Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

	Department of the reasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection							Inspection		
A For the 2023 calendar year, or tax year beginning and ending										
	Check if applicab	ORAN	f organization GE COUNTY	SOCIETY	FOR T	ΉE		D Employ	er identifica	ation number
	Addre	ge PREV	ENTION OF	CRUELTY	TO AN	IIMALS				
	Name Chang	e ge Doing b	usiness as OC	ANIMAL	ALLIES	5		33-	025735	7
	Initial returr Final returr	Number	and street (or P.0. BOX 6507	box if mail is not	delivered to :	street address)	Room/suite		ne number -964-4	445
	termi ated	n-	own, state or provi	nce, country, a	nd ZIP or for	reign postal code		G Gross rece	eipts \$	805,033.
	Amer returr	nded LITINT	INGTON BE					H(a) Is this	a group ret	
	Appli		nd address of prind						bordinates?	
	pendi	ing								uded? Yes No
1	Tax-ex	empt status:	X 501(c)(3)	501(c) () (inse	rt no.) 4947(a)(1)	or 527			st. See instructions
	Websi		OCANIMALA		/			-	exemption	
ĸ	orm o	f organization:	X Corporation	Trust	Association	Other	L Year			State of legal domicile: CA
	art I	Summary								<u> </u>
	1	Briefly describ	be the organization	's mission or mo	ost significa	nt activities: TO S.	AVE TH	E LIVE	S OF A	NIMALS IN
Governance						MUNITY EDUC				
nar	2	Check this bo				s operations or dispos				
ver	3	Number of vo	ting members of th	-						8
පී	4	Number of inc	Jependent votina m	nembers of the	aovernina b	ody (Part VI, line 1b)				8
ა ა	5									3
Activities &	6	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6							105	
Ę	7a					line 12				0.
ĕ	b					art I, line 11				0.
	<u> </u>	The amolated						Prior Ye		Current Year
	8	Contributions	and grants (Part V	III. line 1h)				635	,443.	606,243.
ne	9		ice revenue (Part V						<u> </u>	0.
Revenue	10	•	•					-62	,093.	133,999.
Å	11					, and 11e)			749.	0.
	12					column (A), line 12)		574	,099.	740,242.
	13					1-3)			0.	0.
	14		to or for members						0.	0.
	40				,	olumn (A), lines 5-10)		152	,174.	154,708.
ses	16a		undraising fees (Pa						0.	0.
Expenses	h		ing expenses (Part			13,9	49.			
ă	17		• • •		,			210	,903.	295,631.
						n (A), line 25)			,077.	450,339.
	19					· (-,, iiiic 20)			,022.	289,903.
- La		nevenue less			10 12			eginning of Cu	-	End of Year
ets c	20	Total assets (I	Part X, line 16)					4,469		5,378,063.
Net Assets or	20	-	6 (Part X, line 26)						,339.	20,566.
Vet /	22							4,456	-	5,357,497.
	art II							-,-50	, , , , , , , , , , , , , , , , , , , ,	5,551,457.
		-		examined this retu	rn including	accompanying schedule	s and statem	ents and to the	e hest of my k	nowledge and belief, it is
						d on all information of wh			-	ווטייופטטר מווט שרוודו, וג 31
	,		. σοσιατατιστί στ μτεμα	ייטי נטנופו נוומון טו	INCEL / IS DASE	u on an intornation of Wi	non preparer	nas any kiiuw	icuye.	

Sign	Signature of officer		Date				
Here	TRACY ROBERTS, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	LISA N. RYSSEL, CPA	LISA N. RYSSEL, CPA	A 09/12/24 self-employed P00643670				
Preparer	Firm's name CLIFTONLARSONALLE	IN LLP	Firm's EIN 41-0746749				
Use Only	Firm's address 2875 MICHELLE DRI	VE #300					
	IRVINE, CA 92606 Phone no. (714) 978-1300						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

	ORANGE COUNTY SOCIETY FOR THE		•
	PREVENTION OF CRUELTY TO ANIMALS	33-0257357	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	<u></u>	<u> </u>
	TO SAVE THE LIVES OF ANIMALS IN ORANGE COUNTY BY PROVID	ING COMMUNITY	
		TO STRENGTHEN	
	THE HUMAN-ANIMAL BOND AND IMPROVING THE LIVES OF ANIMAL		
	ORANGE COUNTY AND CREATING A COMMUNITY WHERE ALL ANIMAL	S ARE CARED FO	JR
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ves	XNo
	prior Form 990 or 990-EZ? 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	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$110,645. including grants of \$) (Re OUR ANIMAL RELIEF FUND (ARF) : FINANCIAL AID FOR EMERGE	venue \$ NCY_AND_CRTTT() דבר.
	ASSOCIATED WITH MERGENCY CARE. BY OFFERING ASSISTANCE T		
	A PORTION OF NECESSARY PROCEDURES TO BRING THE PET BACK		
	HELP PET OWNERS KEEP THEIR BELOVED PETS IN THEIR HOMES	WITHOUT THE	
	ADDED WORRY OF FACING FINANCIAL DISTRESS. OVER 185 PET	OWNERS WERE	
	HELPED WITH THEIR VETERINARY BILLS IN 2023.		
4b	(Code:) (Expenses \$151,827. including grants of \$) (Re	venue \$)
	OUR ANIMAL RELIEF FUND (ARF) : SPAY/NEUTER VOUCHER PROG		
	ORANGE COUNTY PET OWNERS A DISCOUNT OFF A SPAY/NEUTER S		
	PARTICIPATING VETERINARY HOSPITALS AND CLINICS. BY MAKI		
	PROCEDURE MORE AFFORDABLE BY BRIDGING FINANCIAL GAPS FO		<u> </u>
	INDIVIDUALS AND FAMILIES, WE STRIVE TO REDUCE THE NUMBE LITTERS BEING BORN AND THEN ABANDONED OUTSIDE OR RELING		<u>50</u>
	ALREADY OVERCROWDED SHELTERS. AMID SUBSTANTIALLY HIGHER	,	
	SERVICES, SPAY AND NEUTER ASSISTANCE REMAINS A TOP PRIC		
	ANIMAL ALLIES. IN 2023, APPROXIMATELY 700 VOUCHERS WERE		
	OWNERS OF DOMESTIC PETS DURING A CONTINUED REDUCTION OF		
	APPOINTMENTS AS THE INDUSTRY STRUGGLES TO MEET DEMAND F	OR SPAY AND	
	NEUTER SURGERY.		
4c)
	OUR ORANGE COUNTY CARES ABOUT CATS (OCCATS) FERAL FIX P INFORMATION AND ESOURCES TO ORANGE COUNTY RESIDENTS RE		
	CATS AND SUPPLIES VOUCHERS THAT ENABLE THEM TO SPAY/NEU		
	FERAL CAT BEFORE IT IS RETURNED TO ITS COLONY. A FIXED		
	LIKELY TO GET INJURED IN FIGHTS AND WILL NOT CONTINUE T		
	ENDLESSLY, WHICH MEANS LESS NOISE AND FEWER OWNERLESS C	ATS BEING BORN	N
	OUTSIDE OVER TIME. REDUCTIONS IN PUBLICLY AVAILABLE RES		JE
	TO COMPOUND THE BATTLE TO CONTROL COLONY POPULATIONS. O		
	RESIDENTS AND COMMUNITY CAT TRAPPERS WERE ISSUED MORE T	HAN 475 VOUCH	ERS
	<u>IN 2023.</u>		
<u>4</u> d	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ 32,983 • including grants of \$) (Revenue \$)	
4e	Total program service expenses 359,075.	/	
		Form 9	90 (2023)
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Form 990 (2023)

