	1,548,680.	1,531,084.	4,953,359.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	505,320.	696,859.	811,525.	807,227.	954,406.	3,775,337.						
11	Total support. Add lines 7 through 10	$\gamma \nabla$					59,344,113.						
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	7,595,732.						
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)							
Sec	tion C. Computation of Pu												
14	Public support percentage for 20	023 (line 6, columi	n (f), divided by li	ne 11, column (f))	14	79.04%						
15	Public support percentage from	2022 Schedule A,	Part II, line 14			15	84.27 %						
16a	33-1/3% support test–2023. If t and stop here. The organization												
b	33-1/3% support test-2022. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	heck this box						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how						
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part	VI how the						
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions						

Schedule A (Form 990) 2023

Society for the Prevention of Cruelty to 94-1167409

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons.						
h	Amounts included on lines 2						
5	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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•				
-	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	.,		.,		.,	~~
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						
-	Add lines 10a and 10b						
11	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.)						
14	First 5 years. If the Form 990 is	for the organization			2		
<u> </u>	organization, check this box and						
<u>Sec</u> 15	tion C. Computation of Pul Public support percentage for 20			no 13 column (A	<u></u>	15	010
	Public support percentage from 2	-					0 00
	tion D. Computation of Inv						0
17	Investment income percentage f				umn (fl)		00
17	Investment income percentage f	-		-			0 00
	33-1/3% support tests—2023. If t						
1 <i>3</i> d	is not more than $33-1/3\%$, check						
b	33-1/3% support tests-2022. If t	he organization d	id not check a bo	x on line 14 or lir	ne 19a, and line 16	5 is more than 33	-1/3%, and
	line 18 is not more than 33-1/3%		•	• ·			
20	Private foundation. If the organized	zation did not che	ck a box on line 1	14, 19a, or 19b, c	heck this box and	see instructions.	

 Part IV
 Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
			res	NO
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in action $509(a)(1)$ or (2).	2		
	described in section 509(a)(1) or (2).	2		
3a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
ł	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.	3b		
(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.	3c		
4a	a 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.	4a		
ł	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.	4b		
(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.	4c		
5a	a 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).	5a		
	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?	5b		
0	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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? <i>If "Yes," complete Part I of Schedule L (Form 990</i>).	7		
		/		
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).	8		
9a	a 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))?	0		
	If "Yes," provide detail in Part VI.	9a		
ł	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.	9b		
(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? <i>If "Yes," provide detail in Part VI.</i>	9с		
1 0 a	a 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.	10a		
ł	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.)	1 0 b		

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Part IV Supporting Organizations (continued)		_	_
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a 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		
c 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		

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Yes

Yes

No

1

2

1

No

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2023

- 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 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

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).*

Section 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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- 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.

Part V

(Form 990) 2023Society for the Prevention of Cruelty toType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
C	: Fair market value of other non-exempt-use assets	1c		
c	d Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):	ノ		
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		
Sec	tion 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		
_				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Society for the Prevention of Cruelty to 94-1 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 94-1167409

1 01	(V Type in Non T unctionally integrated 505(4)(5) of	apporting organiza		u)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	5,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e 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 organizati in Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributic Pre-2023	ons	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
-	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
-	Excess from 2023				

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Schedule A (Form 990) 2023

Schedule A (Fo	,	Society for the Prevention of Cruelty to 94-1167409	Page 8
Part VI	III, line 12; Part l	I Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; P V, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section	art
		Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, /, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,	
	lines 2, 5, and 6.	Also complete this part for any additional information. (See instructions.)	
Part II, I	Line 1 - Unusual		

	2019	2020	2021	20	22	 2023	 Total
\$ 1	,137,131.	\$ 2,580,853.	\$ 27,932,801.	\$ 44	2,237.	\$ 1,816,683.	\$ 33,909,705.

Part II, Line 10 - Other Income

Nature and Source	2023	2022	2021	2020	2019
Fundraising revenue \$ Gross sales of inventory Total <u>\$</u>	67,450. <u>886,956.</u> 954,406.	\$ 807,227. \$ 807,227.	\$ 811,525. \$ 811,525.	\$ 696,859. \$ 696,859.	\$ 24,123. 481,197. \$ 505,320.
		C			
		.()			
	St.				

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

(FOIII 990)		2022
Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to <i>www.irs.gov/Form990</i> for the latest information.	2023
Name of the organization SO An	ciety for the Prevention of Cruelty to imals for Monterey County	Employer identification number 94-1167409
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	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

Х	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.

