

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC** EIN or SSN **56-0891732**

Name and title of officer or person subject to tax **KIMBERLY JANZEN
PRESIDENT/CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,626,244.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 77981
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Kim Janzen

Date 2/26/2025

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6970685902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JOHN NORMAN Date 02/14/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **8868**
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC	Taxpayer identification number (TIN) 56-0891732
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 PETFINDER LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RALEIGH, NC 27603	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KIM BEAVER**
200 PETFINDER LANE - RALEIGH, NC 27603

Telephone No. **(919) 772-2326** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block details: Officer Signature (Kim Janzen), Date (2/26/2025), Preparer Signature (John Norman), Date (02/14/25), Preparer Name (John Norman), Firm Name (CliftonLarsonAllen LLP), Firm Address (227 West Trade Street, Suite 800, Charlotte, NC 28202), Firm EIN (41-0746749), Phone no. (704-998-5200).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC

Form 990 (2023)

56-0891732 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
LOCATED IN RALEIGH, NC, THE SPCA OF WAKE COUNTY WORKS IN OVER HALF THE STATE OF NORTH CAROLINA THROUGH COLLABORATIVE PARTNERSHIPS THAT SAVE PETS AND HELP PEOPLE. SIGNIFICANT ACTIVITIES INCLUDE: DECREASING THE NUMBER OF ANIMALS ENTERING ANIMAL SHELTERS, INCREASING THE NUMBER OF

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,440,417. including grants of \$) (Revenue \$ 373,789.)
SHELTERING, CARE AND ADOPTION: BETWEEN JULY 2023 AND JUNE 2024, THE SPCA OF WAKE COUNTY TOOK IN A TOTAL OF 3,522 HOMELESS PETS. A COMMITMENT TO COLLABORATION BETWEEN SPCA WAKE AND AREA ANIMAL SHELTERS CREATED A LIFESAVING SHELTER TRANSFER PROGRAM, AND 2,180 WERE TRANSFERRED FROM PARTNER SHELTERS INTO SPCA WAKE'S CARE DURING FY24. THESE TRANSFERRED PETS REDUCE SHELTER PET EUTHANASIA REGIONALLY AND POSITIVELY IMPACT EACH SHELTER'S CAPACITY FOR CARE.

DIVERSION PROGRAM: AN ADDITIONAL 1,342 PETS WERE TAKEN IN FROM INDIVIDUALS TO PREVENT THOSE PETS FROM ENTERING THE ALREADY OVERBURDENED ANIMAL SHELTER SYSTEM.

4b (Code:) (Expenses \$ 319,670. including grants of \$) (Revenue \$ 34,731.)
PREVENTION & SPAY/NEUTER: PREVENTING UNWANTED PETS FROM BEING BORN IS THE MOST EFFECTIVE AND MOST HUMANE METHOD OF DECREASING THE OVERWHELMING NUMBERS OF HOMELESS PETS ENTERING AREA ANIMAL SHELTERS. IN FY24 SPCA WAKE SPAY/NEUTER PROGRAMS EFFECTIVELY IMPACTED THREE KEY AREAS OF NEED. FIRST, THE SAVING LIVES SPAY/NEUTER CLINIC ENABLES SPCA WAKE TO TRANSFER THOUSANDS OF UNSTERILIZED ANIMALS FROM SURROUNDING RURAL SHELTERS WHO HAVE FEW SPAY/NEUTER RESOURCES. THOSE PETS ARE ADOPTED THROUGH THE SPCA, FREEING SHELTER PARTNERS TO USE LIMITED RESOURCES FOR REMAINING ANIMALS. SECOND, DOZENS OF AREA ANIMAL RESCUE GROUPS ALSO EFFECTIVELY UTILIZE THIS LOW-COST SPAY/NEUTER OPTION AND TAKE ANIMALS BACK INTO THEIR CARE FOR ADOPTION. THIRD, THE NEED OF THE PETS AND PEOPLE IN OUR COMMUNITY. SPCA WAKE FACILITATED OVER 4,200