ORANGE COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
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,		v	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e	Х	<u> </u>
-	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE	- 25	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120		12a		x
h	Schedule D, Parts XI and XII	120		_ <u></u>
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			í —
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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332003 12-21-23

ORANGE	COUNTY	SOCIETY	FOR THE
PREVEN	TION OF	CRUELTY	TO ANIMALS

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		X X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>x</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	x	X X
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	29		<u> </u>
30	contributions? If "Yes, " complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
ı al	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	0		
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	ORANGE COUNTY SOCIETY FOR THE			_	
	990 (2023) PREVENTION OF CRUELTY TO ANIMALS 33-0257	357	Р	_{age} 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 3				
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		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
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		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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		X	
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).				
а	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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8					
	sponsoring organization have excess business holdings at any time during the year?				
9	9 Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.	Tou			
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				
с	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	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		X	
	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?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

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Form **990** (2023)

⁵ 2023.04020 ORANGE COUNTY SOCIETY FOR B1166541

Form 990 (2023)

ORANGE COUNTY SOCIETY FOR THE

PREVENTION	OF	CRUELTY	то	ANIMALS	

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

Sec	ion 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		8		
	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	8	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	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	e direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		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 ap					37
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockho	Iders, or	_ .		v
•	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0-	X	
a L	The governing body?			8a	X	
р 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			8b		<u> </u>
9				9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		- 23
	This section B requests mornation about policies not required by the internal Re	venue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	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 bod	y befor	e filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	on Schedule O how this was done			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 approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	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 arranger					v
	taxable entity during the year?			16a		X
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is initial to compare the organization of the organizatio		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			164		
Sec	exempt status with respect to such arrangements?	<u></u>		16b		
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)s only)	availal	
10	for public inspection. Indicate how you made these available. Check all that apply.		1 (300101 001(0)(0	JS Offiy)	avanai	510
	Own website Another's website Upon request Other (explain	1 0n Sr	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finan	cial	
-	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 boo	oks and	d records			
	MAKIKO SAKAI - 714-964-4445					
	PO BOX 6507, HUNTINGTON BEACH, CA 92615					
332006	12-21-23			Forn	ז 990	(2023)
	6					

ORANGE COUNTY SOCIETY FOR THE

01000		DOOTLII		
PREVENTION	OF	CRUELTY	то	ANIMALS

33-	0257357	Page 7

Form 990 (2		PREVENT:					
Part VII	Compensation	of Officers,	Director	s, Trustees,	Key	Employees,	Highest Compensated
	Employees, an	d Independe	ent Contr	actors			

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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos	ition) than (ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s botł	n an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona		nploy	st cor	-	1000 NEO)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gamzanene
(1) KEVIN MARLIN	40.00			-		<u> </u>				
EXECUTIVE DIRECTOR		1		х				96,067.	0.	0.
(2) TRACY ROBERTS	12.00									
PRESIDENT		х		х				0.	Ο.	0.
(3) GABRIELLE GARCIA	2.00							100		
VICE PRESIDENT		х		х				0.	0.	0.
(4) ROBERT BAILEY	2.00									
TREASURER		Х		х				0.	Ο.	0.
(5) RENE GOGGINS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JUDY MAITLEN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) EDWARD ALVARADO	1.00									
DIRECTOR		Х						0.	0.	0.
(8) KRISTEN MONSON	4.00									
DIRECTOR		Х						0.	0.	0.
(9) CINDY WOXEN	6.00									
DIRECTOR		Х						0.	0.	0.
		<u> </u>					<u> </u>			
		•								
222007 10 01 02	I	I				I		I		Eorm 990 (2023)

332007 12-21-23

Form 990 (2023)

16200912 131839 B116654

ORANGE COUNTY SOCIETY FOR THE 63 T C

	990 (2023) PREVENTIC	N OF CR	UE.	LT	Ϋ́	то	A	NI	MALS	33-0257	357 Рад	ge 8
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C	ompensated Employee	s (continued)	1	
	(A) Name and title	(B) Average hours per week	box offic	not cl , unles	Posi heck i ss per	more rson i	than c s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount o other	f
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensati from the organizatic and relate organizatio	on d
1b	Subtotal								96,067.	0.		0.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 96,067.	0.		0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100	000 of reportable		0
3	Did the organization list any former officer,	-		-	•			Ŭ	• • •	•		No X
4	line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue compen	sati	on fr	om	any	unre	late	ed organization or indivi	dual for services	5	x
1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t	•	•							· ·	tion from	
	(A) Name and business			ONE					(B) Description of s		(C) Compensation	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to t	thos (ted	above) who received m	ore than		
								_			Form 990 (20	023)