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).

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

	B (Form 990) (2023)		1 2 Page 2
Name of org	_{lanization} ty for the Prevention of Cruelty to		er identification number 167409
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$1,077,432.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$636,981.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>527,500.</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
4		\$1,100,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,804,143.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$726,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

	B (Form 990) (2023)		2 2 Page 2
Name of org	-		er identification number 167409
Part I	ty for the Prevention of Cruelty to Contributors (see instructions). Use duplicate copies of Part I if additional s		107409
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$695,696.	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
8		\$ <u>2,947,185.</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,334,631.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)	1	1	Page 3
Name of organization E		fication nu	mber
Society for the Prevention of Cruelty to	94-11674	109	

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

Part II N	Ioncash Property (see instructions). Use duplicate copies of Part II if additic	onal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		^{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No.	(b)		(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No	(b)		
(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
AA	TEEA0703L 08/09/23	Schedule	 B (Form 990) (202

	B (Form 990) (2023)			1 1 Page 4
Name of orga	anization y for the Prevention of Crue	ltv to		Employer identification number 94–1167409
Part III		tc., contributions to orga for the year from any one completing Part III, enter the tota (Enter this information once. S	e contribut al of <i>exclusiv</i>	described in section 501(c)(7), (8), or. Complete columns (a) through (e) and <i>ely</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
				·
		(e) Transfer of gif	ít	
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif	it	
	Transferee's name, addres		Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gif s, and ZIP + 4		tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				·
	Transferee's name, addres	(e) Transfer of gif s, and ZIP + 4		tionship of transferor to transferee
				Cabadula D (Farma 000) (2022)

<u> </u>		Sun	alamantal Einancial Stat	tomonto		OMB No. 1	545-0047
	HEDULE D rm 990)	Complete	olemental Financial Stat e if the organization answered "Yes 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e	" on Form 990.		202	23
	tment of the Treasury al Revenue Service		Attach to Form 990. gov/Form990 for instructions and th		Ī	Open to Inspection	
Name	of the organization				Employer id	entification nur	
		e Prevention of Cr	uelty to				
-		nterey County			94-116	7409	
Pa	Comple	te if the organization ar	nor Advised Funds or Other nswered "Yes" on Form 990,	Part IV, line 6.	ccounts		
			(a) Donor advised funds	(b) F	unds and o	other accour	nts
1		end of year					
2		ntributions to (during year)					
3		ants from (during year)					
4	Aggregate value a	at end of year					
5			nor advisors in writing that the asse organization's exclusive legal contr			Yes	No
6	Did the organizati	ion inform all grantees, dono	rs, and donor advisors in writing that	at grant funds can be us	ed only		
	impermissible pri	vate benefit?	of the donor or donor advisor, or fo	or any other purpose cor		Yes	No
Pa		vation Easements					<u></u>
			nswered "Yes" on Form 990,	Part IV, line 7.			
1			y the organization (check all that ap				
	Preservation o	of land for public use (for exam	ole, recreation or education)	Preservation of a histo	rically imp	ortant land a	area
	Protection of	natural habitat		Preservation of a certi	fied historio	c structure	
	Preservation	of open space		4			
2	Complete lines 2a last day of the tax		neld a qualified conservation contribution	on in the form of a conser	vation ease	ment on the	
					leld at the	End of the	Гах Year
ä	a Total number of c	conservation easements		2 a			
I) Total acreage res	tricted by conservation ease	ments	2 b			
(Number of conser	rvation easements on a certi	fied historic structure included on lir	ne 2a 2c			
(a historic structur	e listed in the National Regis	on line 2c acquired after July 25, 20 ster				
3	Number of conserv tax year	vation easements modified, trar	nsferred, released, extinguished, or ter	minated by the organization	on during th	e	
4	Number of states	where property subject to co	onservation easement is located				
5	Does the organization and enforcement	ation have a written policy re of the conservation easemer	garding the periodic monitoring, ins	pection, handling of viol	ations,	Yes	No
6	Staff and volunteer	r hours devoted to monitoring,	inspecting, handling of violations, and	enforcing conservation ea	sements du	ring the year	,
7	Amount of expense	es incurred in monitoring, inspe	ecting, handling of violations, and enfo	rcing conservation easem	ents during	the year	
8	Does each conse and section 170(h	rvation easement reported or n)(4)(B)(ii)?	n line 2d above satisfy the requirem	ents of section 170(h)(4)(B)(i)	Yes	No
9	include, if applica	able, the text of the footnote	ports conservation easements in its to the organization's financial stater	revenue and expense st nents that describes the	atement ar organizati	nd balance s on's accoun	sheet, and ting for
Da	conservation ease		llections of Art, Historical Tr	assures or Other S	imilar A	scote	
Fa	Comple	te if the organization a	nswered "Yes" on Form 990,	Part IV, line 8.		55615	
1a	historical treasure	es. or other similar assets he	r FASB ASC 958, not to report in its Id for public exhibition, education, o I statements that describes these it	r research in furtheranc	l balance s e of public	heet works service, pro	of art, vide in
Ł	historical treasures	s, or other similar assets held for s relating to these items.	r FASB ASC 958, to report in its rev or public exhibition, education, or resea	arch in furtherance of pub	lic service, p	provide the	
	(i) Revenue inclu	uded on Form 990, Part VIII,	line 1		\$_		
	(ii) Assets includ	ed in Form 990, Part X			\$		
2	If the organization amounts required	received or held works of art, h I to be reported under FASB	nistorical treasures, or other similar ass ASC 958 relating to these items.	sets for financial gain, pro	vide the foll	owing	_
	Revenue included	d on Form 990, Part VIII, line	1		\$		
t	Assets included in	n Form 990, Part X			\$	-	
BAA	For Paperwork R	eduction Act Notice, see the	Instructions for Form 990.	TEEA3301L 07/20/23	Sched	ule D (Form	990) 2023

