Form 990

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

Department of the Treasury
Intervals Constitute Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.frs.gov/Form990 for instructions and the latest information.

A			lendar year, or tax y				and er					
В	Check if a	pplicable:	C Name of organization				ntion Of Cruelt	y To Ai	D Emplo	yer identification	n number	
\square	Address o	change	Doing business as	The Cortland Cor	mmunity SPC	A						
	Name cha			or P.O. box if mail is no	t delivered to st	rest address)	Room/suits	- 18	51-02442	203		
닏	LCOULTA CLU	nuño -	879 McLean Rd						E Teleph	one number		
Ш	initial retu	m	City or town			State	ZIP code		007 759	0200		
$\overline{}$	Final ratum/		Cortland			NY	13045	T C	307-753-	436 5		
브	Latel Letter!A	A MENTAL AND AND MENTAL AND	Foreign country ner	ne Foreign	province/state/	county	Foreign postal	code				
	Amended	return							G Greens	receip® \$		654,674
\Box	A-altanta	n pending	F Name and address (of adactors officer					- 1	1		
ш	Whitestop	u benduß				_			70	Um tier Subordijanies	" <u>∟</u> Y•	eX No
_			kevin clark 879 Mo	Lean Rd Cortan	d NY 1304	<u> </u>				notes included?	Ye	s No
1	Tex-exen	npt status:	X 501(c)(3)	501(c) () <	(insert no.)	4947(a)(1) or 527		a." bleach	a fat, See Instru	anotte	
7	Website	▶ httn	://www.cortlandspo	a orol				Mai Com		number 🕨		
_									-			
_		organization		Trust Associ	ationOti	her 🏲	L Yea	r offermat	189	35 M State	of legal domicil	e: NY
F	Part I	Su	mmary				20					
	1	Brieffy d	escribe the organiz	zation's mission or	most signific	cant activitie	s: Table	ovide ca	ne and s	adoption for I	omeless	
8			and lost animals, L					merc				
돌	1	over-po					acadon, and p					
Activities & Governance												
3		Check t	nis box 🕨 🔲 if th	ie organization die	continued it	s operations	disposad	ormare	than 25°	% of its net a	ssets,	
0	3		of voting members							3		7
	4	Number	of independent vo	ting members of th	ne governing	body (Fart	Vi, ine 1b).			4		7
울	5	Total nu	mber of individuals	employed in cale	ndar year 20	21 (Part V.	tae 2a)			5		23
3	6	Total nu	mber of volunteers	(estimate if neces	sary)					6		
2	7a	Total un	related business re	venue from Part \	/III. column	C) Une 12	•			7a		
	b	Net unn	slated business tax	able income from	Form 990-T	Post Line	11			7b		
									Prior Year		Current Ye	-
_	8	Contribu	itions and grants (F	Part VIII line 1h)								
3	9	Desamo	n service revenue (Destall les (s)		4 1 1 1 1				21,141		307 326
Ę	40	Program	i service revenue (Part VIII, IIne 2g) .						213 229		246 826
Revenue	10	Invesim	ent Income (Part V	III, COLUMN (A), IINS	S JAC BRILL	ra)	13 3 5			8,353		12,730
-	11	Other re	venue (Part VIII, c	olumn (A), lines 5	BC, G, 1	iOc, and 110) . (2222					
	12	Total rev	enue—add lines 8 tt	irough 11 (must adi	al PastVIII.	column (A), i	ne 12)		:	342,723		566 882
	13	Grants a	and similar amount	a paid (Part IX, co)	Man (A), line	es 1–3) . .						
	14	Benefits	paid to or for mem	bers (Part R, con	mn (A), line	4)						
	15	Salaries	other compensation	i, employee benefits	Part IX, col	umn (A), line	s 5–10) İ		7	267.726		370,421
差	16a	Professi	onal fundralsing fe	es (Parte L. column	n (A), line 11	le) . `. ´						
Expenses	ь		ndraising expenses				1					
ă	17		cpenses (Part IX, c							141.801		182 031
	18	Total ev	penses, Add lines	12-17 fourt coup	Dert IV cel	ump (A) lie		_		109 527		
	19	Douglas	e less expenses <u>. S</u>	The date of the	n Kas 40	umer (24), iim	9 23)					552 ,452
2.5		Leagil	a lega expenses, o	TOBRICANIA IS US	11 11110 12					-66,804		14,430
8		Total as	and Challe				- 1	Beginni	ng of Curr		End of Yes	
8,	20	CIBI 88		6)]			541,117		593,152
7 V	21	Total lia	bilities Part line	72 6)			*]			13.676		19 434
			ets of fund balance	s. Subtract line 21	from line 20) <u>.</u>				527 441		573,718
	art II		nature Block									
Unc	ter penalti	es of perjur	y, I decline that I have ex	comined this return, incl	uding accompa	nying achedule	s and statements,	and to the	best of m	y knowledge		
and	belief it i	s true, com	ct, and compline, Declar	ration of preparer (other	than officer) is	based on all in	ermation of which	preparer	has my kn	owledge.		
SI.	gn									5/8	V2022	
) L8	Z4 -	Signature of officer						Det			
Пе	ILA	1 1	kevin clark				PRE	SIDENT				
			Type or print name and	title								
		Prin	t/Type preparer's name		Preparer's sig	nature		Date			PTIN	_
Pa	ild		,, ,, , , , , , , , , , , , , , , , , ,							Check	r ''''	
	eparer	Kev	in Clark		Kevin Clark	(11/1	4/2022	eelf-employed	P006035	72
	e Only	0.00	rs name ► Clark (PA PC	7.7				Flow's EIN	► 16-14170		
44	o VIII)		r'a address № PO Bo		13077					12255 U.S		
						1 4 2			Phone no.	(607) 749		
M8	ty the IR	(S) dibcus	s this return with th	ie preparer shown	above? See	instruction	S,	4) 4	1.00	0.000	X Yes	No

	90 (2021) Cortland County Society For The Provention Of Cruelty To Animals, Inc	51-0244203	Page 2
Pai	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	2.2.00.	. X
1	Briefly describe the organization's mission:		
	To provide care and adoption for homeless animals and lost animals, Law Enforcement, Humane		
	awareness/education, and prevent over-population		
	931013000000000000000000000000000000000		
	######################################		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		IV IIO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	k.	
•	services?	N □ voo	V No
	If "Yes," describe these changes on Schedule O.	100	NO
4	Describe the organization's program service accomplishments for each of its three largest program services	and the same of the same	
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		
	the total expenses, and revenue, if any, for each program service reported.	Calcons to others,	
	and to the texperience, and texeridae, it saily, for each program service reputed.		
4a	(Code: \/Eventure & 277.169 including amoin of \$ 1//2-years		704 \
40	(Code:) (Expenses \$ 277,166 including grants of \$ (Revenue Providing temporary shelter and care to lost or abandoned animals in need of adoption.	e \$33,	(21,)
	222220000000000000000000000000000000000		
4b	(Code) \(\(\Gamma\) \(\Gamma\) \(- 4 - 00	224
41)	(Code:) (Expenses \$ 48,012 including grants of \$) (Revenue Offers local spay and neuter clinics to control overseputation of animals in the community.	a \$	631)
	Otes ocar spay and nedist clinics in control over a optimizing of animals in the continuous.		

