_{Form} 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

_			enoar year, or tax year		NAME OF TAXABLE PARTY.		nding						
8	Check If a	pplicable:	C Name of organization	Cortland Coun	ity Society For The Previ	ention Of Cruel	ty To Ar	D Employ	er identification	number			
	Address c	hange	Doing business as T	he Cortland Con	nmunity SPCA	-01:							
\equiv		-	Number and street (or P.	O. box if mail is not	delivered to street address)	Room/sults		51-024420)3				
ш	Name che	nge	879 McLean Rd					II. Telepho					
	inidal retu	m	City or town		State	ZIP code	-	1					
			Cortland		NY	13045		607-753-9386					
ш	Final return!	terminated	Foreign country name	Ecrelos	province/state/county	Foreign poetal	code						
\Box	Amended		Lought coming times	roragii	housestandonsil	Loredti botter	0000	G Gross re	Acres	77	78,108		
닏	ATHURIDUS	LANTANI I					_	d Grant re	Corpill 9				
П	Application	n pending	F Name and address of pri	incipal officer:			H(a) to t	his a genzamentun	- quborilymine?	Yes	X No		
			Robert Bittner 879 Mo	Sean Rd Cortis	and NY 13045			400	ies included?	Yee	No		
_									list. See instruct				
	Text-excen	npt status:	X 501(c)(3) 501(c) ((Insert no.) 4947(a)(1) or 527	1	Mar. and ou a	list. See instruct	iona			
1	Website:	http	://www.cortandapca.or	ro/			H(c) Gr	OUp exemption	inumber				
-					. 🗆	1							
K	Form of c	nyankadar	: X Corporation 1	Trust Associa	ntion Other	LYes	r of form	tion 189	M State of	flegel domicie:	NY		
F	art I	Sur	mmary				_						
				on's mission or	most significant activiti	oe Tab	mylde i	nama and a	doption for h	nmologe			
- 2									AODGOILIOLLI				
Ĕ				Enforcement, r	lumane awareness/ed	nesidon (sinci	4 5 41						
Ĕ		over-po	oulation of strays				9. 1						
& Governance	2	Check t	nis box if the o	rganization disc	continued its operation	s er disposed	of mon	e than 25%	of its net as	sets.			
8	3	Number			ody (Part VI, line 1a)				3		7		
48	11.4								4				
- 2		Number	Of Broaders April April A	members of th	e governing body (Page	(all and In)							
幸	5				ndar year 2022 (Patt V				5		30		
Activities	6	Total nu	mber of volunteers (es	stimate if neces	sary)				6				
- 3	7a	Total un	related business rever	nue from Part V	III, column (C), line 12				7a		0		
	b	Met unn	datari husinasa tavahk	a Income from F	Form 990-T, Part I, line	44			7b				
	-	1401 GIR	Hered bright 600 develope	a moonila nomi	Offit 000-1, Fall I, tille	1111111		Prior Year	110	Current Year			
		0		A 401	-		_						
2	8	Control	rtions and grants (Part	VIII, IINO 1N) .				07,326		50,994 81,049			
톺	9	9 Program service revenue (Part VIII, line 2g)											
- 2		line an other	4.4 400 4.5 4111										
- 5	10	IIIVUBUII	ent income (Part VIII. (column (A), line	a 3. 4. and 17d)				12.730		6,065		
Revenue	10						-		12,730		6,065		
S	11	Other re	venue (Part VIII, colum	nn (A), lines 5,4	8c, 8c, 10c, and 11	e)			0	7	0		
Res	11	Other re-	venue (Part VIII, colum enue—add lines 8 throu	nn (A), lines 5,4 igh 11 (must equ	al Part VIII, column (A),	e) line 12)			0 86,882	7:	6,065 0 38,108		
Re	12	Other re Total rev Grants	venue (Part VIII, colum enue—add lines 8 throu and similar amounts pa	nn (A), lines 5, igh 11 (must equ ald (Part IX. coli	at 8c, 3c, 10c, and 11 al Part VIII, column (A), umin (A), lines 1–3).	e) line 12)			0 86,882 0	7:	0		
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-	11 12 13 14	Other re Total rev Grants a Benefits Salaries Profess	venue (Part VIII, colur enue—add lines 8 throu and similar amounts pe paid to or for member other compensation, en lonal fundralsing fees (nn (A), lines 5,4 ugh 11 (must equald (Part IX. colors (Part IX. colors (Part IX. colors (Part IX. colors (Part IX. colors)	St. Sc., Sc., 10c, and 11 all Part VIII, column (A), unn (A), lines 1–3) mr (A), line 4) (Part IX, column (A), line n (A), line 11e)	e)		5	0 86,882 0 0 70,421		0 38,108 0		
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He Program or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 31t 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Other retained from the control of t	evenue (Part VIII, columenue—add lines 8 through and similar amounts per paid to or for member other compensation, er consideration and similar amounts per paid to or for member of the compensation, er consideration and complete. Subtract Bitther Compensation and complete. Declaration and complete. Declaration are of officer or tippe or print name and title it Type or print name	nn (A), lines 5, and 11 (must equal di (Part IX, columns (Part IX, columns), column (Part IX, column (Part IX, column), column (A), lines 11-17 (must equal ract line 18 from (Part II) (must equal ract line	ati, 8c, 3c, 10c, and 11 at Part VIII, column (A), unon (A), lines 1-3). Inn (A), lines 4). (Part IX, column (A), line (A), line 11e). D), line 25) (a-11d, 11f-24e). Part IX, column (A), line 11e. from line 12	e)	Bagin a, and to the propare	3 1. 5 ning of Curre 5 6 he best of my ir has any kno	0 88,882 0 0 0 70,421 0 82,031 52,452 14,430 nt Year 93,152 19,434 73,718 Incoviedge wiedge 11/1	2 7 End of Year 5 6 4/2023	0 38,108 0 0 73,300 9,000 30,262 12,562 25,546 62,000 15,698 46,402		
He Program or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 31t	Other retained from the control of t	evenue (Part VIII, columenue—add lines 8 through and similar amounts per paid to or for member other compensation, er lonal fundraising expenses (Part IX, columents) and column (Part IX, columents) and column (Part IX, columents) and complete Declaration of officer or fund balances. Supplied to a complete Declaration of officer or the Bittner Type or print name and title in R Clark The name Clark CPA	nn (A), lines 5, aph 11 (must equal (Part IX, columns (Part IX, columns), column (Part IX, column (Part III)), column (Part III), column (Part III), column (Part III), included the return, included the	Act Sc. 3c, 10c, and 11 al Part VIII, column (A), unon (A), lines 1–3). Ann (A), lines 4). (Part IX, column (A), line (A), line 11e). D), line 25) (a–11d, 11f–24e). Part IX, column (A), line 11e. from line 20	e)	Bagin a, and to the propare	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0 88,882 0 0 0 0 0 0 0 0 0	2 7 End of Year 5 6 4/2023	0 38,108 0 0 73,300 9,000 30,262 12,562 25,546 62,000 15,698 46,402		
SOURCE STATE OF THE PROPERTY O	11 12 13 14 15 16a b 17 18 19 20 21 22 21 11 22 2 2 2 2 2 2 2 2 2 2 2	Other retained from the control of t	evenue (Part VIII, columenue—add lines 8 through and similar amounts per paid to or for member other compensation, er lonal fundralsing expenses (Part IX, columenue (nn (A), lines 5, and 11 (must equal (Part IX, column (Part II)) and the return, inclined this return, inclined this return, inclined this return, inclined the return, incl	Act Sc. 3c, 10c, and 11 al Part VIII, column (A), unon (A), lines 1–3). Ann (A), lines 4). (Part IX, column (A), line (A), line 11e). D), line 25) (a–11d, 11f–24e). Part IX, column (A), line 11e. from line 20	e)	Bagin a, and to the propare	3 1 5 ning of Curre 5 he best of my in his any kno	0 88,882 0 0 0 0 0 0 0 0 0	2 7 End of Year 5 6 4/2023	0 38,108 0 0 73,300 9,000 30,262 12,562 25,546 62,000 15,698 46,402		