Schedule D (Form 990) 2023 Socie				94-116		Page 2
Part III Organizations Main	taining Collection	ns of Art, Histo	orical Treasures, o	or Other Similar As	sets (con	tinued)
3 Using the organization's acquisition items (check all that apply).	, accession, and other	records, check any	of the following that ma	ke significant use of its o	collection	
a Public exhibition		d Loan or	exchange program			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.	ation's collections and	explain how they fu	urther the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive nan to be maintained	donations of art, h as part of the orga	historical treasures, or anization's collection?	other similar assets	Yes	No
Part IV Escrow and Custod Complete if the orga Form 990, Part X, Iii	nization answere	s d "Yes" on For	rm 990, Part IV, lir	ne 9, or reported a	n amount	on
1a Is the organization an agent, trus	stee, custodian, or oth	ner intermediary fo	or contributions or othe	er assets not included		
on Form 990, Part X? b If "Yes," explain the arrangement ir				· · · · · · · · · · · · · · · · · · ·	Yes	No
		e the following table			Amount	
c Beginning balance						
d Additions during the year				1d		
e Distributions during the year						
f Ending balance						
2a Did the organization include an a	mount on Form 990.	Part X, line 21, for	r escrow or custodial a	account liability?	Yes	No
b If "Yes," explain the arrangemen						H
Part V Endowment Funds						
Complete if the orga	nization answere	d "Yes" on For	m 990, Part IV, lir	he 10.		
		(h) Drier weer			(0) [0007.00	ava baali
1. Designing of year holonoo	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	
1a Beginning of year balance	34,237,737.	31,006,252			12,388	<u>3,991.</u>
b Contributions	636,981.		17,609,380	. 10,000.		277.
c Net investment earnings, gains,	0 050 000	0.010.44	1 401 007	0.004.000		
and losses	3,856,939.	3,319,443	31,421,397	3,234,968.	-402	2,009.
d Grants or scholarships						
e Other expenditures for facilities and programs	67,127.	87,958	8. 19,121	. 180,000.	214	4,837.
f Administrative expenses	0171111	017500				.,
g End of year balance	38,664,530.	34,237,737	7. 31,006,252	. 14,837,390.	11 773	2,422.
2 Provide the estimated percentage	e of the current year			IS:	, , , , , , , , , , , , , , , , ,	.,
a Board designated or quasi-endov		.21 %	<i>S,</i> (<i>)</i> ,			
b Permanent endowment	56.03%	• 2 1				
c Term endowment	0					
The percentages on lines 2a, 2b, a		%				
				6 11		
3a Are there endowment funds not in t organization by:	the possession of the o	rganization that are	held and administered	for the	Yes	No
(i) Unrelated organizations?					3a(i) X	
(ii) Related organizations?					3a(ii)	X
b If "Yes" on line 3a(ii), are the rel					3b	
4 Describe in Part XIII the intended					•••	
Part VI Land, Buildings, an			See lait			
Complete if the organizati		Form 990, Part IV,	, line 11a. See Form 99	0, Part X, line 10.		
Description of property	(a) Cost	or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1a Land	· · · ·		765,452.		76	5,452.
b Buildings.			15,796,099.	6,361,741.		4,358.
c Leasehold improvements			5,958,638.	3,512,045.		4,550. 6,593.
d Equipment			2,570,722.	1,883,021.		0,333. 7,701.
e Other			14,288,780.	28,639.		0,141.
Total. Add lines 1a through 1e. (Colum		m 990, Part X, line				4,245.
BAA		, -			ile D (Form 9	