4c	(Code: 191,784 including grants of \$) (Revenue	e \$ 178.	140)
	Provides local humane law environment services to local governments within the Cortland County	- 4	179.
	area.		
	8 FF 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	Y.	
40	Total program service expenses 514,942		

			Tem	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	4	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? if "Yes," complete Schedule C, Part I		^	Ţ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	-	X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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			<u> </u>
_	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,	Ť	_	<u> </u>
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
0	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? if "Yes," complete Schedule D, Part V	10		X
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.			
a	Did the organization report an amount for land, buildings, and equipment to Part X, line 10? if "Yes," complete			l)
_	Schedule D, Part VI	11a	Х	-
D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII.	الما		U
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b	-	X
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	116	-	<u> </u>
_	reported in Part X, line 16? If "Yes," complete Schedure O, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X,	110		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12 a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
40	and if the organization answered "No pline 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
	Did the organization maintain an office, imployees, or agents outside of the United States?	14a		X
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? if "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		^
	for any foreign emanication? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See Instructions	17	Х	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
46	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?	المهاا		,,,
200	If "Yes," complete Schedule G, Part III	19		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		x
_	* * * * * * * * * * * * * * * * * * *			_^_

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was lasued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		Х
ь	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' 290 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from on payables to any current			
-	or former officer, director, trustee, key employee, creetor or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule 1, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) at 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 tollowing 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		Х
b	A family member of any individual described in line 28a? # Yes," complete Schedule L, Part IV	28b		Х
C	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? if "Yes," complete Schoolife M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		·X
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? if "Yes,"			1
	complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity overegarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If ves, "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 Part V, line 1.	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
þ	If "Yes" to line 35s, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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			
	197 Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statementa Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V.	20.0		
			Yee	No
18	Enter the number reported in box 3 of Form 1096, Enter -0- If not applicable			1 67
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
		Form	990	(2021)

Sect	on 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 7			
	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.	100		
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 test filed?	4		x
4		-		
5	Did the organization become aware during the year of a significant diversion of the organization assets?	5		X
6	Did the organization have members or stockholders?	6	_	X
7a	Did the organization have members, stockholders, or other persons who had the power we elect or appoint			
	one or more members of the governing body?	7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written account undertaken during	100		
	the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, SectionA, who cannot be reached			$\overline{}$
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	ا و ا		x
Sect	Ion B. Policies (This Section B requests information about policies not required by the internal Revenue C			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and profit dures governing the activities of such chapters,			<u> </u>
	affiliates, and branches to ensure their operations are consisted with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 934 that members of its governing body before filing the form?	11a	х	_
b	Describe on Schedule O the process, if any, used by the expanization to review this Form 990.		^	
12a	Did the organization have a written conflict of injerest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	_
C	Did the organization regularly and consistently manifor and enforce compliance with the policy? If "Yes,"	120	^	-
U	describe on Schedule O how this was done.	الموما	v	
40		12c	X	-
13	Did the organization have a written whiteblower policy?	13	X	-
14	Did the organization have a written testing retention and destruction policy?	14	X	_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability day, and contemporaneous substantiation of the deliberation and decision?			
8	The organization's CEO, Executive Director, or top management official.	15a		
þ	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b oescribe the process on Schedule O. See Instructions.			
16a	Did the organization invest a contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint vecture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		_
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section it	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Heather Weeks (607) 428-0225			
	16 Church St, Cortland, NY 13045			

Form 990 (2021)	Cortland County Society For The F	Provention Of Cru	Jelly	To /	<u> Anim</u>	nals,	Inc			51-02442	03 Page
Part VII	Compensation of Officers, Dire	•	13, K	ley	Em	plo	yees	ı, F	lighest Comp	ensated	
	Employees, and Independent C		In fo	-	. 6-	_ 1_	44.1.	П-	- V/II		
Ocation A	Check if Schedule O contains a r			_		_		_			
	Officers, Directors, Trustees, K										
organization's	this table for all persons required to be tax year.	цвтва, кероп со	mper	1981	ON F	OF T	18 Cak	эпс	ar year ending v	with of Within the	
of compensati	of the organization's current officers, d tion. Enter -0- in columns (D), (E), and (F) if no compens	atton	wa	s pa	id.			- ,	_	unt
 List the who received 	of the organization's current key emplo organization's five current highest con reportable compensation (box 5 of Fon In the organization and any related orga	mpensated empk m W-2, Form 109	yee	s (ot	heri	than	an of	ffic	er, director, trust	ee for key emplo	yse)
	of the organization's former officers, ke eportable compensation from the organ							d e	mployees who	eceived more th	an
	of the organization's former directors more than \$10,000 of reportable compo										the
	actions for the order in which to list the p										
X Check th	is box if neither the organization nor an	y related organiz	ation	COL	npe	nsat	ed an	ус	urrent officer, dis	ector, or trustee	
					(0	•	. 4				
	(A)	(B)	(do i	not d	Pos heck		then or	10	(D)	(E)	(F)
	Name and title	Average	DOX,	unle	te pe	повт	is both	W)	Reportable	Reportable compensation	Estimated amount of other
		per week		_					from the	from related	compensation
		(list any hours for	or director	Institutional	Officer	Key employee	Highest co employee	Former	organization (W-2/ 1099-MISC/	organizationa (W-2/ 1099-MISC/	from the organization and
		related	8 6	ig		뤛	8 8	Н	1099-NEC)	1099-NEC)	related organizations
		organizations below	7 25	말		8 V	A S				
		dotted line)	8	trustee	3		Highest compensated employee	7			
							E				
(1) CHER		5.00									
PRESIDENT			X	1	X			_			
	ZARTARIAN	2.00									
TREASURE			X	+	X	Н	-				
(3) VALAF BOARD	RE SHANK	1,00	x								
	RT BITTNER	1.00	1^	+	\vdash	Н			_		
VICE PRESI		1.00	x		x						
	ELLE HARLAN	1.00	^	+	l^	Н					
BOARD			x								
(6) JOAN	NLAMEY	1.00	-	+							
SECRETAR		1	X		x						
(7) GEOR	GE VANWICKLEN	1.00		\top							
BOARD			X								
(8) BILL C	ARR	40.00		T	П			П			
BOARD				1_		X					
(9) WEND	Y TYLER	40.00		Τ	П						
BOARD				_		X					
(10)											
(11)											
(12)				1	П						

(13)

(14)

Form 990 (2021)