4c (Code:) (Expenses \$ 1,780,206. including grants of \$) (Revenue \$ 193,413.)
COMMUNITY ENGAGEMENT: COMMUNITY ENGAGEMENT AND EDUCATION ARE THE FOUNDATIONS FOR LASTING CHANGE FOR ANIMALS. THE LARGE NUMBER OF PETS EUTHANIZED IN AREA SHELTERS IS A SYMPTOM OF BIGGER ISSUE: A LACK OF THE RESOURCES NECESSARY TO KEEP PETS IN HOMES AND OUT OF SHELTERS. BY RAISING AWARENESS ABOUT PET HOMELESSNESS AS A COMMUNITY ISSUE AND ENGAGING PEOPLE IN LIFESAVING EFFORTS, SPCA WAKE IS ADDRESSING THE PROBLEM AT THE SOURCE. SPCA WAKE PROGRAMS DIRECTED AT HELPING ANIMALS BY HELPING THE PEOPLE WHO CARE FOR THEM INCLUDE THE FOLLOWING INITIATIVES:

A DEDICATED, STAFFED PET HELPLINE THAT RECEIVED 6,523 REQUESTS FOR ASSISTANCE IN FY24 FROM COMMUNITY MEMBERS WHO WERE FACING ANIMAL CARE

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,540,293.

Form 990 (2023)

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC

Form 990 (2023)

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational status, lobbying, and financial reporting.

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC

Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC

Form 990 (2023)

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

Table with 3 columns: Question/Description, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Form 990 (2023)

56-0891732 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
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			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b			X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
KIM BEAVER - (919)772-2326
200 PETFINDER LANE, RALEIGH, NC 27603

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Form 990 (2023)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIMBERLY JANZEN PRESIDENT / CEO	40.00			X			188,674.	0.	22,522.	
(2) MICHELLE D. CONNELL IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(3) BILL BUSBY CHAIR	1.00	X		X			0.	0.	0.	
(4) DANA F. GUZZO TREASURER	1.00	X		X			0.	0.	0.	
(5) JILL NEWBOLD SECRETARY	1.00	X		X			0.	0.	0.	
(6) CYNTHIA BASTOS BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	
(7) DAVID COATS CHAIR-ELECT	1.00	X		X			0.	0.	0.	
(8) ALICE GARLAND BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	
(9) DEBBIE GORDON BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	
(10) LAURA LESLIE BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	
(11) CHAN NAMGONG BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	
(12) RICHARD NORDAN, CPA BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	
(13) MISSY ORR BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	
(14) JODI REED BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	
(15) ANN VERDINE-JONES BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	
(16) PATRICK WALSH BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	
(17) ROBERT E. ZAYTOUN BOARD OF DIRECTORS MEMBER	1.00	X					0.	0.	0.	

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Form 990 (2023)

56-0891732 Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,773,110.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 273,542.				
	h Total. Add lines 1a-1f			10,773,110.			
Program Service Revenue	2 a ADOPTION AND SURRENDER FEES	Business Code					
		900099	333,022.	333,022.			
	b FEES AND SERVICES	900099	228,144.	228,144.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			561,166.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		240,536.			240,536.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,200.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	1,200.				
	d Net rental income or (loss)			1,200.	1,200.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	188,478.			
			(ii) Other				
				179,129.			
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c	9,349.				
	d Net gain or (loss)			9,349.		9,349.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	84,554.					
b Less: cost of goods sold	10b	44,987.					
c Net income or (loss) from sales of inventory			39,567.	39,567.			
Miscellaneous Revenue	11 a INCREASE IN CSV	Business Code					
		900099	1,316.			1,316.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			1,316.				
12 Total revenue. See instructions			11,626,244.	601,933.	0.	251,201.	