Page 3

Part VII		- Other Securities	Former 000 Doubliv Line	11h Cas Farme 000 Dant V Line 12	
(a) Deser		ganization answered "Yes" or ory (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of year market value
					-or-year market value
. ,		S			
• •				Cost	
	AILEINALIVE	Strategy Mutual F		Cost	
(A) (B)					
(C)					
(D)					
<u>(E)</u>					
(F)					
<u>(G)</u>					
(H)					
()					
Total. (Colum	nn (b) must equal Form 9	90, Part X, line 12, column (B))	4,944,455.		
Part VIII	Investments -	- Program Related		N/A	
	(a) Description of i			e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or en	
/1 \	(a) Description of I	nvestment	(b) Book value	(C) Method of Valuation: Cost of en	id-of-year market value
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	nn (b) must equal Form 9	90, Part X, line 13, column (B))			
Part IX	Other Assets		N/A		
	Complete if the or			e 11d. See Form 990, Part X, line 15.	
(1)		(a) De	scription		(b) Book value
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)					
(10)					
	umn (h) must equal	Form 990 Part X line 15 (column (B))		
Part X	Other Liabiliti				•
Turtx			n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
1.		(a) Desci	ription of liability		(b) Book value
.,	al income taxes				
	rating lease				687,728.
(3) Ret: (4)	irement payab	DTG			343,515.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
		Form 990, Part X, line 25, c			1,031,243.
2. Liability for	uncertain tax positions. I	n Part XIII, provide the text of the fo	ootnote to the organization's f	inancial statements that reports the organization	's liability for uncertain

tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2023 Society for the Prevention of Cruelty to 94	-1167409	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1 2	1,019,232.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
c Recoveries of prior year grants2cd Other (Describe in Part XIII.)See Part XIII2d1,185,112.		
e Add lines 2a through 2d.	2e	1,185,112.
3 Subtract line 2e from line 1	3 1	9,834,120.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 99, 365.		
b Other (Describe in Part XIII.) See Part XIII 4b -11,779.		
c Add lines 4a and 4b	4c	87,586.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1	9,921,706.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1 1	2,799,315.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIII.) See Part XIII 2d 1,163,798.		
e Add lines 2a through 2d.	2e	1,163,798.
3 Subtract line 2e from line 1		1,635,517.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		_, _,
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 99, 365.		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	99,365.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 11	1,734,882.
Part XIII Supplemental Information		

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 V, Line 4 - Intended Uses Of Endowment Fund

The investment earnings on the organization's endowment funds are used to further the mission and programs of the SPCA for Monterey County.

The Organization has a beneficial interest in assets held at Community Foundation for

Monterey County in the amount of \$857,930 for the year ended June 30, 2024. Of this

amount \$657,116 is considered permanently restricted and \$200,815 is a board

designated endowment. BAA

Schedule D (Form 990) 2023

Part X - FASB ASC 740 Footnote

Management has considered its tax positions and believes that all of the positions taken in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. The Organization's returns are subject to examination by federal and state taxing authorities, general for three years and four years, respectively, after they are filed.

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Benefit shop COGS Change in value charitable rem. trust rounding	\$	913,749. 21,314. -5.
Special events expense.	\$	250,054. 1,185,112.
Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S		
loss on sale of assets	\$ \$	-11,779. -11,779.
Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S		
Benefit Shop COGS	\$	913,749. -5.
Special events expense.	\$	250,054. 1,163,798.