	(A) Name and title	(B) Average hours	bax,	unice	Pos ack s pe	reon	than o	87 10)	(D) Reportable compensation	(E) Reportable compensation		(F) sted amount of other
		per week (jint any hours for related organizations below dotted line)	individual trustee or director	institutional trustee	Officer	Kay amployee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MIBC/ 1099-NIEC)	organ	npensation forn the nization end organizations
(15)									-	A		
(16)		***************************************				Г		Ī	5	9 4		
(17)				П	П							
(18)					F			ī				
(19)	**************************************						i					
(20)				П			P)		-	
(21)				4	-	-		-				
(22)							,					
(23)			7	F						===		
(24)						H	Н					
(25)						H	Н	H				
1b	Subtotal		1	1				>				
d	Total from continuation sheets to Part VII, 8 Total (add lines 1b and 1c)	ο Α.Υ	• •		•	•					-	
2	Total number of individuals (including but not like	mited to those lis	sted a	bov	·e) \	who	recei	VBC	more than \$100	0,000 of	1	
-	reportable compensation from the organication	-67				_						Yes No
3	Did the organization list any former shoer, dive	ctor, trustee, ke	y em	ploy	ee,	ог і	highea	st c	ompensated			163 140
	employee on line 1a? If "Yes," complete Sched										3	X
4	For any individual listed on line 1s. is the sum of											
	the organization and related organizations greated individual	werthain \$150,0			-		npiete 			n 2 mar	4	X
5	Did any person listed on life 1a receive or acci	ue compensatio								vidual		
	for services rendered to the organization? If "Y	es, complete S	chedi	ıle J	for	Suc	ch per	201	7		5	X
	tion B, Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Report co										tax ve	ar.
	(A) Name and business add	17)							(B) Description of se		(C) Compen)
=												
_						_						
												===
_		0 1 1 1 1 1										··
2	Total number of independent contractors (Inclumore than \$100,000 of compensation from the			the	188	liste	id abc	VB) who received			

Part VIII Statement of Revenue

		Check if Schedule O contains a respon		,	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue sxcluded
						function revenue	business revenue	from tax under sections 512-514
9 40	1a	Federated campaigns	1a		1 N 1 S			GEOGRAFIE GTZ-GT4
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1b			- 1		
وَ ق	C	Fundralsing events	1c			- "		
4€	d	Related organizations	1d			1		
교출	8	Government grants (contributions)	10	80,540		3	(1) (1)	
문등	f	All other contributions, gifts, grants, and						
Contributions, Giffs, Grants and Other Similar Amounts		similar amounts not included above	1f	226 786		90.5		
불풍	9	Noncash contributions included in		10.5		- 30		
동물		lines 1a-1f	19			- 63	000	
-	<u>h</u>	Total, Add lines 1a-1f			307 326		92	
	_			Business Code		1		
Program Service Revenue	2a	LOCAL GOVERNMENT CONTRACTS		900001	178,149			
ram Ser Revenue		ADOPTION SERVICES		812900	26,722			
2 5	C	SPAY & NEUTER PROGRAMS		812900	22,831			
2 8	a	OTHER FEES & SERVICES		812900	19.324			
5_		All all and a second and a second				A		
Œ	722	All other program service revenue			00	7.3		
	3	Total. Add lines 2a-2f			24 5 826			
	3	other similar amounts)			8,359			0.050
	4	Income from investment of tax-exempt bor			40,558			8,359
	5	Royalties			U			
		(i) Re	4	(II) El faonal	30			
	6a	Gross rents 6a					1	
	b	Less: rental expenses 6b				100		
	C	Rental income or (loss) 6c						
	d	Net rental income or (loss)		4.8.5				
	7a	Gross amount from (1) Secu	rities 4	(I) Ciner	T 100 17	220		
		sales of assets				LEIN		
			2 163			72		
3	b	Less: cost or other basis						1 - 1 -
£		and sales expenses 7b 8	1. 92 4. 7	<u> </u>				
2	C	Gain or (loss) 7c	4,3/1					
Other Revenue	d	Net gain or (loss)	<u> </u>		4 371			
¥	8a	Gross income from fundralsing						
0		events (not including \$				1000		
		of contributions reported or line 10).						254.9
		See Part IV, line 18	8a					
	þ	Less: direct expenses.	8b	100				
	C	Gross income from saming activities.	nus.					
	oa.	See Part Wilne 19.	9a			- 1		
	ь	Less: direction enses	9b					
	_	Net income or (1996) from gaming activities						
		Gross sales of inventory, less	•	1				
	TOG	returns and allowances	10a					
	ь	Leas: cost of goods sold	10b			E E	DO U.S.	
		Net income or (loss) from sales of invento	-			1.		
60	Ť	Under or heavy living away at Histories	7	Business Code			-	-
Miscellaneous Revenue	11a					ě.	1	
cellaneor Revenue	Ь							
a la	C							
3 5	d	All other revenue						
Y			-	, ,		3 5 1 10	all the latest the lat	
	12	Total revenue. See instructions.		\$ >	566.882			8 350

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note t	o any line in this Pa	nt IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and peneral expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	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			and a	
	individuals. See Part IV, lines 15 and 16			11 -00	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		6		
6	trustees, and key employees		- 22		
9	persons (as defined under section 4958(f)(1)) and			70	
	persons (as defined under section 4958(c)(3)(B)			7	
7	Other salaries and wages	336.835	318,205	18.630	
8	Pension plan accruals and contributions (include	000,000	310,203	10,000	
•	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits	5,214	¥4,797	417	
10	Payroll taxes	28 372	26 102	2.270	
11	Fees for services (nonemployees):				
	Management				
b	Legal	4. 42			
C	Accounting	13.790	12,687	1,103	
d	Lobbying	11 11 9			
	Professional fundraising services. See Part IV, line 17	V			
- 1	Investment management fees	4,012		4,012	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	65,793	65,793		
12	Advertising and promotion	4,665	858	75	3,732
13	Office expenses	12,869	11,771	1,098	
14	Information technology	1,365	1,365		
15	Royalties				
16	Occupancy	25,976	23,899	2,077	
17	Travel			3	
18	Payments of travel or entertainment excesses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	40.070	40 700	4.445	
22	Depreciation, depletion, and an ortization	13,870 11,691	12,760	1,110 935	
23 24	Other expenses. Itemize expenses not covered	11,091	10,756	835	
24	above. (List miscalianeous expenses on line 24e. If			119	
	line 24e amount exceeds 10% of line 25, column			100 100 100 100 100	
	(A), amount, list line 24e expenses on Schedule O.)	100			
а	AUTO EXPENSES	10.965	10,965		
ь	SUPPLIES & FOOD EXPENSES	13,102	13,102		
C	MERCHANT & OTHER FEES	3,439	1,388	2.051	
d	MISCELLANEOUS SHELTER EXPENSE	494	494	2,351	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	552,452	514,942	33,778	3,732
26	Joint costs. Complete this line only if the	110000		33,	7,1
	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)				