	990 (2022) Cortland County Society For The Prevention Of Cruelty To Animals, Inc.	51-0244203	Page 2
Par	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Pa	t III	X
1	Briefly describe the organization's mission:		
_	To provide care and adoption for homeless animals and lost animals, Law Enforcement, He	imana	
	awareness/education, and prevent over-population of strays		
	And a propose and a state of the place of the propose of the propose of the state o		
	######################################		
2	Did the organization undertake any significant program services during the year which wen	not listed on	
_	the prior Form 990 or 990-EZ?	Vac	Y No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any	n nananana	
•	861ViCes?		X No
	If "Yes," describe these changes on Schedule O.		NO NO
4	Describe the organization's program service accomplishments for each of its three largest	and because of the second but	
*	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	of carrier and allegations to other	
	the total expenses, and revenue, if any, for each program service reported.	or grantal and anocations to others,	
	ure total expenses, and revenue, it any, for each program service reported.	1	
4a	(Code:) (Expenses \$ 360,426 including grants of \$	A (Parameter A)	E4.3
48	(Code:) (Expenses \$ 360,426 including grants of \$ Providing temporary shelter and care to lost or abandoned animals in need of adoption.	(Revenue \$ 45,1	54)
	Providing temporary shelter and care to lost or abandoned animals in need of adoption.		
	AA		
	######################################		
	**************************************	***************************************	
	441111111111111111111111111111111111111		
	PT-PROTOTOLOGICAL AND	- 7	
4b	(Code:) (Expenses \$ 65,545 including grants of \$ Offers local spay and neuter clinics to control over countries of animals in the community.) (Revenue \$26,5	43)
	Others local spay and neuter clinics to control overgoout animals in the community.		
	ABBAAA		
	0**************************************		
	DEDDECADA DA MARIA		
	200000000000000000000000000000000000000	7-7-	
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	######################################		

4c	(Code:) (Expenses \$ 226,660 including grants of \$) (Revenue \$ 199,6	220 \
70		I INEVENUE A 188.0	330)
	Doubles level humbre but a linear senders to level enterminents within the Carlland		
	Provides local humane has enforcement services to local governments within the Cortland		
	Provides local humane buy enforcement services to local governments within the Cortland area.		
	Provides local humane has enforcement services to local governments within the Cortland		
	Provides local humane has enforcement services to local governments within the Cortland		
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	Provides local humane has enforcement services to local governments within the Cortland		
	Provides local humane has enforcement services to local governments within the Cortland		
And	Provides local humine his enforcement services to local governments within the Cortland area.		
4d	Provides local humine his enforcement services to local governments within the Cortland area. 1 Other program services (Describe on Schedule O.)		
4d	Provides local humine his envices to local governments within the Cortland area. 1 Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue)		

rail	10 Checkiet of Regulied Schedules			
1	is the experience described in earlier E04/s/(9) or 4047/s/(4) (ether there a solve for relation to 16 files f	-	Yee	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		x	
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	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 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 deports	Ť		
	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		×
7	Did the organization receive or hold a conservation essement, including essements to preserve from space.			
	the environment, historic land areas, or historic structures? if "Yes," complete Schedule D. Pert	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar essets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
10	negotiation services? if "Yes," complete Schedule D, Part IV	9	_	Х
10	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.	10		^
	VII, VIII, IX, or X, as applicable.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments—program relizied in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Rart X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		X
T	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 and FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X.	117		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	^
-	Schedule D. Parts XI and XII.	12a	1	x
b	Was the organization included in consolicitied, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "Ne" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundralsing, business, investment, and program service activities outside the United States, or aggregate			١.,
15	foreign investments valuable at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
19	for any foreign equantitation 2 if "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization apport on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	19		<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
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	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	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?	40		L.
20a	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II.	21		Х

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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 e	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25e	24a	_	Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		x
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 Spees benefit			V
l.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Parti.	25a	-	Х
D	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 Forma 290 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	Ш	x
20	Did the organization report any amount on Part X. line 5 or 22, for receivables from convables to any current	250	-	^
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schelule/L, vert II	26		x
27	Did the organization provide a grant or other assistance to any current or former order, director, trustee, key	20	-	^
21	employee, creator or founder, substantial contributor or employee thereof, a giant selection committee			
	member, or to a 35% controlled entity (including an employee thereon or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the relewing parties (see the Schedule L,			Î
8	Part IV, instructions for applicable filing thresholds, conditions, and picceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? #Pes," complete Schedule L, Part IV	28b		X
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		×
29	Did the organization receive more than \$25,000 in Ren-cast contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, teletorical treasures, or other similar assets, or qualified			
	conservation contributions? if "Yes," complete Schedule M	30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	_	X
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity paregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If: Yes," complete Schedule R, Part I	33		X
34	Was the organization related to say tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	Ill, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did see 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)(4) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? if "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable			
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		1 12	
	reportable garning (gambling) winnings to prize winners?	1c	X	
-			990	(2022