	Supplem	ental Informa	ation Reg	arding F	undraising or Gami	ng Activ	ities	OMB No. 1545-0047		
SCHEDULE G (Form 990)	Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Internal Revenue Service	G	-	Attach to	Form 990 o	r Form 990-EZ. uctions and the latest i		n.	Open to Public Inspection		
Name of the organization So	ciety for	the Preven	ition o			E	mployer identifica	tion number		
Eundraicing	imals for 1			arad "Vac"	on Form 990, Part IV, lin	-	4-116740	9		
Form 990-E2	Z filers are not re	equired to comp	plete this p	art.				_		
 Indicate whether a X Mail solicitation 	-	raised funds th	rough any		owing activities. Check					
	email solicitation	S		f	Solicitation of gove	•	0			
c Phone solicita	ations			g	X Special fundraising	g events				
d X In-person soli										
					including officers, directo rofessional fundraising			XYes No		
b If "Yes," list the 10 compensated at I	highest paid indi east \$5,000 by t	viduals or entities he organization	s (fundraise	ers) pursua	nt to agreements under v	which the fu	undraiser is to	be		
(i) Name and addres or entity (fundr		(ii) Activity	have custor	fundraiser ly or control butions?	(iv) Gross receipts from activity	(or ret fundrais	ount paid to ained by) ser listed in umn (i)	(vi) Amount paid to (or retained by) organization		
True Sense			Yes	No						
1 502 Keystone Marrendale PA		Direct Mail		х	623,191.		173,218.	449,973.		
	15000	Mall			023,131.		175,210.			
2										
3					5					
4			•	C						
5										
6			P							
7										
8										
9										
10										
					623,191.		173,218.	449,973.		
3 List all states in whor licensing.	nich the organizat	ion is registered	or licensed	to solicit c	ontributions or has been	notified it i	s exempt from	registration		

		Fundraising Events. Complete if	the organization ar	ntion of Cruelt swered "Yes" on Fe	orm 990, Part IV, I	ine 18, or
		reported more than \$15,000 of fur and 6b. List events with gross rec	eipts greater than	\$5,000.	s income on Form	990-EZ, lines I
er			(a) Event #1 <u>Tux & Tails</u> (event type)	(b) Event #2 Telethon (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	803,345.	308,190.	165,529.	1,277,064.
æ	2	Less: Contributions	737,549.	308,190.	163,875.	1,209,614.
	3	Gross income (line 1 minus line 2)	65,796.		1,654.	67,450.
	4	Cash prizes.				
	5	Noncash prizes		500.		500.
Direct Expenses	6	Rent/facility costs	7,300.			7,300.
Expe	7	Food and beverages	51,667.	708.		52,375.
rect	8	Entertainment	12,328.			12,328.
ā	9	Other direct expenses	42,306.	95,976.	39,284.	177,566.
Par	11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fre Gaming. Complete if the organiza	om line 3, column (d)			250,069. -182,619.
		than \$15,000 on Form 990-EZ, lin	e 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Re	1	Gross revenue				
Expenses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes [%] No	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
	Ente	er the state(s) in which the organization co				. Yes No
t	i Is th	ne organization licensed to conduct gaming No," explain:				

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	Society f	or the Prevention	of Cruelty to	94-1167409	Page 3
11 Does the organization conc				Yes	s No
12 Is the organization a grantor, administer charitable gamin					5 🗌 No
13 Indicate the percentage of ga					<u>_</u>
a The organization's facility.					0
b An outside facility14 Enter the name and address					00
Name					
Address					
 15 a Does the organization have b If "Yes," enter the amount of gaming revenue retained c If "Yes," enter name and add 	of gaming revenue rece I by the third party			revenue? Y and the amount	es 🗌 No
Name					1
Address					i
16 Gaming manager information	on:		8,		
Gaming manager compens)		
Description of services prov	vided				
Director/officer	Employee		dent contractor		
17 Mandatory distributions:					
a Is the organization required us state gaming license?	nder state law to make o	haritable distributions from th	e gaming proceeds to retai	n the Y	es No
b Enter the amount of distributi organization's own exempt	ons required under state activities during the ta	law to be distributed to other x year \$	exempt organizations or sp	bent in the	
Part IV Supplemental In and Part III, lines information. See	s 9, 9b, 10b, 15b, 1	the explanations required to the sequence of t	uired by Part I, line 2 oplicable. Also provid	b, columns (iii) an de any additional	d (v);