				(A) Beginning of year	П	(B) End of year
	1	Cash—non-interest-bearing			1 1	87,103
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			14	
	5	Loans and other receivables from any current of	r former officer, director			
	-	trustes, key employee, creator or founder, subs			100	
		controlled entity or family member of any of the			8	
	6	Loans and other receivables from other disqualif			distribution of	1000000
	•	under section 4958(f)(1)), and persons described			6	
8	7	Notes and loans receivable, net			77	
Assets	a a	Inventories for sale or use			-	
2	I .				8	
	9	Prepaid expenses and deferred charges	g : g: :≋ som: :	4.67	7 9	5,788
	10a	Land, buildings, and equipment: cost or				
	١.	other basis. Complete Part VI of Schedule D		3,959		
		Less: accumulated depreciation		7,958 104,64		101,004
	11	investments—publicly traded securities				399 257
	12	Investments—other securities. See Part IV, line			12	
	13	Investments-program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets, See Part IV, line 11			15	
	16	Other assets. See Part IV, line 11	at line 33) .	541.11	7 16	593 152
	17	Accounts payable and accrued expenses .		13,67	3 17	19 434
	18	Grants payable		Y.	18	7
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D.		21	
2	22	Loans and other payables to any current or for	ner officer, director,			
Labilities		trustee, key employee, creator or founder, sub-				
골		controlled entity or family member of any of the	se parsons		22	
	23	Secured mortgages and notes payable to unal			23	
	24	Unsecured notes and loans payable to unrelies			24	
	25	Other liabilities (including federal income	stables to related third			
		parties, and other liabilities not include on line			1 1	
		Part X of Schedule D			25	
	26	Total flabilities. Add lines 17 through 25		. 13.67		19.434
10		Organizations that follow FASB ASC 958, ch				
8		and complete lines 27, 28, 22, and 33.	ACK HATA SE [V]	0.00		
<u></u>	27	Net assets without donor resultations		525,23	0 00	E74 070
W	28	Net assets with donor metricions			3 28	571,670
2	20	Organizations that do not follow FASB ASC			3 40	2,048
5			905, Check here			
5	000	and complete lines 22 through 33.			-	
8	29	Capital stop or tal st principal, or current funds			29	
8	30	Paid-in or capital surplies, or land, building, or e	quipment tund	• •	30	
3	31	Retained earning andowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances				573,718
	33	Total liabilities and net assets/fund balances.		. 541,11	7 33	593 152

1 01111	Contains Country Godely I of The Florendon Of Orbert 10 Atlinials Inc	01-02	442UJ		<u> 19 12</u>
Part	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI	- 54 -	(i)		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		566	3,882
2	Total expenses (must equal Part IX, column (A), line 25)	2		552	2 452
3	Revenue less expenses. Subtract line 2 from line 1	3		14	4 430
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 🔞 🕬	4		527	7 441
5	Net unrealized gains (losses) on investments	5		31	1.847
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		573	3,718
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	(0)	(4)		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				ii ii
	If the organization changed its method of accounting from a prior year or checked "Other," claim on				1
	Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	252	2a	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements her the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Saparate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
-	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process of selection process during the tax year, explain on	E. C. B.	20	_	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		2a		x
ь	If "Yes," did the organization undergo the requires audit or audits? If the organization did not undergo the	10.00	od		^
-	required audit or audits, explain why on Schaffall, O and describe any steps taken to undergo such audits.		3b		
	The second state of the se			990	/20241
			rom	994	LEVE

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section \$01(c)(2) organization or a section 4847(a)(1) nonexempt charitable trust.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Employer Identification number Name of the organization Cortiand County Society For The Provention Of Cruelty To Animals, Inc. 51-0244203 Reason for Public Charity Status. (All organizations must complete this part.) See Instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(b). Enter the hospital's name, city, and state; An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(b) operated at conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public exfety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting erganization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type functionally integrated, or type If non-functionally integrated supporting organization. Enter the number of supported committees and a s Provide the following information about the supported organization(s).

(i) Name of supp	oorbed organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the or listed in your docum	governing		(vi) Amount of other support (see instructions)
V/	V/			Yes	No		
(A)	~						
(B)							
(C)							
(D)							
(E)							
Total					2 1		

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or flecal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (a) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or flacal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021(f) Total Amounts from line 4 Gross Income from Interest, dividends. payments received on securities loans, rents, royalties, and income from almilar sources Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part Vi.) 11 Total support. Add lines 7 through 10 . . . 12 Gross receipts from related activities, etc. (see instructions) First 6 years. If the Form 990 is for the organization's limit, escond, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2020, if the organization did not check a box on line 13 or 16s, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and atop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported b 10%-facts-end-circumstances test-2020, if the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	· · · · · · · · · · · · · · · · · · ·					
	received. (Do not include any "unusual grants.")	109,540	155 049	144 566	141,055	226,786	776,996
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's text-exampt purpose	228,380	202,764	210,109	193,315	246 826	1,081,394
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				4.4		
4	Tax revenues levied for the				-		
	organization's benefit and either paid to					0 0	
	or expended on its behalf				4	b.	
5	The value of services or facilities				100		
	furnished by a governmental unit to the			1			
	organization without charge						
6	Total. Add lines 1 through 5	337,920	357,813	354.675	334.370	473,612	1,858,390
7a	Amounts included on lines 1, 2, and 3			-			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	received from disqualified persons .				i		
h	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 .		4	00			
	Add lines 7a and 7b		9	9.0			
8	Public support (Subtract line 7c from		-	200			
	line 6.)	4	11.0				1.858.390
Sec	tion B. Total Support		-				1,000,000
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	337,920	357,813	354 675	334,370	473.612	1.858.390
_	Gross income from Interest, dividends,	A.	307,010	304.010	334,370	413,012	1,000,000
1000		7		- 1			
	psyments received on securities joens, rents,	48 195	42,734	65.310	0.954	0.050	470.050
	royalties, and income from similar sources	40 [55	42,134	05.310	8 354	8,359	172 952
D	Unrelated business taxable income (less			- [
	section 511 taxes) from businesses		F				
_	acquired after June 30, 1975	48,195	40 704	05.040	0.054	2.22	477.077
	Add lines 10a and 10b	(HO,480	42,734	65,310	8.354	8,359	172 952
11	Net income from unrelated business	1					
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						
12	Other Income. Do not include gain or	1					
	loss from the sale of capital assets			1			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10, 11,						
	and 12.)	386,115	400,547	419,985	342.724	481,971	2,031,342
14	First 5 years. If the Korm 900 is for the organ						No.
-	organization, check this bat and stop here.					11111111111	
_	tion C. Computation of Public Sup					45	
15	Public aupport percentage for 2021 (line 8, co					15	91.49%
16	Public support percentage from 2020 Schedu					16	90.25%
_	ction D. Computation of Investmen			-Lucia (D)		49	0.0424
17	Investment Income percentage for 2021 (line		-			17	8.51%
18	investment income percentage from 2020 Sc					18	9.58%
1 98	33 1/3% support tests—2021, If the organize not more than 33 1/3%, check this box and st						
j.	33 1/3% support tests—2020. If the organic						X
	line 18 is not more than 33 1/3%, check this is					•	A. [
20		•	-				
20	Private foundation. If the organization did n	OT CLIBCK & DOX OU	une 14, 198, or 191	o, check this box a	na see instructions	1829181	🕸 📖