Part VI

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			
	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.			
ь	Enter the number of voting members included on line 1a, above, who are independent	1 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other geraph?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization) assaus?	18		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect of appoint			
	one or more members of the governing body?	78		X
b	Are any governance decisions of the organization reserved to (or subject to approve by) members,			-
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions/proventeen during	10		_
•	the year by the following:			
-	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	95	_	_
•	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ,			×
Cool	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode	-	_
OPCI	Tolicies (This Section & requests intormistion about policies not required by the internal Nevende C	1000.	Yee	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	X
ь	If "Yes," did the organization have written policies and presedures governing the activities of such chapters,	100		-
100	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Folia 930 total members of its governing body before filling the form?	118	х	
Ь	Describe on Schedule O the process, if any, used to the arganization to review this Form 990.	118	^	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	_
G	Did the organization regularly and consistently munitor and enforce compilance with the policy? If "Yes,"	120	_	
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whiteblower policy?	13	X	_
14	Did the organization have a written accument retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	17	^	
10	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official.	15a	Y	
- E	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 18b, describe the process on Schedule O. See instructions.	100	^	
16a	Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement			
100	with a taxable entity chring the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		1
30	participation in joint vertices arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1145		-
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 is	501(c))	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1 (4)	,	
	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			
	and financial statements available to the public during the tax year.	#1		
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 (2022) Cortland County Society For The P								51-02442	03 Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated												
Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII												
Section A. Officers, Directors, Trustees, Ke												
1a Complete this table for all persons required to be il	Access to the same of the same of	_						The state of the s				
organization's tax year.	sted. Report cor	преп		וו ווכ	or une	Callell	dar year ending t	with or within the				
List all of the organization's current officers, directly and the organization of	rectors, trustees	(whe	ither	ind	lvidu	als or c	rganizations), re	gardless of amou	unt			
of compensation. Enter -0- in columns (D), (E), and (F) If no compens	ation	Was	pa	ld.			_				
List all of the organization's current key employ												
 List the organization's five current highest com- who received reportable compensation (box 5 of Form 												
\$100,000 from the organization and any related organ		•	100	• 111			4	333 (420) 61 1110				
 List all of the organization's former officers, key \$100,000 of reportable compensation from the organi 							employees who v	celved more the	an			
List all of the organization's former directors of the organization is former directors.			,	_			as a formar direc	tor or trustee of t	the			
organization, more than \$10,000 of reportable compe												
See the instructions for the order in which to list the p							()					
X Check this box if neither the organization nor any	related organiz	ation	COTT	per	reate	d any	cument officer, di	rector, or trustee.				
				(0	-							
(A)	(B)	(do r		Posi eck		ono min	(D)	(E)	(F)			
Name and title	Average hours			tá di	received	both an	Reportable	Reportable compensation	Estimated emount of other			
	per week (list any	-	$\overline{}$	Q	× 3	T 3		from related organizations (W-2/	compensation from the			
	hours for	Individuals or director	E	Official	Line &	Highest	1099-MISC/	1099-MISC/	organization and			
	related organizations	1 3	3	S.	Xay employee	8	1099-NEC)	1099-NEC)	related organizations			
	below dotted line)	Individual trustee or director	Institutional trustee	7	18	compensated						
	4	1	8	7								
(1) CHERYL HICKS	5.00	1		П	\top	_						
TREASURER	0_00	X	4	Х			0	0	0			
(2) ANNE ZARTARIAN	2.00											
(3) VALARIE SHANK	0.00		Н	Н	-	-	0	0	0			
BOARD	1.00	x	Ш				1 .	0	o			
(4) ROBERT BITTNER	5.00		П		\Box							
PRESIDENT	0.00	X	Ш	Х		_	0	0	0			
(5) MICHELLE HARLAN	1.00			J		1						
VICE PRESIDENT (8) CALLYN PYHTILA	0.00	×	Н	X	\vdash	-	0	0	0			
SECRETARY	0.00	x		x			1 0	0	0			
(7) ANTHONY DANNIBALE	1.00											
BOARD	0.00	X	Ш		Щ	_	0	0	0			
(8) TRISHA SHERMAN	1.00	J										
BOARD (9)	0.00	X	-	-	X	-	- 0	0	0			
(10)			П	F								
(11)												
(12)												

(13)

(14)

Pa	rt VII	Section A. Officers, Directors, Tru	stees, Key Em	oloye	es,	and	l Hi	ghee	t Çı	ompensated Em	ployees (contil	rued)	
						_ (1	C)				11=2		
		(A)	(B)	(do n	et ef		itton more	then o	пе	(D)	(E)		(F)
		Name and title	Average hours					le both or/trust		Reportable compensation	Reportable compensation	Estimat	ed amount other
			per week			_			restricted	from the	from related	comp	eneation
			(list any hours for	individual trustee or director	institutional trustes	Officer	Key employee	Highest co employee	Former	organization (W-2/	organizations (W-2 1099-MISC/		m the zation and
			related		3		횽	9 g		1099-NEC)	1099-NEC)	related o	ngarkzidona
			organizations below	眶	E		å	큥					
			dotted line)	8				Highest compensated employee			4	0	
								ä			. //		
(15)											7		
(16)								C		0	,		
(17)						П							
(18)				\vdash	-		H						
X272							L						
(19)								p	100				
(20)					H			-				-	
7551							1	6					
(21)					.4	4	9						
(00)				-	0	-	-	-				-	
(22)				1	9	6	ь						
(23)			4	V	ľ								
(24)				3	4	Г							
(25)			+ ()		T	T					\vdash	
			-		_	L	_	_		-		1	
1b c		m continuation sheets to Part VII, 8								0	-		0
o d		id lines 1b and 1c)			-	_	-	35	'	0			0
2	Total nur	nber of individuals (including but not il	mited to those II					rece	lve			-	
	reportable	e compensation from the organization				_							. 0
_													Yes No
3	Did the d	rganization list any former efficar, dire e on line 1a? <i>If "Yes," complete Sche</i> o	actor, trustee, ke	ly em	plo	/88,	, or	highe	et c	compensated		3	×
4		ndividual listed on line 1a, is the sum											
**	the orgal	ncividual integration and related organizations greater	of reportable co. star than \$150.0	00? <i>I</i>	y "Y	es."	ariu 'co:	noleti	oo S	chedule J for suc	sh		
		J										4	X
5		person listed on line 1a receive or acc											
		ces rendered to the organization? If "Y	es," complete S	ched	ule .	J fo	rsu	ch pe	rso	n		5	X
_		dependent Contractors			_	4.			_	h. I. di.	A400 000 -4		
1		e this table for your five highest composition from the organization. Report of										tax ve	ar.
	- Indpende	(A)	2110-1-1-1-1-1-1	-114		1441	1 -		Γ	(国)		(C)	
12		Name and business ad	drees						L	Description of se	rvices	Compan	
_					_	_	_		⊢				0
							_		+				0
									T				0
													0
2		mber of Independent contractors (incli		ited t	o th	088	list) who received			
	_more tha	in \$100,000 of compensation from the	organization					0				- 10	

Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line in	this Part VIII	4 X X + + + 3	2020	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under eactions 512–514
	18.	Federated campaigns	0			-	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
등립	G	Fundraising events					
3 5	ď	Related organizations					
돌님	u						
공립	•	Government grants (contributions) 1e	104,042			1	
돌하	T.	All other contributions, gifts, grants, and	212 9999		16.7		
풀힐		similar amounts not included above 11	346,352		10.	-3	
불리	0	Noncash contributions included in				6. 3	
동밀		lines 1s-1f 1g	\$ 1,750		100	A. A.	
0 =	-h-	Total. Add lines 1a-1f		450,994	46.	9	
			Business Code		100		
8	2=	LOCAL GOVERNMENT CONTRACTS	900001	199,638	V 30		
Program Service Revenue		ADOPTION SERVICES	812900	45,154	D. //		
gram Sen Revenue		SPAY & NEUTER PROGRAMS	812900	26,543			-
드린		OT ICO CCCO & GEOMORO					
E S	d	OTHER FEES & SERVICES	812900	9,714			
8"	•			0	No.		
£	- f	All other program service revenue		0	7.3		
	g	Total. Add lines 2a-2f		281,049			
	3	investment income (including dividends, intere	et, and	4			
		other similar amounts)		5,890			5,890
	4	Income from Investment of tax-exempt bond pr	roceeds	0			
	5	Royalties	4. 604	0			
		(I) Real	(II) Personal	9			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b	-				
			0 , 0				y = 1
	C	1 1001100 01 (1000)	0				
	d	Net rental income or (loss)	1 1 1 1	0			
	7a	Gross amount from (i) Securities	(ii) Other				
l li		sales of assets	0.00				1 23
		other than inventory 7a 40,17	5 0				
9	ь	Less: cost or other basis					
ē		and sales expenses 7b 40,00	0				
3	G	Gain or (loss) 7c	5 0				
# H	d	Net gain or (loss)		175			
Other Revenue	8a	Gross income from fundralsing	T-100				
0		events (not including \$ > 0					
		of contributions reported on line 12).					
		See Port IV line 18			1		
	L.	Least direct expenses	0				
		See Part IV, line 18	9 0	0			
	C	Net income or (total) nom rundralising events.	10 4 6 6 6 6	-			
	9a	Gross income from saming activities.					
		See Part M, line 19 94					
		Less: direct expenses					
	C	Net income or (toes) from gaming activities.	C (# 1 1 1 40 (# 5)#				
	10a	Gross sales of inventory, less					
		returns and allowances	a 0				
	ь	Less: cost of goods sold					
		Net Income or (loss) from sales of inventory.		0			
-	-	The shooting of possy from seaso of involutory.	Business Code				
7	110						
ğ <u>ş</u>		***************************************		·			
cellaneo Revenue	ь				+	-	_
3 5	C	A = 40		9	+		
Miscellaneous Revenue	d	All other revenue					
2	0	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		738,108			5,890

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note	to any line in this Pa	ırt IX		Х
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic		,		
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign			- 1	
	organizations, foreign governments, and foreign			1	
	Individuals. See Part IV, lines 15 and 16	0		6.009	
4	Benefits paid to or for members	0		- 1 - 1	
5	Compensation of current officers, directors,		-		
	trustees, and key employees	0	q	0	
6	Compensation not included above to disqualified			100	
	persons (as defined under section 4958(f)(1)) and		- (n I	
	persons described in section 4958(c)(3)(B)	l o		<i>y</i>	
7	Other salaries and wages	427,427	411,665	15,762	
8	Pension plan accruais and contributions (Include	-			
	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	8,224	7,566	658	
10	Payroli taxes	37 640	a 34 837	3,012	
11	Fees for services (nonemployees):	\$7,049			
- 1	Management	4 90			
b	Legal	2,108	1.054	1.054	
-	Accounting	13,935	6,967	6,968	
d	Lobbying	// 10	0,001	0,000	
	Professional fundraising services. See Part IV, line 17.	9,000			9,000
- 1	Investment management fees	3,421		3,421	9,000
ġ	Other. (If line 11g amount exceeds 10% of line 25, column	0,421		0,42.1	
	(A), amount, list line 11g expenses on Schedule O.)	87,997	87,997	o	
12		6,413			4,181
13	Advertising and promotion	10,404	7,827	391	2.386
14	Information technology	0		301	2,000
15	Daniella -	0			
16	Occupancy	35,376	32,544	2,831	
17	Travel	00,070		2,001	
18	Payments of travel or entertainment expenses	-			
10	for any federal, state, or local public efficients				
19	Conferences, conventions, and meaning	0			
20	Interest	0			
21		0			
22	Payments to affiliates	19,182		1,535	0
23	insurance	11,324			U
24	Other expenses, Itemize expenses not covered	11,027	10,410	300	-
-	above. (List miscellaneous expenses on line 24e. If		" = 111"		
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
-	ATTO EXPENSES	13,483	13,483		
er er	AUTO EXPENSES SUPPLIES & FOOD EXPENSES	14,690			
C	MISCELLANEOUS SHELTER EXPENSE	5,681			1,164
d	BANK FEES & LICENSES & DUES	6,269		6,269	1,104
	All other evpenses	0,208		0,209	
25	Total functional expenses, Add lines 1 through 24e	712,562		43,200	16,731
26	Joint costs, Complete this line only if the	1 (2,002	002,03	43,200	10,731
40	organization reported in column (B) Joint costs				
			1	1	
	from a combined educational campaign and				
	fundraleing solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)			1	