SCHEDULE I	Gra	ants and Ot	her Assistance	to Organization	ıs.	L	OMB No. 1545-0047
(Form 990)	Gove	n the United St	ates		2023		
Department of the Treasury	Complet	5	on answered "Yes" on F Attach to Form 990.	, ,	21 or 22.		Open to Public
Internal Revenue Service			s.gov/Form990 for the I	atest information.			Inspection
Name of the organization Society for t Animals for M	he Prevention Nonterey County	of Cruelty	to			Employer identifi 94-11674	
Part I General Information on G	rants and Assista	nce					
1 Does the organization maintain records the selection criteria used to award t	to substantiate the amound he grants or assistance	unt of the grants or	assistance, the grantees	eligibility for the grants	or assistance, and		X Yes No
2 Describe in Part IV the organization's p	rocedures for monitoring	the use of grant fu	nds in the United States.				
Part II Grants and Other Assista Form 990, Part IV, line 21							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) South County Animal Rescue							
PO_BOX_491							Spay/Neuter
Soledad, CA 93960	81-2344689		10,000.	0.			Services
(2) Best Life TNR & Rescue							
1522 Constitution Blvd							Spay/Neuter
Salinas, CA 93905	84-4315153		6,000.	0.			Services
(3) Community Cat Allies PO BOX 426							Spay/Neuter
Marina, CA 93933	81-3639145		6,000.	0.			Services
(4) San Antonio Commuity 6758 Ingram Rd	01 0000000						Spay/Neuter
San Antonio, TX 78238	76-0608925		10,000.	0.			Services
(5) Our Neighborhood Pet Project 238 Eighth Street	10 0000323			0.			Spay/Neuter
Greenfield, CA 93927	92-2719770		10,000.	0.			Services
(6)		7	10,000.				
(7)							
		Ť					
(8)							
2 Enter total number of section 501(c)	(3) and government or	ganizations listed	in the line 1 table		I		
3 Enter total number of other organiza							
BAA For Paperwork Reduction Act Notic				TEEA3901L	06/12/23	Scher	lule I (Form 990) 2023

Page 2

 Schedule I (Form 990) 2023
 Society for the Prevention of Cruelty to
 94-1167409

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

 can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2					
3					
4					
5					
6				2	
7			C O		



SCHEDULE J		Compensation Information	C	MB No. 1	545-004	47		
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				2023		
		Complete if the organization answered "Yes" on Form 990, Part IV, line				-		
Department of the Treasury Internal Revenue Service		Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information	ı. C	Open to Inspe		ic		
Name	Name of the organization Society for the Prevention of Cruelty to Employer identification		mployer identification n	umber				
			94-1167409					
Par	Question	s Regarding Compensation			Vee	N -		
1a	Check the approp VII, Section A, I	priate box(es) if the organization provided any of the following to or for a person listed on For ine 1a. Complete Part III to provide any relevant information regarding these items.	m 990, Part		Yes	No		
	First-class o	r charter travel Housing allowance or residence for	personal use					
	Travel for co	pmpanions Payments for business use of person	nal residence					
	X Tax indemni	ification and gross-up payments Health or social club dues or initiation	on fees					
	Discretionar	y spending account Personal services (such as maid, ch	auffeur, chef)					
b		es on line 1a are checked, did the organization follow a written policy regarding payment or or provision of all of the expenses described above? If "No," complete Part III to expla	ain	1b				
2	Did the organiza trustees, and off	ation require substantiation prior to reimbursing or allowing expenses incurred by all d ficers, including the CEO/Executive Director, regarding the items checked on line 1a?.	irectors,	2				
3	Executive Direct	any, of the following the organization used to establish the compensation of the organization tor. Check all that apply. Do not check any boxes for methods used by a related organ ensation of the CEO/Executive Director, but explain in Part III.	n's CEO/ nization to					
	Compensati	on committee X Written employment contract						
	Independent	t compensation consultant X Compensation survey or study						
	X Form 990 of	other organizations X Approval by the board or compensat	tion committee					
4	During the year, organization or a	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fil a related organization:	ing					
а	Receive a sever	ance payment or change-of-control payment?				Х		
		receive payment from a supplemental nonqualified retirement plan?			Х			
С	•	receive payment from an equity-based compensation arrangement?		4c		Х		
	IT "Yes" to any of	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	Part III					
	Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed contingent on the	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensate revenues of:	ation					
		ז?				Х		
b		anization?		5b		Х		
6	For persons listed	a or 5b, describe in Part III. d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa ne net earnings of:	ation					
а	•	n?		6a		Х		
	-	anization?				X		
	If "Yes" on line 6	a or 6b, describe in Part III.						
7	For persons liste payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed on lines 5 and 6? If "Yes," describe in Part III	t	7		Х		
8	Were any amou	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was su	ıbject					
	to the initial con If "Yes," describ	tract exception described in Regulations section 53.4958-4(a)(3)? e in Part III.		8		Х		
-				-				
9	It "Yes" on line 8, section 53.4958	, did the organization also follow the rebuttable presumption procedure described in Regulation-6(c)?	ons	9				
BAA	For Paperwork	Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forn	1 990)	2023		