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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," enswellines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4) (5), or (8) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI sinen 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 12e or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to keek grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such accurate 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 Pert 47 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," enswer 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 organization 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 designated.
- c Substitutions only. Was the substitution the castle 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 organizations's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, Joan, 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 of Chadule L (Form 990).
- 9a Was the organization consolled 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 50 (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 disquatified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	105	NO
1		_
100		
2		
3a		
01.		
3b		
3c		_
4a		
4b		
74		
4c		
100		
5a		
El.		
5b 5c	-	-
100		
6		
7	П	_
8	_	_
9a		
9b		
9c		
		1
10a		
10b		

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Schedule A (Form 990) 2021 Cortland County Society For The Provention Of Cruelty To Animals, Inc 51-0244203

Part IV Supporting Organizations (continued)

Page 5

			24	Tio.
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
· · a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		_
ь	A family member of a person described on line 11a above?	11b	_	_
G	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110	-	
	detail in Part VI.	11c	_	
Sect	ion B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			HE I
	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 lax 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," expisin in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that privated,			
_	supervised, or controlled the supporting organization.	2		
Sect	ion 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			10
	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_		
Sect	ion D. All Type III Supporting Organizations			_
		-	Yes	No
1	Did the organization provide to each of its supported organization, 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, of trusties eather (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).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	2	_	_
3	a significant voice in the organization's investificity policies and in directing the use of the organization's			
	Income or assets at all times during the text year? # "Yes," describe in Part VI the role the organization's			
	supported organizations played in this capacity at yes, describe in Part vi the role the organization's			-
Sect	ion E. Type III Functionally Integrated Supporting Organizations	3		-
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see ins	4 41		_
-		Tuction :	5) .	
a .	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructi	iona).	
2	Activities Test. Answer ines 22 and 2b below.	- 1	Yes	No
-	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	NU
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported erganizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
	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	100		
	these activities but for the organization's involvement,	2b		
3	Parent of Supported Organizations. Answer lines 3e and 3b below.	20.00		
8	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			ř.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Instructions, All other Type III non-functionally integrated supporting organization			in in Part VI). See ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yes (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	1 1		A. I
held for production of income (see instructions)	6		3
7 Other expenses (see instructions)	7		4
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	1 0	
Section B - Minimum Asset Amount		(A) Nior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			711
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	th.		
b Average monthly cash balances	1b	N.	
c Fair market value of other non-exempt-use assets	No.	77	
d Total (add lines 1a, 1b, and 1c)	ad	1	
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		

8 Distributable Amount. Subtract (ine 5 from line 4, unless subject to emergency temporary reduction (see instructions).
 6
 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

1

2

3

4

5

1 Adjusted net Income for prior year (from Section A ine 8, column A)

3 Minimum asset amount for prior year (from Section B. line 8, column A)

2 Enter 0.85 of line 1.

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

Part	The state of the s) Supporting Organi	ZAUONS (CONUNUOC)	
Section	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe		1	
2	Amounts paid to perform activity that directly furthers exempted to the performance of the perfor	pt purposes of supported		
	organizations, in excess of income from activity		2	
	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations 3	
	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part Vi	5	
6	Other distributions (describe in Part VI). See Instructions.			
7	Total annual distributions. Add lines 1 through 6.		A.	
8	Distributions to attentive supported organizations to which t	the organization is respon	nsive evian	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021	- 6		
	(reasonable cause required—explain in Part VI). See		On.	
	instructions.		N	
3	Excess distributions carryover, if any, to 2021	A.		
a	From 2016	10 10 10		
b	From 2017	10.00		
C	From 2018	4 10 10		
d	From 2019	C. The State of		
	From 2020			
f	Total of lines 3a through 3e	N/		
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
T	Carryover from 2016 not applied (see Instructions)	ħ.		
i	Remainder. Subtract lines 3g, 3h, and 3i from line of.	N .		
4	Distributions for 2021 from Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder, Subtract lines 4a and 4b con line			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from the 2. For result greater than zero, explain in Part VI.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result grader than zero, explain			
	in Part VI. See instructions A			
7	Excess distributions carriever to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
þ	Excess from 2018			
	Excess from 2019 ,			
d	Excess from 2020			
	Excess from 2021			

	orm 990) 2021	Cortland County Society For The Provention Of Cruelty To Animals, Inc 51-0244203	Page 8
Part VI		Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part	
		IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section	
		2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,	
		rt V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, 8. Also complete this part for any additional information. (See instructions.)	
	IIN98 2, 5 and t	5. Also complete this part for any additional shormation. (See lineadictions.)	
		······································	
		٠. ٥	

	- 4		
	#		
	11 1		
		-/	
100			

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Employer identification number

Department of the Treasury

Name of the organization

► Attach to Form 990 or Form 990-PF.

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

Cortland County Society For The Provention Of Cruelty To Animais, Inc. 51-0244203 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private found 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the Ceneral Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(s)(1)(a)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part Will, fine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, interary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the centributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, durify 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 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).

SCHEDULE D (Form 990)

Department of the Tressury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer Identification number
Cort	and County Society For The Provention Of Cruelty	To Animals, Inc	51-0244203
	Organizations Maintaining Donor Ac		nds or Accounts.
and a second	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		A
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		4-2-3
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held in	n donor advised -
-	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Pai	Conservation Easements.		
T GI	Complete if the organization answered	I "Ves" on Form 900 Part IV line 7	
4	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		on of a historically important land area
			D .
	Protection of natural habitat	Preserves	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	1 1 1	Held at the End of the Tax Year
8			2a
b	Total acreage restricted by conservation easeme		
C	Number of conservation easements on a certifie		2c
d	Number of conservation easements included in		
_	historic structure listed in the National Register.		
3	Number of conservation easements modified, tra	apsferred, released, extinguished, or tem	ninated by the organization during
	the tax year		
4	Number of states where property subject to con-		
5	Does the organization have a written policy requi		
_	violations, and enforcement of the conservation	easements it noids?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, insp	cting, handling of violations, and enforcing	conservation easements during the year
_	Amount of expenses incurred in monitoring, inspecting	//:	
7		g handling of violations, and enforcing cons	ervation easements during the year
_	\$	D 004 D 11 d 10	
8	Does each conservation easement reported on I		
_		4	
8	in Part XIII, describe how the organization repor		
	balance sheet, and include, it applicable, the tex		incial statements that describes the
E	organization's accounting of conservation ease		- Other Obeller & sect-
12.0	Organizations Maintaining Collection		
4-	Complete if the organization answered if the organization sected, as permitted under F		
1a	works of art, historical treasures, or other similar		
	public service, provide in Part XIII the text of the		
	If the organization elected, as permitted under F		
	works of art, historical treasures, or other similar		ION, OF RESEARCH IN TURINGRANCE OF
	public service, provide the following amounts rel	izing to these tiems;	
	(i) Revenue included on Form 990, Part VIII, lin	8 1	5
_	(ii) Assets included in Form 990, Part X		to for the entry of the second of
2			
_	following amounts required to be reported under	FRADE ASC 955 relating to these items:	N
	Revenue included on Form 990, Part VIII, line 1		
3.5	Assets included in Form 990, Part X		