332008 12-21-23

ORANGE COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 33-0257357 Page 9 Form 990 (2023) 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) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 4,776. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 601,467. similar amounts not included above ... 1f 30,843 1g \$ g Noncash contributions included in lines 1a-1f 606,243. h Total. Add lines 1a-1f **Business Code** 2 a Program Service b Revenue С d f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 127,433. 127,433. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 71,357. assets other than inventory 7a **b** Less: cost or other basis 64,791. Other Revenue and sales expenses 7b 6,566. 6,566. 6,566. d Net gain or (loss) 8 a Gross income from fundraising events (not of including \$ 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 10a and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** liscellaneous 11 a Revenue b d All other revenue e Total. Add lines 11a-11d 740,242. 0. 0. 133,999. **12 Total revenue.** See instructions

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2023.04020 ORANGE COUNTY SOCIETY FOR B1166541

Form **990** (2023)

ORANGE COUNTY SOCIETY FOR THE

		Y SOCIETY FO DF CRUELTY TO S		33-02	57357 Page 10
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in t			
	not include amounts reported on lines 6b, 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	96,067.	81,657.	8,646.	5,764.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	40.400	10.101		
7	Other salaries and wages	19,190.	18,184.	1,006.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0.0.454	24.454		
10	Payroll taxes	39,451.	34,174.	3,304.	1,973.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	5,750.		5,750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	10.000		40.000	
f	Investment management fees	42,000.		42,000.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2 2 5			
12	Advertising and promotion	3,065.			3,065.
13	Office expenses	8,391.	4 200	5,244.	3,147.
14	Information technology	4,784.	4,306.	478.	
15	Royalties	28 206	22 645	2 12 2	
16	Occupancy	37,386.	33,647.	3,739.	
17	Travel	345.	310.	35.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7 606	<u> </u>		
23		7,626.	6,863.	763.	
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 0.)				
а	PROGRAM SUPPLIES	137,226.	137,226.		
b	MERCHANT / BANK FEE	44,864.	40,378.	4,486.	
С	TELEPHONE	2,589.	2,330.	259.	
d	DEPRECIATION	1,605.		1,605.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	450,339.	359,075.	77,315.	13,949.
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)				Earm 990 (2023)
	10.01.02				

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Form 990 (2023)

Form 990 (2023)

ORANGE COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			216,747.	1	70,251.
	2	Savings and temporary cash investments			110,022.	2	210,048.
	3	Pledges and grants receivable, net			77,635.	3	74,857.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of th	ese persor	ıs		5	
	6	Loans and other receivables from other disqua	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥8	9	_			3,808.	9	4,152.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		23,568.			
	b	Less: accumulated depreciation	. 10b	22,627.	2,438.	10c	941.
	11	Investments - publicly traded securities			4,054,236.	11	5,013,517.
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,297.	15	4,297.
	16	Total assets. Add lines 1 through 15 (must ed			4,469,183.	16	5,378,063.
	17	Accounts payable and accrued expenses			505.	17	4,338.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
Liat		controlled entity or family member of any of th	-			22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lin of Schedule D	-		11,834.	25	16,228.
	26	Total liabilities. Add lines 17 through 25		·····	12,339.	26	20,566.
	20	Organizations that follow FASB ASC 958, cl	heck here	X	12,0000	20	2073000
es		and complete lines 27, 28, 32, and 33.					
an c	27				4,306,844.	27	5,189,028.
Bala	28	Net assets with donor restrictions			150,000.	28	168,469.
Β		Organizations that do not follow FASB ASC					
Fur		and complete lines 29 through 33.	,				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ls			29	
iets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
let,	32	Total net assets or fund balances			4,456,844.	32	5,357,497.
2	33	Total liabilities and net assets/fund balances			4,469,183.	33	5,378,063.
						•	Form 990 (2023)

Form 990 (2023)

	ORANGE COUNTY SOCIETY FOR THE				
Form	1990 (2023) PREVENTION OF CRUELTY TO ANIMALS	33-025	57357	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	740		
2	Total expenses (must equal Part IX, column (A), line 25)	2	450		
3	Revenue less expenses. Subtract line 2 from line 1	3	289		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,456		
5	Net unrealized gains (losses) on investments	5	610),75	50.
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			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	5,357	7,49	<u>97.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	····	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			. 2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b		<u> </u>
	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:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		

Form 990 (2023)