III oso (Entre)	COTUBING COURT	Cociety Ful	I I I B F I B Y B I W	DIT OF GREEN	/ I C / I III Helle, II
Part Y Bala	unce Sheet				

Beginning of year End of year 87,103 4 73,911 0 2 2 3 ol 0 0 4 0 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ol 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 ٥ 0 8 5,788 9 6,089 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 513,709 Less: accumulated depreciation 10b 357,138 101,004 10c 156,571 11 399,257 11 325,429 12 Investments-other securities. See Part IV, line 11. . 0 12 0 13 Investments—program-related. See Part IV, line 11. 0 13 0 0 14 0 14 0 15 0 15 593,152 Total assets, Add lines 1 through 15 (must equal line 33) 16 562,000 16 Accounts payable and accrued expenses 19,434 17 17 15,598 18 18 O 19 0 19 20 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 0 21 Loans and other payables to any current or former officer_director. 22 Labilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these garaons 0 22 0 23 23 Secured mortgages and notes payable to unifered third parties 0 Unsecured notes and loans payable to unrelated third parties 0 24 24 0 Other liabilities (including federal incomplete payables to related third parties, and other liabilities not includes on lines 17-24). Complete 0 25 Total liabilities. Add lines 17 through 25 19,434 26 15,598 Organizations that follow FASB ASC 958, check here X Not Assets or Fund Balances and complete lines 27, 28,/32, anti 33. Net assets without donor restrictions . . . 571,670 27 517,142 2,048 28 29,260 Organizations triat do not follow FASB ASC 958, check here and complete lines 20 through 33. 29 0 30 Paid-in or capital surplus, or land, building, or equipment fund 0 30 0 31 Retained earnings andowment, accumulated income, or other funds . . . 31 32 573,718 32 546,402 Total liabilities and net assets/fund balances. 593,152 33 582,000 Form 990 (2022)

Part XI				
4 75-4-4				
4 75-4-1	Check if Schedule O contains a response or note to any line in this Part XI			
7 (77)	revenue (must equal Part VIII, column (A), line 12)	1	7	38,108
	expenses (must equal Part IX, column (A), line 25)	2		12,562
	nue less expenses. Subtract line 2 from line 1	3		25,546
	ussets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		73,718
	Inrealized gains (losses) on investments	5		52,862
	ited services and use of facilities	6		JE OUE
	itment expenses	7		
	1	8		
9 Othe	r changes in net assets or fund balances (explain on Schedule O)	9		
10 Net a	assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 32,	A.		
	nn (B)).	10	F	48,402
Part XII		136/1		10,102
raitAii	Check if Schedule O contains a response or note to any line in this Part XII			
	Official in Confedence Containing a response of ficial to any line in the field frag.		Ye	a No
4 4	puriting method used to prepare the Form 990: Cash X Accrual Other		110	1 100
	organization changed its method of accounting from a prior year or checked "Other," and in on			
	edule O.			
	e the organization's financial statements compiled or reviewed by an independent accountant?	e esse 2	la X	-
	se," check a box below to indicate whether the financial statements for the year compiled or			
	rwed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and exparate basis			4
	e the organization's financial statements audited by an independent accountant?		2b	X
If "Yo	es," check a box below to indicate whether the financial statements for the year were audited on a			
зере	rate basis, consolidated basis, or both:	1		
	Separate basis Consolidated basis and separate basis			
c If Y	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c >	
	organization changed either its oversight process a selection process during the tax year, explain on			
	adule O.	10		
3a Ass	result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	orm Guldance, 2 C.F.R. Part 200, Subpart F7,	2000 P	3a	X
	es." did the organization undergo the required audit or audits? If the organization did not undergo the			
	nia i ana i Tana seeray irang i ayan a karang Marang ana a ing manggan a ana a seeray ana Tanan		3b	
		F	orm 99	0 (2022
	1			
	. (/)			
	, \			
	h h			
	4/7			
	ired audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.			
	· ·			

Form 4562

Depreciation and Amortization

(including information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates identifying number Cortland County Society For The Prevention Of (990) 51-0244203 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1.080.000 2 25,358 Threshold cost of section 179 property before reduction in limitation (see instructions). . . . 3 2,700,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 0 Dollar limitation for tax year. Subtract line 4 from line 1, if zero or less, enter -0-, if married filling 1,080,000 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 9 0 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 0 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property, See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 15 Property subject to section 168(f)(1) election 15 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 8,295 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (husiness/investment use veer placed (e) Convention (f) Method (a) Decreciation deduction in service only—see instructions) 19 a 3-year property b 5-year property 25.358 HY 200DB 7-year property 3.823 d 10-year property 15-year property 49,392 HY 150DB 20-year property 20 1.852 g 25-year property 25 yrs. S/L h Residential rental 27,5 yrs. MM S/L MM S/L property 27.5 yrs. I Nonresidential real 39 yrs. MM 8/1 property SA Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12-year 12 yrs. S/L c 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 5,412