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Form 990 (2023)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	211,196.	174,553.	24,056.	12,587.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,431,540.	2,836,168.	390,852.	204,520.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	295,365.	244,120.	33,641.	17,604.
10 Payroll taxes	274,584.	226,944.	31,275.	16,365.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	93,015.		93,015.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,500.		7,500.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	28,932.	28,932.		
13 Office expenses	307,172.	302,674.	3,244.	1,254.
14 Information technology				
15 Royalties				
16 Occupancy	135,681.	133,336.	1,654.	691.
17 Travel	8,449.	8,449.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	23,807.	23,231.	406.	170.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	219,687.	206,036.	12,624.	1,027.
23 Insurance	51,936.	51,202.	518.	216.
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.)				
a FUNDRAISING AND OTHER E	808,282.	128,384.	90,758.	589,140.
b SHELTER SUPPLIES AND SE	773,605.	773,605.		
c CAPITAL CAMPAIGN	141,951.	67,943.	737.	73,271.
d MEDICAL/VETERINARIAN	115,650.	115,650.		
e All other expenses	323,012.	219,066.	82,690.	21,256.
25 Total functional expenses. Add lines 1 through 24e	7,251,364.	5,540,293.	772,970.	938,101.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Form 990 (2023)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	8,778,012.	1	2,185,982.	
	2 Savings and temporary cash investments	72,229.	2	8,223,717.	
	3 Pledges and grants receivable, net	5,483,739.	3	6,825,896.	
	4 Accounts receivable, net	85,329.	4	53,759.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	42,160.	8	56,551.	
	9 Prepaid expenses and deferred charges	43,834.	9	51,275.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,953,032.			
	b Less: accumulated depreciation	10b 3,051,815.	2,860,430.	10c	2,901,217.
	11 Investments - publicly traded securities	674,117.	11	750,771.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	97,366.	15	2,158,956.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,137,216.	16	23,208,124.		
Liabilities	17 Accounts payable and accrued expenses	355,855.	17	995,305.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other 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		22		
	23 Secured mortgages and notes payable to unrelated third parties	726,057.	23	655,700.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,081,912.	26	1,651,005.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	7,345,313.	27	6,085,528.	
	28 Net assets with donor restrictions	9,709,991.	28	15,471,591.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	17,055,304.	32	21,557,119.	
33 Total liabilities and net assets/fund balances	18,137,216.	33	23,208,124.		

Form **990** (2023)

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Form 990 (2023)

56-0891732 Page **12**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,626,244.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,251,364.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,374,880.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,055,304.
5	Net unrealized gains (losses) on investments	5	69,030.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	57,905.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,557,119.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Schedule A (Form 990) 2023

56-0891732 Page 2

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

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

Section A. Public Support

Calendar 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 any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2023

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

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.)

Section A. Public Support

Calendar 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 any "unusual grants.")	3056951.	6425929.	8490465.	12004074.	10773110.	40750529.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	411,895.	719,088.	806,508.	778,028.	645,720.	3361239.
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	3468846.	7145017.	9296973.	12782102.	11418830.	44111768.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	172,739.	66,000.	104,596.	71,217.	74,515.	489,067.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	172,739.	66,000.	104,596.	71,217.	74,515.	489,067.
8 Public support. (Subtract line 7c from line 6.)						43622701.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	3468846.	7145017.	9296973.	12782102.	11418830.	44111768.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,616.	14,947.	20,712.	26,759.	241,736.	319,770.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	15,616.	14,947.	20,712.	26,759.	241,736.	319,770.
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.)			1,412.	1,317.	1,316.	4,045.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3484462.	7159964.	9319097.	12810178.	11661882.	44435583.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	98.17 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	97.88 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	.72 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.28 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Schedule A (Form 990) 2023

56-0891732 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Schedule A (Form 990) 2023

56-0891732 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
Section E - Distribution Allocations (see instructions)			
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			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f 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			
b 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:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC

Schedule A (Form 990) 2023

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part 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.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC** Employer identification number
56-0891732

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2023

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Schedule D (Form 990) 2023

56-0891732 Page **3**

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CSV LIFE INSURANCE	50,258.
(2) ROU ASSET	38,230.
(3) CAPITAL CAMPAIGN - CONSTRUCTION COS	2,070,468.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,158,956.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

Schedule D (Form 990) 2023

56-0891732 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	12,494,572.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	69,030.
b Donated services and use of facilities	2b	761,811.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	44,987.
e Add lines 2a through 2d	2e	875,828.
3 Subtract line 2e from line 1	3	11,618,744.
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	7,500.
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	7,500.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,626,244.