SCHEDULE A	Dublic	Charity Status an	d Dublic Si	innort		OMB No. 1545-0047		
(Form 990)		the organization is a section 50°				2023		
	Completent	4947(a)(1) nonexempt cha				Ζυζυ		
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Fo				Open to Public		
		v.irs.gov/Form990 for instruction		ormation.	F			
Name of the organization		JNTY SOCIETY FOR '				identification number		
Part I Reason		I OF CRUELTY TO A tatus. (All organizations must c		an instruction		3-0257357		
					5.			
		use it is: (For lines 1 through 12, c association of churches described		1)(A \/;)				
		1)(A)(ii). (Attach Schedule E (Forn		•//~//י)•				
		rvice organization described in s		ii).				
		ted in conjunction with a hospital			(iii). Enter	the hospital's name,		
city, and state	•				. ,			
5 🗌 An organizati	on operated for the benef	fit of a college or university owned	d or operated by a go	overnmental ur	nit describe	ed in		
section 170	b)(1)(A)(iv). (Complete Pa	art II.)						
	te, or local government or	r governmental unit described in	section 170(b)(1)(A)	(v).				
7 X An organizati	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
· · · ·	b)(1)(A)(vi). (Complete Pa	,						
		on 170(b)(1)(A)(vi). (Complete Par						
-	-	lescribed in section 170(b)(1)(A)(-	-		
	or a non-land-grant college	e of agriculture (see instructions).	Enter the name, city	, and state of	the college	or		
university:	on that normally receives	(1) more than 33 1/3% of its supp	ort from contribution	ne membershi	n fees and	d gross receipts from		
		is, subject to certain exceptions;						
		e income (less section 511 tax) fro						
	509(a)(2). (Complete Part					,		
		ed exclusively to test for public sa	fety. See section 5	09(a)(4).				
		ed exclusively for the benefit of, to			ry out the	purposes of one or		
more publicly	supported organizations	described in section 509(a)(1) of	or section 509(a)(2).	See section 5	6 09(a)(3). C	Check the box on		
lines 12a thro	ugh 12d that describes th	he type of supporting organization	n and complete lines	12e, 12f, and	12g.			
a Type I. A s	upporting organization op	perated, supervised, or controlled	by its supported org	anization(s), ty	pically by g	giving		
		wer to regularly appoint or elect a	a majority of the dired	ctors or trustee	es of the su	ipporting		
	-	art IV, Sections A and B.						
		upervised or controlled in connect		-		-		
	-	orting organization vested in the signal Part IV, Sections A and C.	ame persons that co	ntroi or manaç	je trie supp	onted		
		supporting organization operated	in connection with	and functional	v integrate	d with		
		structions). You must complete I			y integrate	a with,		
	0 (7)	d. A supporting organization oper			ted organiz	ation(s)		
		e organization generally must sat			Ũ			
requiremen	t (see instructions). You i	must complete Part IV, Sections	s A and D, and Part	V .				
e 🗌 Check this	box if the organization red	ceived a written determination fro	m the IRS that it is a	Type I, Type I	I, Type III			
functionally	integrated, or Type III no	n-functionally integrated supporti	ng organization.					
	of supported organization							
g Provide the followi (i) Name of supp		supported organization(s).	(iv) Is the organization listed	(v) Amount of	monetany	(vi) Amount of other		
organization		(described on lines 1-10	in your governing document?	support (see in		support (see instructions)		
		above (see instructions))	Yes No					
-								
Total				1				

Schedule A (Form 990) 2023

Part II

ORANGE COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

33-0257357 Page 2

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						
Cale	ndar 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.")	329,368.	414,329.	345,456.	635,443.	605,269.	2329865.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	329,368.	414,329.	345,456.	635,443.	605,269.	2329865.
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)						451,183.
	Public support. Subtract line 5 from line 4.						1878682.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	329,368.	414,329.	345,456.	635,443.	605,269.	2329865.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		D				
	and income from similar sources	74,441.	422,775.	85,066.	82,891.	133,999.	799,172.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		1,623.	1,275.	749.	974.	4,621.
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						3133658.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	59.95 <u>%</u>
	Public support percentage from 2022	,	· · · · · · · · · · · · · · · · · · ·			15	<u>54.65 %</u>
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	•		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
							(Form 990) 2023

Schedule A (Form 990) 2023

ORANGE COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar 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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						<u> </u>
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
Ł	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar 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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is 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	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_							<u></u>
	ction C. Computation of Publi					<u> </u>	
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage			1 1	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in		
3320	23 12-21-23					Schedule /	A (Form 990) 2023

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ORANGE COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Schedule A (Form 990) 2023 PREV

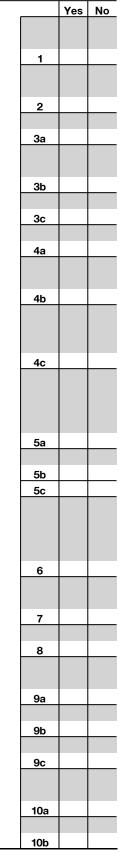
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023

	ORANGE COUNTY SOCIETY FOR THE			
Sche	dule A (Form 990) 2023 PREVENTION OF CRUELTY TO ANIMALS 33-02	25735	7 ра	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	3).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			

- 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 20, show another extinction of the properties of the
- 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.*

Schedule A (Form 990) 2023

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Part V

ORANGE COUNTY SOCIETY FOR THE

PREVENTION OF CRUELTY TO ANIMALS Schedule A (Form 990) 2023 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
				/

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

Schedule A (Form 990) 2023

<u>Sche</u>	dule A (Form 990) 2023 PREVENTION OF	SOCIETY FOR TH CRUELTY TO AND	IMALS	<u>3</u> 3	8-0257357 _{Ра}
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). 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)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	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)	LUC			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

332027 12-21-23

e Excess from 2023

				SOCIETY			~~ ~~====
Schedule A	(Form 990) 2023			CRUELTY			33-0257357 Page 8
Part VI	Part IV, Section A, lines 1,	2, 3b, 3c, 4b, ines 2 and 3; I	4c, 5a, 6, 9a, Part IV, Sectic	9b, 9c, 11a, 11b n E, lines 1c, 2a	o, and 1 , 2b, 3a	1c; Part IV, Section B, , and 3b; Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.
		-					3
		- hele					5
332028 12-21-2	23						Schedule A (Form 990) 2023
				20			

Schedule B	Schedule of Contributors	OMB No. 1545-0047
Form 990) Department of the Treasury nternal Revenue Service	2023	
Name of the organization	DRANGE COUNTY SOCIETY FOR THE	Employer identification nun
	PREVENTION OF CRUELTY TO ANIMALS	33-0257357
Drganization type (check	k one):	
ilers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	n is covered by the General Rule or a Special Rule.	
	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor'	
Special Rules		
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one
contributor, duri literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e (b) instead of the contributor name and address), II, and III.	cientific,
_		

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).