23 For assets shown above and placed in service during the current year, enter the

22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

19,182

Part			nclude automo	biles, ce	ərtain				tain airc						Page Z
		*	eation, or amu												
			for which you as								ехреп	se, com	nplete d	only 24a,	
			ugh (c) of Section												
	Section A	-Depreciatio	n and Other Info	ormation	ı (Cau	tion: Se	e the ins	tructi	ions for li	mits for	passer	nger au	tomobl	98.)	
24a	Do you have evidence	to support the	business/investmen	t use claim	ned?	X Yee	No	1 2	24b f"\	'es," is t	he evide	ence writ	ten?	X Yes	No
	(n)	(b)	(e) Business/	(d)		Deels for	(e) depreciation		m	(1	a)	(1	h)	(1)	
	Type of property	Date placed	Investment use	Cost or oth	er baale	(bushes	n/ hiveotmen	i I i	Recovery		hod/		ciation	Elected se	ction 179
	(list vehicles first)	in service	percentage				e only)		period	Conv	ention	dedu	ction	COI	<u>t</u>
25	Special depreciation														
	the tax year and u					se. 5ee	instruction	ons.	200		25				
26	Property used mor			-			40.0		_		1.00.4	_	4.040		
	JEEP PATRIOT	2/28/2017	100.00%		6,096		16,0		5		- HY	_	1,610		
2015	Used JEEP	2/9/2021	100.00%	1	1,881	_	11,8	81	5	200D	3 - HY	-	3,802		
	December wood 500	/ l l						_					_		
27	Property used 509	OF 1088 IT I	*					-		S/L -					_
_		_	% %		_	-		+		8/L -	_	_			
_			- 70		_	_		+	_	S/L -		_			
28	Add amounts in co	drugen (la) Base			000 00	d on line	24	-1			28	_	5,412		
29	Add amounts in co											_	29		0
	Aud announts in C	MOULTIN (1) INTE		tion B—									20		
Com	lete this section for w	shidos usad bu								d	- Mars		اماطور ا		
	ir employees, first and													66	
to jot	ii employees, met and	mei die queed						AN rips						T	
30	Total business/inves	troopt miles de	drawn alcudosa	(e) Vehic			o) de 2	V	(c) shicts 3		d) Idio 4		e) Ide 5	(f) Vehic	
30	the year (don't inclu				6,600		6,600		6,000			10.0	-	1000	
31	Total commuting mil	_		_	0,000		0,000	_	0,000			_			
32	Total other personal			_				-				-			
34	•	*	***				- 11								
33	miles driven Total miles driven d				_			_				-		_	
99	lines 30 through 32				6.600	1	6,600		6,000						
34	Was the vehicle ava			Yes	No	Yes	No	Yes		Yes	No	Yes	No	Yes	No
94	use during off-duty i			100	NO	100	PEG	100	NO	140	NO	100	NO	100	NO
35	Was the vehicle use							_	+					-1	
-	5% owner or related			1 1								"		1 1	
36	is another vehicle a	-		-			-	_	+		1	-			
	10 GHOUSE TORROR G		-Questions for	Employe	are Mil	no Provi	de Vehi	des 1	for Use h	or Thesis	r Empl	200000			
Anex	ver these questions												ho em	m4	
	than 5% owners or		-	_	10 001	i ilatout 18	0000011	D 101	TOTILOGO	4004 0	y correpai	Jyood II	по ше		
37	Do you maintain a v				rmonel	use of v	phicles in	eludli	ng commu	ting by				Yes	No
	your employees? .		•						_		œ.,		26		-110
38	Do you maintain a v														
	employees? See the			-			-						¥	1 1	
39	Do you treat all use														
40	Do you provide mor												•		
	use of the vehicles,										8			1 1	
41	Do you meet the red	ulrements cor	cerning qualified	automobil	le dem	onstration	n use? Se	e Insi	tructions .	9.5			118		
	Note: If your answe														
Parl	VI Amorti	zation													
		(a)			(b)		(c)			d)		(0)		(1)
	Descri	ption of costs		1	nortizati	on An	nortizable s	mount		eaction		(e) Amortizatio period or	NI)	Amortization	~
				be	gins					L		becounted			
42	Amortization of co	sts that begin	ns during your 20)22 tax y	ear (s	ee Instru	ctions):								
43	Amortization of co	sts that bega	n before your 20)22 tax y	eer .	1.36		61 -	(4) (4)	9	73(0.7V		43		
44	Total, Add amoun	te in column	(f) See the Instr	uctions fr	or who	ne to ren	ort						44	1	0

SCHEDULE A (Form 990)

Public Charity Status and Public Support

2022

OMB No. 1545-0047

Department of the Treasury Internel Revenue Service Name of the organization

Complete If the organization is a section \$91(e)(3) organization or a section 4947(s)(1) nonexample checkable trust. 990 or Form 990-EZ.