Schedu	ile D (Form 990) 2021 Cortland County Society F	or The Provention Of	Cruelly To Animals, Inc	51-0244	203	Page 2
Part	Organizations Maintaining Collec	tions of Art, Histo	rical Treasures, or C	Other Similar Assets	(continue	1)
3	Using the organization's acquisition, accessio	n, and other records,	check any of the following	ng that make significant i	use of its	- 0
	collection items (check all that apply):	_				
a	Public exhibition	d <u>L</u>	Loan or exchange pro	gram		
Ь	Scholarly research	• [Other			
c	Preservation for future generations	_				
4	Provide a description of the organization's col XIII.	lections and explain h	now they further the orga	nization's exempt purpo	se in Part	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				Yes [No
Part	Complete if the organization answer 990. Part X. line 21.		990, Part IV, line 9, o	r reported an amount	on Form	
1a	is the organization an agent, trustee, custodis	n or other intermedia	ry for contributions or at	ner all tals not		
	included on Form 990, Part X?		-		Yes	No
b	if "Yes," explain the arrangement in Part XIII					
	• •	•		A	mount	
C	Beginning balance			1c		
d	Additions during the year			1d		
	Distributions during the year			10		
f	Ending balance			1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for escrow or custodis	al account liability?	Yes 2	K No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exc	sienation has been provid	ded on Part XIII	D:	
Part		4	W. Co.			_
I GILL	Complete if the organization answer	red "Yes" on Form	990 Par IV line 10			
-			or year 🌣 (c) Two years	back (d) Three years back	(e) Four yea	nra back
1a	Beginning of year balance		(0)	(a) Illian John Halin	(-) /	
ь	Contributions	-				
C	Net investment earnings, gains,	400	-			
_	and losses	. 6 9				
d	Grants or scholarships					
0	Other expenditures for facilities	10				
	and programs	2			1	
f	Administrative expenses					
g	End of year balance	100				
2	Provide the estimated percentage of the curry	ent war end balance	(line 1g, column (a)) hek	i as:		
a	Board designated or quasi-endowment	%				
b	Permanent endowment	▶ %				
C	Term endowment					
	The percentages on lines 2a, 2b, and 26 show					
3a	Are there endowment funds and in the posses	ssion of the organizati	ion that are held and adn	ninistered for the		
	organization by:				Yes	B No
	(I) Unrelated organizations				3a(I)	
	(II) Related organizations			1 1 1 1 9 1 1 1 1 1 1 1	3a(II)	
ь	If "Yes" on line (a(ii), are the related organiza				3b	
4	Describe in Part XIII the intended uses of the		ment tunds.			
Part			000 Det 0/ Hee 44-	Oas Ec 200 D1	V II 46	
-	Complete if the organization answe					
	Description of property	(a) Coet or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book vi	elue
1a	Land	Annaguranty	4.694	नक्षा कल्यासका।		4 804
1a b	Buildings		265 017	193.712		4,694 71,305
C	Leasehold Improvements		200 017	183 / 12		7 1 303
d	Equipment		169.248	144.243		25 005
9	Other		109 240	וריין		20 000
	I. Add lines 1s through 1s. (Column (d) must a	quel Form 990 Perf	Coolumn (R) line 10c l			101 004

	ered "Yes" on Form 990	· distributed in the control of the
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or and-of-year market value
Financial derivatives		
Closely held equity interests		
Other		
4)		
3)		
<u>5)</u>		
9)		
<u> </u>		101
F)		
G)		
H)	10	
A. (Column (b) must equal Form 990, Pert X, col. (B) line		
rt VIII Investments—Program Related. Complete if the organization answ		Part IV, line 11c. See Form 990 Part X, line 1
(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	6-	4
	4.9	
)		•
)		
tal. (Column (b) must equal Form 990, Part X, col. (B) line	13.) . ▶	
art X Other Assets.		
Complete if the organization answ	ered "Yes" on Form 990	Part IV, line 11d. See Form 990, Part X, line 1
	vered "Yes" on Form 990	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
)		
)		
	a) Description	(b) Book value
(i) (i) (i) (i) (i) (i) (i) (i) (i) (i)	a) Description	
tal. (Column (b) must equal Form \$50 Part X or Other Liabilities. Completent the organization answ	ol. (B) line 15.)	(b) Book value
lal. (Column (b) must equal Form 350 Fart X co	ol. (B) line 15.)	(b) Book value
ital. (Column (b) must equal Form 350 Fart X co	ol. (B) line 15.) vered "Yes" on Form 990	(b) Book value
ital. (Column (b) must equal Form 350 Fart X co art X Other Liabilities. Complete if the organization answ line 25.	ol. (B) line 15.) vered "Yes" on Form 990	(b) Book value
al. (Column (b) must equal Form 350 Fart X co art X Other Liabilities. Complete if the organization answ line 25,	ol. (B) line 15.) vered "Yes" on Form 990	(b) Book value
(a) (b) (c) (c) (d) (d) (e) (e) (e) (e) (e)	ol. (B) line 15.) vered "Yes" on Form 990	(b) Book value
Complete if the organization answelline 25.	ol. (B) line 15.) vered "Yes" on Form 990	(b) Book value
tal. (Column (b) must equal Form 850 Part X column (b) must equal Form 850 Part X column (complete if the organization answelline 25,	ol. (B) line 15.) vered "Yes" on Form 990	(b) Book value
Other Liabilities Completent theory azation answers 25. (a) Federal income taxes	ol. (B) line 15.) vered "Yes" on Form 990	(b) Book value
Other Liabilities Complete if the organization answers line 25. (a) Federal income taxes	ol. (B) line 15.) vered "Yes" on Form 990	(b) Book value
tal. (Column (b) must equal Form 350 Fart X co	of (B) line 15.) wered "Yes" on Form 990 Description of Bability	, Part IV, line 11e or 11f. See Form 990, Part X

Schedu	Cortland County Society For The Provention Of Cruelty To Animals, Inc	51-0244203	Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	leturn.	
	Complete If the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on Investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	29	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	300	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
6	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	8	
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	111	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	28	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	36.7	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
-5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pari	Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V. line 4: Part	X. line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b, Alao complete this part to provide any additional inforr		
•			
		44	
		. L L	

Schedule D (Form 990) 2021	Cortland County Society For The Provention Of Cruelty To Animals, Inc.	51-0244203	Page 5
Part XIII Supplem	nental Information (continued)		
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization enswered "Yes" on Form 996, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a,

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Ge to www.irs.gov/Form990 for instructions and the letset information.