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

	B (Form 990) (2023)		Page 2
	rganization E COUNTY SOCIETY FOR THE		Employer identification number
	NTION OF CRUELTY TO ANIMALS		33-0257357
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$110,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$25,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3	In Proc	\$39,5	57. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$136,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$50,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6		\$25,0	00. (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

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Schedule I	B (Form 990) (2023)		Page 2
ORANG	rganization E COUNTY SOCIETY FOR THE NTION OF CRUELTY TO ANIMALS		Employer identification number
PART I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	55-0257557
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
7_		\$29,0	10. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
	In Proc		Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

23 2023.04020 ORANGE COUNTY SOCIETY FOR B1166541

16200912 131839 B116654

Schedule	B (Form 990) (2023)		Page 3
	rganization		Employer identification number
	E COUNTY SOCIETY FOR THE		
PREVE	NTION OF CRUELTY TO ANIMALS		33-0257357
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	In Proc		5
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Liste received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Liste received
		\$	

24

Schedule B (Form 990) (2023)

Schedule E	3 (Form 990) (2023)			Page 4
Name of or		_		Employer identification number
	E COUNTY SOCIETY FOR TH			22 0257257
PREVER Part III	NTION OF CRUELTY TO ANII Exclusively religious, charitable, etc., contributi		section 501(c)(7), (8), or (10	33-0257357 0) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	through (e) and the following line e	entry. For organizations	
	Use duplicate copies of Part III if additional	space is needed.	n less for the year. (Effer this h	10. once.) +
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
			[
		(e) Transfer of	gift	
	Transforacia nome address a	nd 7 ID + 4	Balationship of	transferer to transferes
-	Transferee's name, address, a			transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
-		(e) Transfer of	gift	
			-	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
			<u> </u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a		Deletionship of	
-	Transferee's name, address, a		Relationship of	transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
-		(e) Transfer of	gift	
	Transferee's name, address, a	nd 7IP + 4	Relationshin of	transferor to transferee
ŀ				
	- 22			
323454 12-26	-20			Schedule B (Form 990) (2023)

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SC	HEDULE D	Supplementa	I Financial State	ements	OMB No. 1545-0047
(Form	n 990)		nization answered "Yes" on I 11a, 11b, 11c, 11d, 11e, 11f		2023
	ment of the Treasury I Revenue Service	A	ttach to Form 990.) for instructions and the late		Open to Public Inspection
Nam	e of the organization				Employer identification number
		PREVENTION OF CRUE			33-0257357
Par		tions Maintaining Donor Advise		ar Funds or Ac	counts. Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin		-1- (1)	
			(a) Donor advised fund	ds (b) Funds and other accounts
1		d of year			
2		contributions to (during year)			
3		grants from (during year)			
4 5		end of year n inform all donors and donor advisors in v			
5	-	n's property, subject to the organization's	-		
6		n inform all grantees, donors, and donor a			
Ŭ	•	oses and not for the benefit of the donor o	v v		•
	impermissible priva			• •	
Par		ation Easements. Complete if the org			
1		ervation easements held by the organization			
		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	servation of a histo	rically important land area
		f natural habitat			ied historic structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ed conservation contribution i	in the form of a cor	nservation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of co	nservation easements			2a
b		the set to a second second to a second se			2b
с	Number of conserv	vation easements on a certified historic stru	icture included on line 2a		<u>2c</u>
d		vation easements included on line 2c acqu			
		ure listed in the National Register			2d
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or termin	ated by the organiz	zation during the tax
	year				
4		where property subject to conservation eas			
5	-	ion have a written policy regarding the per		andling of	
•	,	procement of the conservation easements it			
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	nandling of violations, and enf	orcing conservation	n easements during the year
7	Amount of oxnono	 es incurred in monitoring, inspecting, hanc	ling of violations, and onforcin	a concervation and	emente during the year
7	Amount of expense	es incurred in monitoring, inspecting, nand	ing of violations, and enforcin	ig conservation eas	sements during the year
8	Does each conserv	 vation easement reported on line 2d above	satisfy the requirements of se	action 170(b)(4)(B)(i)	
Ū		(4)(B)(ii)?	-		
9		he how the organization reports conservation			
-		I include, if applicable, the text of the footr		-	
	organization's acco	ounting for conservation easements.	-		
Par	rt III Organiza	tions Maintaining Collections of	Art, Historical Treasur	es, or Other Si	milar Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue s	statement and bala	nce sheet works
	of art, historical trea	asures, or other similar assets held for put	lic exhibition, education, or re	search in furtheran	ce of public
	service, provide in	Part XIII the text of the footnote to its finar	cial statements that describes	s these items.	
b	-	elected, as permitted under FASB ASC 95			
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or resea	arch in furtherance	of public service,
	•	ng amounts relating to these items.			
		ded on Form 990, Part VIII, line 1			
		d in Form 990, Part X			
2	e e	received or held works of art, historical tre		• •	provide
	-	Ints required to be reported under FASB A	-		•
a		on Form 990, Part VIII, line 1			
		Form 990, Part X			
	-	eduction Act Notice, see the Instructions	ior Form 990.		Schedule D (Form 990) 2023
332051	1 09-28-23		26		
			<u> </u>		