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

Open to Public Inspection

	_	County Society For The Prevent					51-024	4203
Part	and the	Reason for Public Chari						
The c	rgs	inization is not a private foundation						
1	Ц	A church, convention of churche				170(Ь)(1)(A)(I).	
2	Щ	A school described in section 1		*			4	
3		A hospital or a cooperative hosp	_				Annual Printers - Table	
4		A medical research organization		iction with a hospital d	escribed i	n section	170(0)(1)(A)(00). Ent	er the
	_	hospital's name, city, and state:						
5		An organization operated for the section 170(b)(1)(A)(Iv). (Comp		or university owned (or operate	d by a go	emmental unit desc	ribed in
6		A federal, state, or local govern				2 50 51 55	70	
7	Ш	An organization that normally redescribed in section 170(b)(1)(A)(vi). (Complete P	art II.)		mitental u	milition from the gener	al public
8	Ц	A community trust described in			-			
9	Ш	An agricultural research organiz or university or a non-land-gran university:	t college of agricultu	re (see instructions).	Enter the I	name) city	, and state of the col	lege or
10	X	An organization that normally re receipts from activities related to support from gross investment i sequired by the organization affi	ts exempt function income and unrelate	ns, subject to certain e ed business taxable in	come (les	; and (2) r	no more than 33 1/39 511 tax) from busined	6 of its
11		An organization organized and	operated exclusively	y to test/for public safe	ity. See se	ation 509	(a)(4).	
12		An organization organized and of one or more publicly supports Check the box on lines 12a thro	ed organizations de	scribed in section 50	(a)(1) or a	ection 50	9(a)(2). See section	509(a)(3).
a b		Type I. A supporting organization(s organization. You must con Type II. A supporting organization or management of the	the power to regul plets Part IV, Sedi zation supervises supporting argani	lariy appoint or elect a lariy Aland B. controlled in connect zallon vested in the as	majority o	of the direct	ctors or trustees of the	e supporting
c		organization(s). You must c Type ill functionally integra	sted. A supporting a	ganization operated i				rated with,
		its supported organization(s)	(see instructions).	You must complete F	Part IV, Se	ictions A,	D, and E.	
d		Type III non-functionally in that is not functionally integring requirement (see instructional see instructions)	ited. The organizati	ion generally must sat	isív a distr	ibution red	cuirement and an att	anization(s) antiveness
•		Check this box if the organic functionally integrated, or \(\)	ation received a wri	tten determination from	n the IRS	that it is a		e III
- 1		Enter the number of supported		ily illiogranou oupporti	A OLBINITIE			0
9		Provide the following Information	about the support					1,07,
	(1)	Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	listed in you		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		~//			Yes	No		
(A)		~						
(B)								
(C)								
(D)								
(E)								
Tota	_						0	0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2018 Calendar year (or fiscal year beginning in) (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants,"). 2 Tax revenues levied for the organization's benefit and either paid The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 Ö 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 0 Section B. Total Support (a) 2018 (d) 2021 Calendar year (or fiscal year beginning in) (b) 2019 (c) 2020 (e) 2022 (f) Total 0 0 0 0 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from 0 Net income from unrelated business. activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support, Add lines 7 through 10 . . 0 12 First 5 years, if the Form 990 is for the organization's leaf second, third, fourth, or fifth tax year as a section 601(c)(3) Section C. Computation of Public Support Percentage 0.00% 0.00% 16a 33 1/3% support test—2022. 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 4021. If the organization did not check a box on line 13 or 16e, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circums inces (set -2022. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2021, if the organization did not check a box on line 13, 16s, 16b, or 17s, 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-end-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Giffa, grants, contributions, and membership fees			- ///			
	received, (Do not include any "unusua! grants.")	155,049	144,566	141,055	226,788	450,994	1,118,450
2	Gross receipts from admissions, merchandise						1,700,000
	sold or services performed, or facilities						
	furnished in any activity that is related to the	200 704	040 400	400 046	040 000	004:040	4.404.000
	organization's tax-exampt purpose	202,764	210,109	193,315	246,826	281,049	1,134,063
3	Gross receipts from activities that are not an unrelated trade or business under section 513.				10.0	_ \	
					-	-	0
4	Tax revenues levied for the					()	
	organization's benefit and either paid to					4 .	
	or expended on its behalf				-	7	0
5	The value of services or facilities						
	fumlahed by a governmental unit to the				()		
	organization without charge						0
6	Total. Add lines 1 through 5	357,813	354,675	334,370	473,612	732,043	2,252,513
74	Amounts included on lines 1, 2, and 3				1	i	
	received from disqualified persons.			(·		0
b	Amounts included on lines 2 and 3						
	received from other than disqualified				1		
	persons that exceed the greater of \$5,000			1 1			
	or 1% of the amount on line 13 for the year		9	00			0
C	Add lines 7s and 7b	0	. *0.	0	0	0	0
8	Public support (Subtract line 7c from		- 11	000			
	line 6.)		11 11	- 1			2,252,513
Sec	tion B. Total Support		-				
_	ndar year (or flecal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	357.813	354,675	334,370	473,612	732.043	2,252,513
_	Gross income from Interest, dividends.	001,010	301,010	001,010	410,012	102,010	2,202,010
194	payments received on accurities losns, rents,						
		42,734	85,310	8,354	8,359	5,890	130,647
la.	toyettles, and income from similar sources	42,634	00,310	0,304	0,308	0,080	130,047
	Unrelated business taxable income (less	- 1					
	section 511 taxes) from businesses		b.				
	acquired after June 30, 1975		07.040	2.074			- 0
	Add lines 10a and 10b	42,734	65,310	8,354	8,359	5,890	130,647
11	Net income from unrelated business	1 1					
	activities not included on line 10b, whether	7.7					
	or not the business is regularly carried on.						0
12	Other Income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0					0
13	Total support. (Add lines 9, 100 11,						
	and 12.)	400,547	419,985	342,724		737,933	2,383,160
14	First 5 years. If the Form 900 is fat the orga						
	organization, check this box and stop here					650069 · · · ·	(40.40)
Sec	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2022 (line 8,	column (f), divided	by line 13, column	(f)		18	94.52%
16	Public support percentage from 2021 Scheo	lule A. Part III. line	15	8 .		16	91.49%
Sec	ction D. Computation of investmen					r	
17	Investment Income percentage for 2022 (lin			olumn (f)		17	5.48%
18	Investment Income percentage from 2021 S					18	8.51%
	33 1/3% support tests—2022. If the organ						4,4 : 70
	not more than 33 1/3%, check this box and			•			X Section X
lb	33 1/3% support tests—2021. If the organ				-		31600 M
	line 18 is not more than 33 1/3%, check this			•		•	
20	Private foundation. If the organization did	•	•	-			
	· · · · · · · · · · · · · · · · · · ·	wroom a box or		-, - and a mile both t			

Part IV

Supporting Organizations

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

Section	A. All	Supporting	Organizations

- 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 a 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," enswer lines 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 "Yee," describe in Part VI sinen and nay the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below."
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- e Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part of which controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the 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 desuments.
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whither in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? if "Yes," provide detail in Part VI.
- 7 Did the organization provide a frant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(x)(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 Party of Sandaule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified parsons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? if "Yee," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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		Yes	No
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	9b		
	9c		
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	10b		
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Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	14	0	
5 Depreciation and depletion	5	· A	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		17	
	- 6		
7 Other expenses (see Instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	7 0	(7) (2)
Section B - Minimum Asset Amount		(A) Relor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	.1h		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	27	
d Total (add lines 1a, 1b, and 1c)	1d	0	
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	0	(
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for exempt amount, see instructions)	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	o o	
Section C - Distributable Amount			Current Year

5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract4ine 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		0
7	Check here if the current year is the organization's first as a non-functionally	int	agrated Type III supporting organiz	ation (see
	instructions).			

1

2

3

4

1 Adjusted net income for prior year (from Section A, line 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.

0

0

0

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	zations (continued)	
Section	n D - Distributions	7		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	1	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accompliah exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets			
- 5	Qualified set-aside amounts (prior IRS approval required-			
6	Other distributions (describe in Part VI). See Instructions.	***************************************	6	
7	Total annual distributions. Add lines 1 through 6.	0		
8	Distributions to attentive supported organizations to which ti	he organization is respo	nsive evisn	
	(provide details in Part VI). See instructions.		8	A.
9	Distributable amount for 2022 from Section C, line 6		0	Ø 0
10	Line 8 amount divided by line 9 amount		10	0.000
8	Section E - Distribution Allocations (see instructions)	(l) Excess Distributions	(II) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022	- 36		
	(reasonable cause required—explain in Part VI). See instructions.	- C	7	
3	Excess distributions carryover, if any, to 2022		2	
		a 50 39		
b	From 2018			
C	From 2019	4.0.0		
d	From 2020	1 10 10		
		11 - 12		
1	Total of lines 3a through 3e	0		
9			0	
_	Applied to 2022 distributable amount			0
\equiv	Carryover from 2017 not applied (see Instructions)	1		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from Section D, line 7:			
-			0	
<u> </u>				0
G		0		
5	Remaining underdistributions for years prior to 2022, if			
•	any. Subtract lines 3g and 4a from the 29 For result			
	greater than zero, explain in Part VI. See Instructions.			
6	Remaining underdistributions for 2022, Subtract lines 3h			
_	and 4b from line 1. For result grants than zero, explain			
	in Part VI. See instructions			0
7	Excess distributions carryoner to 2023, Add lines 3			
	and 4c.			N N N N N N N N N N N N N N N N N N N
8	Breakdown of line #:			
b				
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			N E LUI