Open to Public Inspection

vame of the organization		Employer identification number									
Cortland County Society For The Provent						44203					
Part I Fundraising Activities.				ered "Yes" on Fo	m 990, Part IV, I	ne 17.					
Form 990-EZ filers are no											
1 Indicate whether the organization	raised funds thro										
	X Mail solicitations e										
	Internet and email solicitations f										
	Phone solicitations g Special fundralsing events										
	d In-person solicitations										
2a Did the organization have a writter or key employees listed in Form 9:						Yes X No					
b If "Yes," list the 10 highest paid inc			ers) pursu	ant to agreera≸ats t	inder which the fund	Iraiser is to					
be compensated at least \$5,000 b	y tne organizatio	n.)						
	1	All Did 6 in	draiser have		(v) Amount paid to	(vi) Amount paid to					
(i) Name and address of individual or entity (fundrales)	(II) Activity	custody o	or control of outlons?	(iv) Grees receipts	(or retained by) fundraiser listed in cal. (1)	(or retained by) organization					
1		Yes	No	2							
2			*	1							
3		1		Q.							
4		-									
5		6									
6											
7	4	-									
8											
9											
10	~										
14.1			N. 1								
otal. 3 List all states in which the gardz	ation is registere	d or license	d to solicit	contributions or had	s been notified it is e	xempt from					
registration or licensing				4884466444							
		~~~~~~~									
					. <i> </i>						

	events with gross receipts	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	-	(avent type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts				
3	Less: Contributions			-	
	line 2)				
4	Cash prizes				3
5	Noncash prizes . , 277232				
6	Rent/facility costs			( )	
7	Food and beverages				
8	Entertainment				
9	Other direct expenses		2	2)	
40	Direct eveness europes: Add lie	nee 4 through Q in or	dumus (d)		1
10	Direct expense summary. Add line Net income summary. Subtract I	ine 10 from line 3, co	olumn (d)		(
100	Net income summary. Subtract I Gaming. Complete if the	ine 10 from line 3, co organization answ	olumn (d)		reported more than
11	Net income summary. Subtract I	ine 10 from line 3, $\propto$ organization answ , line 6a.	vered Yes on Form 990	0, Part IV, line 19, or r	(d) Total gaming (add
11	Net income summary. Subtract I Gaming. Complete if the	ine 10 from line 3, co organization answ	vered Yes Form 99		(d) Total gaming (add
11	Net income summary. Subtract I Gaming. Complete if the	ine 10 from line 3, $\propto$ organization answ , line 6a.	vered Yes on Form 990	0, Part IV, line 19, or r	(d) Total gaming (add
11 t III	Net income summary. Subtract I Gaming. Complete if the \$15,000 on Form 990-EZ	ine 10 from line 3, $\propto$ organization answ , line 6a.	vered Yes on Form 990	0, Part IV, line 19, or r	(d) Total gaming (add
11 t [li	Net income summary. Subtract I Gaming, Complete if the \$15,000 on Form 990-EZ  Gross revenue.	ine 10 from line 3, $\propto$ organization answ , line 6a.	vered Yes on Form 990	0, Part IV, line 19, or r	(d) Total gaming (add
11 t     1	Net income summary. Subtract I Gaming, Complete if the \$15,000 on Form 990-EZ  Gross revenue.  Cash prizes.	ine 10 from line 3, $\propto$ organization answ , line 6a.	vered Yes on Form 990	0, Part IV, line 19, or r	(d) Total gaming (add
11 t      1	Net income summary. Subtract I Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue.  Cash prizes.  Noncash prizes.	ine 10 from line 3, $\propto$ organization answ , line 6a.	veres Yes an Form 996  A Pull tabe/natant bingo pagressive bingo	O, Part IV, line 19, or n	
11 t     1 2 3	Net income summary. Subtract I Gaming, Complete if the \$15,000 on Form 990-EZ  Gross revenue.  Cash prizes.  Noncash prizes.  Rent/facility costs.	ine 10 from line 3, $\propto$ organization answ , line 6a.	olumn (g)	0, Part IV, line 19, or r	(d) Total gaming (add
11 t     1 2 3	Net income summary. Subtract I Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue.  Cash prizes.  Noncash prizes  Rent/facility costs.  Other direct expenses.	Ine 10 from line 3 coorganization answelline 6a.  (a) Bingo  No	Veren Yes on Form 996  A Pull tabe/instant bingo pagressive bingo  Yes	(c) Other gaming  Yes%  No	(d) Total gaming (add
1 2 3 4 5 6 7	Net income summary. Subtract I Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue.  Cash prizes.  Noncash prizes  Rent/facility costs.  Other direct expenses.	Ine 10 from line 3 coorganization answelline 6a.  (a) Bingo  No  No  nes 2 through 5 in co	veren Yes an Form 996  A Pull tabe/natant bing a pagressive bingo  Yes% No	(c) Other gaming	(d) Total gaming (add
11 2 3 4 5 6 7 8	Net income summary. Subtract I Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue.  Cash prizes.  Noncash prizes  Rent/facility costs.  Other direct expenses.  Volunteer labor  Direct expense summary Add in Net gaming income summary. S	Ine 10 from line 3 coorganization answelline 6a.  (a) Bingo  No  No  nes 2 through 5 in consultract line 7 from line	Veren Yes ar Form 996  La Pull tabe/natant bing a pagressive bingo  Yes% No  blumn (d)	(c) Other gaming	(d) Total gaming (add
11 2 3 4 5 6 7 8 E	Net income summary. Subtract I Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue.  Cash prizes.  Noncash prizes  Rent/facility costs.  Other direct expenses.	ine 10 from line 3 coorganization answelline 6a.  (a) Bingo  No  No  nes 2 through 5 in coordinate ine 7 from line in conducts gas	yeres Yes an Form 990    Pull tabe/instant     bing a parassive bingo	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (e) through col. (c)