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Schedulo (Figm 190) roza PREVENTION OF CRUELTY TO ANTMALS 33-0257357 Page 2 21 Using the organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. (continued) I using the organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. (continued) 2 Using the organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. (continued) I using the organization is acquisition, accession, and other records, check any of the following that make significant use of its collections of the arganization's accemption to accession and explain how they further the organization's accemption accession. 0 Dring the year. (d the organization oscilot creave donators of at historical treasures, or Other similar assets to be sold to raise fundor after than to be maintained as part of the organization's scalection? Yes No Part MI Escow and Custofial Arrangements: Complete the roganization's collection? Yes No Yes No Part MI Escow and Custofial Arrangements: Complete the roganization anound nucles. Using the year Yes No Yes No 0 bit treprised an amount nucles. Custofian or other intermediaty for contributions or other assets not include on form 990, Part XIII. Check here (I the organization include account liability? Yes No 0 bit treprised an include an amount on Form 990, Part X, Ine 21. for escrew or custofiel account liability? Yes No		ORANGE (COUNTY SOCI	LETY	FOR T	HE					
Partial Organization anguistion, accession, and other records, theck any of the following that make significant use of its collection items (check all that apply). a b Collection items (check all that apply). a Image the organization is accession, and other records, theck any of the following that make significant use of its collection items (check all that apply). a Image that make significant use of its collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. The organization include a another than to be maintained as part of the organization's collection? Yes No Centre of a manut on form 990, Part X, line 21. The second another of nor 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the organization included on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation insis been provided in Part XIII. Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation included another organization include an anount on Form 990, Part X, line 10. Image that the explanation include an anount on Form 990, Part X, line 10. Part V Endowment Funds 100, Part Yes,' explain the arrangement in Part XIII. Check here if the exp	Sche	dule D (Form 990) 2023 PREVENT	ON OF CRUE	ELTY	TO AN	IMALS		33-0	25735	7 р	age 2
3 Using the organization is accession, and other records, check any of the following that make significant use of its collection res (check all that appl). a load of the organization is accession, and other records, check any of the following that make significant use of its collection is collection is and explain how they further the organization is exempt purpose in Part XIII. b load of the organization scill cercles and a day, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21. 1a Is the organization and explain how they further the organization answered "Yes" on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21. 1a Is the organization and explain the related organization answered "Yes" on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21. 1a Is the organization and explain the organization answered "Yes" on Form 990, Part X, line 9. or reported in parameter in Part XIII and complete the following table: 1b 'Yes, 'explain the arangement in Part XIII and complete the following table:	Par	t III Organizations Maintaining Co	ollections of Art	t, Histo	rical Tre	easures, or	Other S				U U
collection tems (check all that apply). a Debics exchange program a Debics exchange program b Dother b Scholarly research c Dother c Provide a description of the organization scholections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scholection? Yes No Part V Exercise and Custodial Arrangements Complete if the organization scholection? Yes No Part V Exercise and Custodial Arrangements Complete if the organization scholection? Yes No Part V Exercise and Custodial and complete the following table: Amount 10 <td>3</td> <td colspan="10"></td>	3										
a Ublic exhibition d Loan or exchange program b Scholarly research e Other	•			.,		ienernig tilder	nane eign				
b Scholarly research e Other c Preview addenciption of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as gard to the organization collection? Yee No Part V Escrow and Custodial Arrangements Complete if the organization collection? Yee No Part V Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 960, Part IV, line 9, or reperiod an amount on Form 960, Part X, line 21. Ia Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 960, Part X, line 21. Amount Ind	а		h		oan or exc	hange program	n				
c Prevenda description of future generation's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collections of art, historical treasures, or other similar assets to be soft to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Excrow and Custodial Arrangements Comparization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angement in Nustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the tollowing table: Amount 1 1 c Beginning balance			_								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collection? Part W Escrow and Custodial Arrangements Complete if the organization and explain how they further the organization answered "Yes" on Form 990, Part W, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Distributions during the year Ending balance Distributions during the year It to It 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Compute if the organization include an amount on Form 990, Part X, line 21. Distributions Is a bigmining of year balance Loc ontributions Is a constraints, gains, and losses 15, 0, 000. If 'Yes, 'explain the estimated bigmining to the organization include an amount to regranization include an amount to a form 990, Part X, line 21. Distributions Is a Beginning of year balance Loc ontributions Is a constraint Funds Compute if the organization answered 'Yes' on Form 990, Part X, line 21. Distributions Is a constraint fund to see the organization include an amount on Form 990, Part X, line 21. Distributions Is a constraint funds Compute the organization include an amount on Form 990, Part X, line 21. Distributions Is a constraint funds Compute the organization include an amount on Form 990, Part X, line 21. Distributions Is a constraint function in the proceesses on the organization answered 'Yes' on Form 990, Par			C								
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to be sold to raise funds rather than to be maintained as part of the organization s collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: Complete intermediary for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided in Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance [a] Current year [b] Oritro year [b] Oritro year [c] Oritro year [c] Oritro year abal [c] Oritro year abal <t< td=""><td></td><td></td><td>-</td><td></td><td>-</td><td>-</td><td>-</td><td></td><td>art Ann.</td><td></td><td></td></t<>			-		-	-	-		art Ann.		
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Ives," explain the arrangement in Part XIII and complete the following table: Amount Id	5							r	Vee		
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on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V In the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. In the years back (e) Four years back in the part of the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance 19, 912. 150, 000. Int the organization answered "Yes" on Form 990, Part X, line 10. 1b Other expenditures for facilities 119, 912. 150, 000. Int the organization of year balance 1 For dry are balance 166, 469. 150, 000. Int the year balance Int the year balance 2 Frovide the estimated percentage of the current year end balance (line 1g, column (a) held as: a board designated or quasi-endowment % 2 Forovide the estimated percentage of the current year and balance (line 1g,		· · · · · · · · · · · · · · · · · · ·									
b If "Yes," explain the arrangement in Part XII and complete the following table: Amount Ic Additions during the year Id <liid< li=""> Id <li< td=""><td>1a</td><td></td><td></td><td>•</td><td></td><td></td><td></td><td>r</td><td></td><td>_</td><td>٦</td></li<></liid<>	1a			•				r		_	٦
c Beginning balance Image: Constraint of the sear include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Constraint of the sear include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Constraint of the sear include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Constraint of the sear include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Constraint of the sear include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Constraint of the sear include account liability? Image: Constraint of the sear include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Constraint of the sear include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Constraint of the sear include account liability? Image: Constraint of the sear include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V End Organization on the possession of the organization that are held and administered for the organization on the possession of the organization instead account (a) held as: Image: Constraint of the organization and the possession of the organization is endowment trans. Pert V Land, Buildings, and Equipment Construct account (a) for each of the organization answered tree on the organization is endowment trans. Image: Construct account (a) held as: Board designated or quasiendowment								l	Yes		_ No
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Part V Endowment Funds: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back 1a Beginning of year balance 150,000. 150,000. 150,000. c Net investment earnings, gains, and losses 19,912. 100. 100. c Other expenditures for facilities and programs 1,443. 168,469. 150,000. 100. g End of year balance 1,443. 168,469. 150,000. 100. 100. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 2 Permanent endowment 90. 96 Term endowment 90. 10.0 % % Sa(ii) X 3a(ii) X (i) Revised earning anizations? 90. 100. 3a(ii) X (ii) Related organizations? 96. 100. X 3a(ii) X (ii) Related organizations? 100. X	2a							?[Yes		No
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 150,000. 150,000. 150,000. 150,000. b Contributions 150,000. 150,000. 150,000. 150,000. c Net investment earnings, gains, and losses 19,912. 100,000. 100,000. c Other expenditures for facilities 1,443. 100,000. 100,000. g End of year balance 1,68,469. 150,000. 100,000. 100,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 2 Provide the estimated percentage of the ourrent year end balance line 1g, column (a) held as: a Board designated or quasi-endowment 96 3 Part Moment 100,0% 100,0% 100,0% 100,0% 100,0% 3 Are there endowment funds not in the possession of the organization sheed as required on Schedule R? 3a(i) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 100,0% 3a(i)	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatior	has been	provided in Pa	rt XIII				
1a Beginning of year balance 150,000. 150,000. b Contributions 150,000. 150,000. c Net investment earnings, gains, and losses 19,912. 1 d Grants or scholarships 1 1 e Other expenditures for facilities 19,912. 1 and programs 1,443. 1 1 f Administrative expenses 1,443. 1 g End of year balance 168,469. 150,000. 1 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment g End of year balance % Yes No b Permanent endowment % Yes No f(i) Unrelated organizations not in the possession of the organization that are held and administered for the organizations? 3a(1) X ii) H*Yes* on line 3a(ii), are the related organizations isted as required on Schedule R? 3a(1) X 4 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a Land	Par	t V Endowment Funds Complete if	he organization ans	wered "	/es" on Foi	rm 990, Part IV	, line 10.				
b Contributions 150,000. c Net investment earnings, gains, and losses 19,912. d Grants or scholarships 19,912. e Other expenditures for facilities and programs 1,443. f Administrative expenses 1,443. g End of year balance 168,469. b Permanent endowment % c Term endowment % b Permanent endowment % c Term endowment 100 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations? (i) Unrelated organizations? ii) Related organizations? d Description of property (a) Cost or other Designent 13,706.) Three years ba	ck (e) Four	years	back
b Contributions 150,000. Image: contributions c Net investment earnings, gains, and losses 19,912. Image: contributions d Grants or scholarships Image: contributions Image: contributions e Other expenditures for facilities Image: contributions Image: contributions and programs Image: contributions Image: contributions Image: contributions f Administrative expenses Image: contributions Image: contributions Image: contributions g End of year balance Image: contributions Image: contributions Image: contributions 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Image: contributions Image: contributions 2 Provide the estimated or quasi-endowment	1a	Beginning of year balance	150,000.								
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Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI Land, Buildings, and Equipme	ent								
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answered	"Yes" on Form 990	, Part IV,	line 11a. S	See Form 990, I	Part X, lin	e 10.			
1a Land		Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	umulated	(d) Boo	k valu	ie
b Buildings 3,969. 3,969. 0. c Leasehold improvements 13,706. 13,279. 427. e Other 5,893. 5,379. 514.			1		. ,		• •		. ,		
b Buildings 3,969. 3,969. 0. c Leasehold improvements 13,706. 13,279. 427. e Other 5,893. 5,379. 514.	1 a	Land									
c Leasehold improvements 3,969. 3,969. 0. d Equipment 13,706. 13,279. 427. e Other 5,893. 5,379. 514.											
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e Other					1		1			Δ	
0.11							-				
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Schedule D (Form 990) 2023