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 a	nd/or 1099-MISC and/o	r 1099-NEC compensatio		(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Scott Delucchi	(i)	319,407.	0.	0.	27,500.	38,211.	385,118.	0.
1 President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
Susan Imwalle	(i)	<u>180,904.</u>	<u> </u>	0.	15,500.	3,407.	<u> 199,811.</u>	0.
2 Vice Pres./ CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
Kathleen Riley	(i)	<u>191,036.</u>	<u> </u>	0.	0.	11,454.	202,490.	0.
3 Veterinarian	(ii)	0.	0.	0.	0.	0.	0.	0.
Jenny Morales	(i)	152,499.	0.	0.	15,500.	1,016.	169,015.	0.
4 VP Shelter Ops	(ii)	0.	0.	0.	0.	0.	0.	0.
Gina Galuppo	(i)	156,250.	0.	0.	39,624.	15,500.	211,374.	0.
5 VP Human Res.	(ii)	0.	0.	0.	0.	0.	0.	0.
Elizabeth Brookhouser	(i)	141,579.	0.	0.	19,225.	15,500.	176,304.	0.
6 VP Market & Comms	(ii)	0.	0.	0.	0.	0.	0.	0.
Kimberly Willison	(i)	155,462.	0.	0.	15,500.	18,056.	189,018.	0.
7 VP Development	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i) (ii)							
9	(i) (ii)						+	
10	(i) (ii)							
11	(i) (ii)							
12	(i) (ii)							
13	(i) (ii)							
14	(i) (ii)							
15	(i) (ii)							
16	(i) (ii)				+		+	

94-1167409

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 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation

Organization established a 457 account for the Executive director and Vice President

level employees. \$17,214 was deposited for the year.



SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Inspection

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

Department of the Treasury Internal Revenue Service

13 Qualified conservation contribution -

14

15

16 17

18

19

20

21

22

23

24

25

26

27

28

29

Other

Other

Other

Other

Historic structures Qualified conservation contribution – Other.....

Real estate – Residential

Real estate – Commercial

Real estate – Other

Collectibles.

Food inventory.

Taxidermy.

Drugs and medical supplies

Historical artifacts.

Scientific specimens.....

b If "Yes," describe the arrangement in Part II.

b If "Yes." describe in Part II.

describe in Part II.

Archeological artifacts.....

Go to www.irs.gov/Form990 for instructions and the latest information.	
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					•
Name	^{of the organization} Society for the Preven Animals for Monterey C		Cruelty to	-	loyer identification number -1167409
_	1	ouncy		94	-1107409
Par	t 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 determining noncash contribution amounts
1	Art – Works of art				
2	Art – Historical treasures				
3	Art – Fractional interests.				
4	Books and publications.				
5	Clothing and household goods	Х		936,459.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities – Closely held stock				
11	Securities - Partnership, LLC, or trust interests .				
12	Securities – Miscellaneous				

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

Number of Forms 8283 received by the organization during the tax year for contributions for which the

organization completed Form 8283, Part V, Donee Acknowledgement.....

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?....

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2023

Yes

Х

30 a

31

32 a

No

Х

Х

29

94-1167409 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

6

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization Society	for the Prevention of Cruelty to	Employer identification number
	for Monterey County	94-1167409

Form 990, Part III, Line 1 - Organization Mission

The SPCA for Monterey County's Mission is assuring compassionate treatment of all animals through rescue, rehabilitation, protection and education. The SPCA shelters homeless, neglected, and abused pets, including dogs, cats, horses, exotic pets, and small pets. We rescue animals from abuse and neglect, rehabilitate injured and orphaned wildlife, and provide many vital services for pets and people in our community. The SPCA's doors are open to all animals in need.