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	8,050,662.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	761,811.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	44,987.
e Add lines 2a through 2d	2e	806,798.
3 Subtract line 2e from line 1	3	7,243,864.
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	7,500.
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	7,500.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,251,364.

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:

THE ORGANIZATION ESTABLISHED AN ENDOWMENT THROUGH THE NORTH CAROLINA COMMUNITY FOUNDATION. EACH YEAR 5% OF THE ANNUAL INTEREST EARNED, AFTER FEES, IS TO BE DISPENSED TO THE ORGANIZATION WITH THE REMAINING 95% BEING REINVESTED IN THE FUND.

THE BOARD OF TRUSTEES OF THE NORTH CAROLINA COMMUNITY FOUNDATION HAS THE POWER TO MODIFY ANY RESTRICTION OR CONDITION ON THE DISTRIBUTION OF FUNDS FOR ANY SPECIFIED CHARITABLE PURPOSES OR TO THE SPECIFIED ORGANIZATION IF, IN THE SOLE JUDGMENT OF THE BOARD, SUCH RESTRICTION OR CONDITION BECOMES, IN EFFECT, UNNECESSARY, INCAPABLE OF FULFILLMENT, OR INCONSISTENT WITH THE CHARITABLE NEEDS OF THE COMMUNITY SERVED. AS A RESULT, MANAGEMENT

SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC

Schedule D (Form 990) 2023

56-0891732 Page 5

Part XIII Supplemental Information (continued)

DETERMINED THIS AMOUNT SHOULD NOT BE RECORDED IN THE ORGANIZATION'S
FINANCIAL STATEMENTS AS THE NORTH CAROLINA COMMUNITY FOUNDATION HAS
VARIANCE POWER OVER THE FUNDS.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE EFFECT OF THE GUIDANCE PROVIDED BY THE
PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED
STATES OF AMERICA ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.

MANAGEMENT BELIEVES THAT THE ORGANIZATION CONTINUES TO SATISFY THE
REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AT JUNE 30, 2024 AND 2023.

MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A
SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE
ORGANIZATION HAD NO UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2024 AND
2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS 44,987.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS 44,987.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC** Employer identification number **56-0891732**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

**SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS WAKE COUNTY INC**

56-0891732

Schedule J (Form 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIMBERLY JANZEN PRESIDENT / CEO	(i)	188,674.	0.	0.	13,139.	9,383.	211,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC** Employer identification number **56-0891732**

Part 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				
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				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FOOD AND ANIMAL)	X	40,034	273,542.	COST TO PURCHASE DIR
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

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?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

SOCIETY FOR THE PREVENTION OF

Schedule M (Form 990) 2023

CRUELTY TO ANIMALS WAKE COUNTY INC

56-0891732

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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

2023

Open to Public
Inspection

Name of the organization	SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC	Employer identification number 56-0891732
--------------------------	---	--

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

ANIMALS LEAVING THESE SHELTERS, AND CHANGING THE HEARTS AND MINDS OF
OUR COMMUNITY TO VALUE ALL COMPANION ANIMALS. OUR MISSION IS TO
TRANSFORM THE LIVES OF PETS AND PEOPLE THROUGH PROTECTION, CARE,
EDUCATION, AND ADOPTION. OUR VISION IS TO CREATE A HUMANE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

A ROBUST FOSTER CARE PROGRAM ALLOWS SPCA WAKE TO RESPOND QUICKLY TO
EMERGENCY PET INTAKE NEEDS, WHETHER FROM PARTNER SHELTERS OR DISASTER
RELIEF EFFORTS. APPROXIMATELY 52% OF ALL INCOMING ANIMALS ARE CARED FOR
IN A VOLUNTEER FOSTER HOME FOR A BRIEF TIME.