332052 09-28-23

ORANGE COUNTY SOCIETY FOR THE

Schedule D	(Form 990) 2023	PREVENTION	OF	CRUELTY	то	ANIMALS	33-0257357 Page 3
Part VII	Investments -	Other Securities					
	Complete if the org	anization answered "Yes"	on F	orm 990, Part IV	', line	11b. See Form 990, Part X, lin	e 12.
(a) Descrip	otion of security or cate	JOTY (including name of security)		(b) Book value		(c) Method of valuation:	Cost or end-of-year market value
(1) Financia	al derivatives						
(2) Closely							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	b) must equal Form 990), Part X, line 12, col. (B))					
Part VIII	Investments -	Program Related.	1				
		-	on F	orm 990, Part IV	, line	11c. See Form 990, Part X, lin	e 13.
	(a) Description of			(b) Book value			Cost or end-of-year market value
(1)	, , , , , , , , , , , , , , , , , , ,		+				,
(2)							
(3)							
<u>(4)</u>							
(5)							
(6)							
(7)							
(8)							
(9)	h)						
Part IX	Other Assets), Part X, line 13, col. (B))	-				
		opization answard "Vas"	on F	orm 000 Bort IV	line	11d See Form 000 Part X lin	0.15
	Complete il the org		_		, inte	11d. See Form 990, Part X, lin	
		(a)	Des	cription			(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	<u>ımn (b) must equal Fo</u>	orm 990, Part X, line 15, co	ol. (B))			
Part X	Other Liabilitie						
	Complete if the org	anization answered "Yes"	on F	orm 990, Part IV	', line	11e or 11f. See Form 990, Par	rt X, line 25.
1.	(a) De	escription of liability					(b) Book value
(1) Fed	leral income taxes						
(2) CR	REDIT CARDS						8,893.
(3) BI	LL PAY						7,335.
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(h)	000 D-++ V // 05		1			16,228.
	inin (b) must equal Fo	orm 990, Part X, line 25, co	<u>и. (В)</u> ,	<u> </u>	<u></u>		

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

Schedule D (Form 990) 2023

332053 09-28-23

Sign	Envelope ID: 2F453866-0E41-4668-8C90-7139DFB34CDE		
	ORANGE COUNTY SOCIETY F	OR THE	
Sche	dule D (Form 990) 2023 PREVENTION OF CRUELTY T		33-0257357 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Expens	ses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2 d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	

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.