11 2 3 4 5 6 7 8 E 1 le	Gaming, Complete if the \$15,000 on Form 990-EZ  Gross revenue.  Cash prizes.  Noncash prizes.  Noncash prizes.  Other direct expenses.  Volunteer labor.  Direct expense summary. Senter the state(s) in which the organization licensed to conduct the organization licensed to conduct the organization licensed to conduct the state(s) in which the organization licensed to conduct the organization licensed to conduct the state(s) in which the organization licensed to conduct the state(s) in which the organization licensed to conduct the organization licensed to conduct the state(s) in which the organization licensed to conduct the organization licensed the organization licensed to conduct the organization licensed the organizat	ine 10 from line 3 ccorganization answelline 6a.  (a) Bingo  No  No  nes 2 through 5 in coubtract line 7 from line inization conducts galluct gaming activities	yeres Yes an Form 990    Pull tabe/instant     bing a parassive bingo	O, Part IV, line 19, or r	(d) Total gaming (add col. (a) through col. (c)

Cortland County Society For The Provention Of Cruelty To Animals, Inc.

Schedule G (Form 990) 2021

51-0244203

Sched	ule G (Form 990) 2021 Cortland County Society For The Provention Of Cruelty To Animals, Inc 51-0244203 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
ь	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	iouna.
	Name >
	R4
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaining
h	revenue?
	amount of gaming revenue retained by the third party > \$
c	If "Yes," enter name and address of the third party:
_	
	Name >
	Address >
40	Constant was a sea to formather.
16	Gaming manager information:
	Name >
	Gaming manager compensation
	Gaming manager compensation
	Description of services provided
	_
	Director/officer Employee Independent contractor
17	Mandatory distributions:  Is the organization required under state lay to make charitable distributions from the gaming proceeds to
a	retain the state gaming (Icense?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
-	spent in the organization's own exampt activities during the tax year > \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
	See instructions.
	py4-1-484444444444444444444444444444444

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

2021

Open to Public Inspection

Department of the Treasury Interest Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Employer identification number Cortland County Society For The Provention Of Crueity To Animals, Inc. 51-0244203 Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue: O Providing community education with regard to care and well being of animals Form 990, Part IX, Line 24E: LOCAL VETERINARIAN SERVICES \$19,426 MEDICA OFFSITE ANIMAL CARE \$415, SPAY & NEUTER CLINIC SERVICES \$30,600, VET SE ENFORCEMENT \$1,022, FOR A TOTAL OF \$65,793. Form 990, Part VI, Section B, Line 11B: DIGITAL COPIES OF FORM 990 ARE PROVIDED BAG MEMBERS PRIOR TO FILING. Form 990, Part VI, Section B, Line 12: BOARD MEMBERS LG BOARD MEMBERS IN EXECUTIVE SESSION. Form 990, Part VI, Section B, Line 19: CONFLICT OF INTEREST STATEMENTS AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST DURING NORMAL BUSINESS HOURS.

e O (Form 990) 2021	Page
f the organization	Employer Identification number
nd County Society For The Provention Of Cruelty To Animals.	Inc 51-0244203
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	144 514 4 4

Use of Vehicles (4562 Part V, Section B) 990

12/31/2021

Cortland County Society For The Provention Of Cruelly To Animals, Inc Business Commuting					Total		nal Use Outy?		than wner?	Another vehicle avail for use?		
	Vehicle Description	Miles	Miles	Miles	Miles	Y	N	Y	N	Y	- N	
-1	2014 JEEP PATRIOT											
2	2015 JEEP PATRIOT											
3	2015 Used JEEP	10,000			10,000	X		х		X		
4	2017 JEEP PATRIOT											

Form 4562 State	
ment - 990	
1231/2021	

Total Depreciation and Amortization	Subtotal Listed Property	Total listed prop with > 50% business use	Listed property with more trian 50% of useriess use (Line 25 and 25)	Subtotal Depreciation Listed Property	Total GDS 7-year property (Line 19c)	GDS 7-year property (Line 19c) NAT GAS HEATER	Total MACRS deductions for prior years (Line 17)	WATER HEATER	2019 PAVEMENT	6- CAT CAGES	KENNEL	PHONE SYSTEM	FLENACE FLENACE	KENEL	BUILDING IMPROVMENTS	EXPANSION (BUILDING)	MACRS deductions for prior years (Line 17) BUILDING IMPROVEMENT 6/30/	Depreciation Detail	-	Item Description of	Contend County Society For The Provention Of Cruety To Ardenals, Inc.
Amortizat		iness use	9/3/2013 9/3/2017 2/28/2017 2/9/2021 6/15/2017		19c)	2/17/2021	or years (Lin	10/24/2019	4/23/2019	5/13/2013	10/31/2012	9/28/2012	6/30/2012	1/14/2006	5/18/2005	6/30/2000	ne 17) 6/30/1996		In Service	Placed	on Of Crue
<u>S</u>			97 59 97 97 97 97 97 97 97 97 97 97 97 97 97			77	e 17)	7	장 :	77	F-10	ፔ ;	77 7 6 6	1 7 10	Ŗ.	공 3	장		Code	Asset	To Anim
н	F 15	600	100.00% 100.00% 100.00%	(-)	100 10	100.00%	y (100.00%	100.00%	100.00%	100.00%	100,00%	100.00%	100.00%	100.00%	100.00%	100.00%		×	· 8	ш
269.784	70,825	70,825	21,348 16,096 11,881 21,500	198 959	2 650	2,650	196,309	2,100	20,000	5,100 3,750	4,245	3,458	7,691	5,572	22,113	48,500	2,000		Basis	Cost or Other	51-0244203
																			Deduction	Sec. 179	
																			Credit		
																			Allowance	Special	
																			Value	Salvage	
269,784	70.825	70.825	21,348 16,096 11,881 21,500	198.959	2 650	2,650	196 309	2,100	20,000	5,100 3.750	4,245	3,458	7,691	1 908	22,113	48,500	2,000			Recovery	
			5.0 5.0			7.0		10.0	15.0	10 io	15.0	15,0	15.0	5 5 0	20.0	39.0	39.0		Period	Recovery	
			SL/ADS SL/ADS 20008 SL/ADS			200DB		SLGDS	SL/GDS	SUADS		SLIADS	SL/ADS	STATS	SL/GDS	SL/GDS	STCDS STCDYTS		Method		
			* * * *			₹		₹	₹	₹₹	₹₹	₹	¥	₹₹	Ž	š			Code	vention	
155,478	47 665	47 665	21,348 11,287 15,050	107.813			107 813	315	2,000	2,063	2,400	1,961	4,359	1,931	17,326	25,547	1,257		179 Bonus	Phor Accum. Deprec.,	
16,020	7.745	7.745	3,219 2,376 2,150	8,275	379	379	7,896	210	1,334	375	263	3 23	512	8	1,108	1,244	51 1.789		Deprec	2021	
171.498	55,410	55,410	21,346 14,486 2,376 17,200	116 088	379	379	115,709	525	3,334	2,438	4 335	2,191	4,871	1,998	5,4.K	26,791	1,308 41,225		Deprec	Accum.	