Form 990, Part III, Line 4d - Other Program Services Description

The SPCA provides Humane Education Programs, educating thousands of children and adults every year in Monterey County. we also collaborate with Meals on Wheels to provide pet food to house-bound seniors with pets and we provide a free Pet Food Bank to keep pets in loving homes during difficult times.

The SPCA provides low-cost, high-quality Dog and Puppy Training. We offer a wide variety of group and private training classes to enhance the human-animal bond and keep pets in homes. Through our hallmark TLC (Treatment Learning Compassion) Program, we mend broken bones and heal broken spirits, working with shelter dogs to provide training and rehabilitation to make them behaviorally healthy for adoption.

The SPCA provides Humane Investigations, rescuing hundreds of animals from abuse and neglect every year and bringing their abusers to justice. Our Humane Officers respond to approximately 800 cases of cruelty and neglect annually.

The SPCA pairs shelter dogs with level-three and four inmates inside the Salinas Valley State Prison in Soledad. The dogs our TLC Program selects for the Ruff Start

Schedule O (Form 990) 2023	Page 2
Name of the organization Society for the Prevention of Cruelty to	Employer identification number
Animals for Monterey County	94-1167409

Form 990, Part III, Line 4d - Other Program Services Description

Some are shy and withdrawn, others are anxious balls of fluff or overly exuberant, and some joined the program to recover from surgeries or other medical issues. We pair the dogs with screened, trained inmates who have been infraction free for a lengthy period. Our dogs live with a pair of inmates.

SPCA Monterey County is a first responder when disaster strikes, and is the only agency in Monterey County focused on rescuing, evacuating, and sheltering pets during disasters. We also teach disaster preparedness before a disaster strikes. All of our disaster response services are free to our community.

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

The Organization's Form 990 Tax Return is emailed to all board members for their review and comment before filing with the IRS. The Finance Director and accounting firm preparing the 990 are available to answer any questions the Board Members may have. The Board President approves the 990 prior to filing with the IRS.

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

The SPCA Conflict of Interest Policy requires an annual disclosure in writing from each member of the SPCA Board of Directors and key SPCA staff members of conflicts of interest or affirmation from each on the SPCA-provided form that no conflict of interest exists. The executed form is made a part of Board Members' files and key staff members' personnel files. Board member or Executive Director conflicts of interest which are disclosed or discovered are referred to the SPCA Executive Committee. Key staff member conflicts disclosed or discovered are disclosed to the Executive Committee and referred to the Executive Director for appropriate action. Conflicts of interest must be remedied by the Board Member or key staff member for them to continue to serve. Conflicts of interest deemed by the Board of Directors

Schedule O (Form 990) 2023	Page 2
Name of the organization Society for the Prevention of Cruelty to	Employer identification number
Animals for Monterey County	94-1167409

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

to be immaterial after full and complete disclosure and deliberation by the Board of Directors at a meeting duly convened with a quorum present may be permitted to exist and the Board Member or key staff member continue to serve provided the Board Member or key staff member who has the conflict of interest recuses himself or herself from all deliberations or subjects related to the conflict of interest.

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

The Board of Directors of the SPCA for Monterey County has established an Executive Committee comprised of at least five independent members of the Board of Directors. Among the tasks of the Independent Board Members of the Executive Committee is the annual approval of executive compensation. The Executive Committee approves the Executive Director salary sitting without the Executive Director (who sits without vote regardless). The Executive Committee considers: Performance; Cash and non-cash benefits being offered and relative increase compared with prior year; Employee's professional experience and educational background; salary and compensation surveys for similar positions in both non-profit and for-profit entities (e.g. SAWA, Regional Salary surveys); availability of others with similar talent locally; results and analysis of surveys of compensation provided by HR Director; Cost of living in the region; change in COLA since prior year; Individual's pay as % of budget; Any written job offers for Employee's services. Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees HR Director uses salary and compensation surveys annually for similar positions in both non-profit and for-profit entities (see above), reviews the availability of others with similar talent locally, cost of living in the region, change in COLA since prior year, individual's pay as a percentage of budget, and any written job offers for Employee's services. She provides her recommendation to the Executive Director, who makes the final decision on compensation.

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

The SPCA's financial statement and tax forms are available on their website and upon

request.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Change in value of charitable remainder trust	\$ 21,314.
Total	\$ 21,314.

C