332054 09-28-23

Schedule D (Form 990) 2023 29 2023.04020 ORANGE COUNTY SOCIETY FOR B1166541

	HEDULE M			Nonc	ash	Contri	butions				0	MB No. 15	545-004	17
(Fo	rm 990)									2023			2	
Complete if the o				anizations			-	t IV, lines	29 or	30.				
	ment of the Treasury I Revenue Service	Go to wwy	w.irs	Attach to Form 990. rs.gov/Form990 for instructions and the latest information.								pen to Inspec		IC .
Name	e of the organizatio							at		Employ	/er iden	-		nber
	C C	PREVENTION									33-0			
Par	tl Types o	f Property												
	•			(a)		(b)	(c)				(d)			
				Check if applicable		umber of ributions or	Noncash con amounts repo			Meth noncash	od of de		•	s
				applicable	items	contributed	Form 990, Part	VIII, line 1	g	nonouon				
1														
2		asures												
3		erests												
4		ations							_					
5		sehold goods		X		2		700	7.17	CTION		<u></u>		
6		hicles		Λ		<u> </u>		790	• AU		PKI			
7 8														
о 9		ty Iy traded							_					
9 10		y held stock												
11	Securities - Partne													
••														
12		llaneous												
13		ation contribution -												
	Historic structure	\$												
14	Qualified conserv	ation contribution - Other												
15	Real estate - Resi	dential												
16	Real estate - Com	mercial												
17		r			D -				C					
18	Collectibles													
19	Food inventory													
20	Drugs and medica	al supplies		Х		5		3,800	• RE	TAIL	PRIC	E		
21	• • • • • • • • • • • • • • • • • • • •													
22		;							_					
23		ens												
24	Archeological arti Other (PET			X		360	1	6,750	- CO	MDADA	סדד		тт	SA
25 06	5)	X		150		5,7 <u>50</u> 5,620						
26 27	·	PRODUCTS, N	'	X		25		3,875						
27 28	Other (11020010, N	$\frac{1}{2}$	23		<u></u>	•					-		
29		8283 received by the org	, / Janiz	ration during	the ta	ax vear for co	ontributions							
		anization completed Form		-	-	-		29					0	
	5	i i i i i i i i i i i i i i i i i i i		, ,		5							Yes	No
30a	During the year, c	id the organization receiv	e by	contributio	n any	property rep	orted in Part I, lir	ies 1 throu	ugh 28	, that it				
	must hold for at le	east 3 years from the date	e of t	he initial co	ntribut	ion, and whi	ch isn't required	to be use	d for					
	exempt purposes	for the entire holding per	iod?									30a		X
b	If "Yes," describe	the arrangement in Part I	I.											
31	Does the organiza	tion have a gift acceptan	ce p	olicy that re	quires	the review of	of any nonstanda	rd contrib	utions	?		31		X
32a	Does the organiza	ation hire or use third part	ies d	or related or	ganiza	tions to solic	it, process, or se	ell noncasi	n					1
	contributions?											32a		X
b	If "Yes," describe													
33		didn't report an amount	in co	olumn (c) fo	r a type	e of property	for which colum	n (a) is ch	ecked	,				
	describe in Part II									_				
⊢or P	aperwork Reduct	ion Act Notice, see the	inst	ructions for	Form	990.				Sch	nedule N	/i (Form	1 990)	2023

ORANGE COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Schedule M (Form 990) 2023 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

CARS, THE ORGANIZATION'S THIRD PARTY VENDOR, FACILITATES AND PROCESSES

VEHICLE DONATIONS.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.



Schedule M (Form 990) 2023

33-0257357

332142 09-11-23

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047						
Name of the organizatio	ORANGE COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS		identification number						
FORM 990, PA	FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:								
MORE THAN 85	VOLUNTEERS AND THEIR DOGS TO SPEND TIME AT NU	RSING	HOMES,						
PSYCHIATRIC	HOSPITALS, HOSPICES, AND CHILDREN'S HOMES TO B	RING J	OY AND						
ENCOURAGEMEN	T TO THE DISABLED, BEDRIDDEN OR NEGLECTED. WE	ALSO H	AVE						
SPECIALIZED	TEAMS THAT WORK WITH THE DA TO COMFORT CHILD V	ICTIMS	OF						
SEXUAL ABUSE	(PANDA), GO TO SCHOOLS TO INSTILL THE JOY OF	READIN	G IN						
KIDS (CANINE	LITERACY), TEACHES KIDS THE BASIC PRINCIPLES	OF KIN	DNESS						
TO ALL LIVIN	G CREATURES (KINDNESS KIDS) AND HELP SOOTHE ST	RESSED							
TRAVELERS AT	THE AIRPORT (AIRPAWS). IN 2023, OUR VOLUNTEER	S PROV	IDED						
MORE THAN 3700 HOURS SERVING THE COMMUNITY PRVODING SUPPORT AND COMFORT									
TO THOUSANDS	OF RESIDENTS AND VISTORS.								
EXPENSES \$ 8	,152. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0								

OUR NO EMPTY BOWLS PROGRAM AIMS TO PREVENT PETS FROM GOING HUNGRY OR

ENDING UP AT A SHELTER BECAUSE THEIR OWNER HAS FALLEN ON HARD TIMES.

OUR COMMUNITY PARTNERS PICK UP FOOD AND SUPPLIES DONATED TO US FROM

ORANGE COUNTY RESIDENTS AND BUSINESSES TO DISTRIBUTE AT THEIR FOOD

PANTRIES. IN 2023, OUR PARTNERS RECEIVED APPROXIMATELY 18,000 POUNDS OF

PET FOOD AND SUPPLIES TO GIVE OUT TO THOSE IN NEED.

EXPENSES \$ 17,009. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAM SERVICES

EXPENSES \$ 7,822. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

16200912 131839 B116654

32

 Schedule O (Form 990) 2023
 Page 2

 Name of the organization
 ORANGE COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS
 Employer identification number 33-0257357

THE ORGANIZATION'S BOARD OF DIRECTORS WILL CAREFULLY REVIEW THE FORM 990

PRIOR TO SIGNING AND MAILING THE RETURN TO THE INTERNAL REVENUE SERVICE.

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

CONFLICT OF INTEREST POLICY IS MONITORED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS BASED ON A COMPENSATION

STUDY.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND OTHER PERTINENT

AVAILABLE TO THE PUBLIC UPON REQUEST.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND OTHER PERTINENT

AVAILABLE TO THE PUBLIC UPON REQUEST.

332212 11-14-23

Schedule O (Form 990) 2023 33 2023.04020 ORANGE COUNTY SOCIETY FOR B1166541