SPCA WAKE'S VETERINARY AND BEHAVIOR RESOURCES MAKE IT ONE OF THE FEW
SHELTERS IN NC THAT CAN TREAT AND REHABILITATE A LARGE VOLUME OF SICK,
INJURED OR BEHAVIORALLY CHALLENGED PETS. THIS SAFETY NET PROGRAM IS
ESPECIALLY HELPFUL IN ELIMINATING EUTHANASIA AS THE ONLY OPTION FOR
INJURED PETS AT AREA SHELTER PARTNERS OPERATING WITH LIMITED RESOURCES.

INNOVATIVE ADOPTION PROGRAMMING REHOMED 3,350 PETS IN FY24 AND SPCA
WAKE'S LIVE RELEASE RATE WAS 97.38%. SPCA WAKE WILL NEVER EUTHANIZE A
PET DUE TO LACK OF SPACE AND IS COMMITTED TO SAVING EVERY ANIMAL TAKEN
IN. SPCA WAKE ONLY EUTHANIZES PETS THAT ARE TOO ILL OR TOO BEHAVIORALLY
UN SOUND TO BE REHABILITATED AND ADOPTED. MATCHING LOVING FAMILIES WITH
SHELTER PETS IS THE HEART OF WHAT SPCA WAKE DOES DAILY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

Name of the organization SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC	Employer identification number 56-0891732
---	--

LOW-COST SURGERIES IN FY24. THE LOW-COST PRICE POINT ENABLES FAMILIES IN NEED TO ACCESS THIS VITAL SERVICE. SPCA WAKE ALSO PARTNERS WITH VETERINARY PRACTICES IN THE COMMUNITY TO PROVIDE VOUCHER-DISCOUNTS FOR SPAY/NEUTER SURGERY AT THOSE PARTICIPATING HOSPITALS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: RELATED ISSUES. THE PET HELPLINE WAS DESIGNED TO MAKE IT EASY FOR PEOPLE TO FIND AND ACCESS PET RESOURCES AS WELL AS TO PROVIDE INSIGHT INTO OUR COMMUNITY'S GREATEST NEEDS FOR SERVICES AND ORGANIZATIONAL PROGRAMS.

SPCA WAKE'S PET FOOD ASSISTANCE PROGRAMS HELP KEEP PETS IN THEIR HOMES AND OUT OF AREA ANIMAL SHELTERS. IN FY24, SPCA WAKE PROVIDED OVER 182,000 PET MEALS TO LOW-INCOME HOUSEHOLDS AND HOMEBOUND SENIOR CITIZENS. THESE FAMILIES AND INDIVIDUALS RECEIVE PET FOOD AND SUPPLIES THROUGH OUR PARTNERSHIPS WITH LOCAL HUMAN AND ANIMAL SERVICE AGENCIES.

SPCA WAKE'S LOW-COST WELLNESS CLINICS HELP PET OWNERS IN OUR COMMUNITY RECEIVE AFFORDABLE, FUNDAMENTAL VET CARE LIKE VACCINES AND MICROCHIPS. IN FY24, SPCA WAKE HOSTED FIVE CLINICS WHICH PROVIDED 1,282 PETS FROM 759 FAMILIES WITH THESE MUCH-NEEDED SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND PRESENTS IT TO THE BOARD FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ONCE A YEAR, EACH BOARD MEMBER IS ASKED TO SIGN A QUESTIONNAIRE DETAILING

Name of the organization SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC	Employer identification number 56-0891732
---	--

ANY TRANSACTION THAT MAY BE CONSIDERED A CONFLICT OF INTEREST. IN THE
 EVENT THERE IS A CONFLICT DURING THE YEAR, THAT MEMBER WOULD EXCUSE
 HIMSELF/HERSELF FROM ANY DISCUSSION OR VOTE.

FORM 990, PART VI, SECTION B, LINE 15A:
 COMPENSATION OF THE CEO IS PERIODICALLY REVIEWED BY THE EXECUTIVE
 COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:
 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
 STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:
 NO CHANGE FROM PRIOR YEAR.

AMENDED RETURN
 THIS RETURN IS BEING AMENDED TO REMOVE AN INDIVIDUAL WHO WAS
 ERRONEOUSLY LISTED AS AN OFFICER.