Schedule A (Fo	orm 990) 2022	Cortland County Society For The Prevention Of Cruelty To Animals, Inc. 51-0244203	Page 8
Part VI	Supplemental Int III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part \	formation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part I/, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 8, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, Also complete this part for any additional information. (See instructions.)	, 240
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

Complete if the organization enswered "Yee" on Form 990,
Part IV, line 6, 7, 8, 8, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.ire.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

		Employer Identification number
	and County Society For The Prevention Of Cruelty To Animals, Inc	51-0244203
Pan	Organizations Maintaining Donor Advised Funds or Other Simila	
_	Complete if the organization answered "Yes" on Form 990, Part IV, III	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	1-01
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets it	
	funds are the organization's property, subject to the organization's exclusive legal or	
6	Did the organization inform all grantees, donors, and donor advisors in writing that g	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	Yes No
Par	Conservation Easements.	
-	Complete if the organization answered "Yes" on Form 990, Part IV, Jir	
1	Purpose(s) of conservation easements held by the organization (check all that apply	0.
	Preservation of land for public use (for example, recreation or education)	arvition of a historically important land area
	Protection of natural habitat	ervetilen of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified contribution cont	ibution in the form of a consequence
	easement on the last day of the tax year,	Held at the End of the Tax Year
	Total number of conservation easements	2a
ь	Total acreage restricted by conservation easements	
C	Number of conservation essements on a certified historic structure included in (a).	
d	Number of conservation essements included in (c) acquired after July 25, 2006, and	
_	on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, o	r terminated by the organization during
_	the tax year	and the second second
4	Number of states where property subject to consequation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspe	oction, handling of
	violations, and enforcement of the conservation engements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfo	
		, , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	ents of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(II)?	
9	In Part XIII, describe how the organization reports conservation easements in its rev	
	balance sheet, and include, it spinicable, the text of the footnote to the organization	's financial statements that describes the
	organization's accounting for conservation essements.	
Par	Organizations Maintaining Collections of Art, Historical Treasure	
	Complete if the organization answered "Yes" on Form 990, Part IV, III	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its re	
	works of art, historical treasures, or other similar assets held for public exhibition, ed	
	public service, provide in Part XIII the text of the footnote to its financial statements	
Ь	If the organization elected, as permitted under FASB ASC 958, to report in its reven	
	works of art, historical treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(I) Revenue included on Form 990, Part VIII, line 1	
_	(II) Assets included in Form 990, Part X	
2	if the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under FASB ASC 958 relating to these it	
	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · <b>\$</b>
- In	Assets Included in Form 990 Part Y	

Soned	us D (Form 990) 2022 Cortland County Society F	or The Prevention Of	Cruelty To	Animais, inc	51-024	<u>4203                                    </u>	: 8	tige /
Part	Organizations Maintaining Collect	ions of Art, Histor	rical Tre	asures, or C	Other Similar Asset	s (conti	nued)	
3	Using the organization's acquisition, accession	n, and other records, o	check any	of the following	ng that make significant	use of it	3	
	collection items (check all that apply):							
	Public exhibition	d	Loan or	exchange pro	gram			
b	Scholarly research	• 🔲	Other					
C	Preservation for future generations							
4	Provide a description of the organization's coll XIII.	ections and explain h	ow they fu	irther the orga	nization's exempt purp	ose in Pa	ırt	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					□ Ye	90 🗆	No
Part	IV Escrow and Custodial Arrangeme	nts.			100			
	Complete if the organization answer 990, Part X, line 21.		990, Part	IV, line 9, o	r reported in amoun	it on Foi	m	
1a	is the organization an agent, trustee, custodia				ner elechts not			
	included on Form 990, Part X?				F 10 10 10 10 10	U Ye	15 🔲	No
Ь	if "Yes," explain the arrangement in Part XIII a	and complete the follow	wing table		-	A		
	Beginning balance				10	Amount	_	
d	Additions during the year			-	1d			
	Distributions during the year				10			
f	Ending balance				11			0
2a	Did the organization include an amount on Fo		- 1	ou ce bueliville		T v	10 X	No
ь	if "Yes," explain the arrangement in Part XIII.		400				~   <del>  </del>	140
Part		A CONTROL OF THE CONTROL	I TANKE IN THE REAL PROPERTY IN	astabell bross	JOU ON FUNCTION	• • • •		
Pan	Complete if the organization answer	nd "Voo" on Form (	non posi	N/ line 40				
_			your your	(c) Two years	back (d) Three years back	b (a) E	LIF YOUTO	hank
18	Beginning of year balance	0	O hom	(c) 1 wo years	O (a) Illian Jens Inc	0	ur years	DECK
ь	Contributions	-				*		
C	Net Investment earnings, gains,		-					
-	and losses	. ( )						
d	Grants or scholarships	44						
•	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	0	0		0	0		0
2	Provide the estimated percentage of the puris	int year end balance (	line 1g, co	olumn (a)) held	d as:			
	Board designated or quasi-endowment	%						
b	Permanent endowment	<u>%</u>						
C	Term endowment							
	The percentages on lines 2a, 2b, and 2a shou	ıld equal 100%.						
3a	Are there endowment funds and in the posses	sion of the organization	on that are	held and adn	ninistered for the			
	organization by:					I 0 477	Yes	No
	(I) Unrelated organizations					3a(l)		
lle.	(ii) Related organizations	Maria Hata di angaratan				3a(ii)	_	
_ b	Describe in Part XIII the intended uses of the					3b		
1	SAME TO A STATE OF THE	organización a endow	ment lunc	PB.				
	Land, Buildings, and Equipment.  Complete if the organization answer	red "Vee" on Form	000 Per	t IV/ line 11s	See Form 000 De	et V. Illne	10	
_	Description of property		T					
	Description of property	(a) Cost or other basis (Investment)	4.7	or other basis (other)	(c) Accumulated depreciation	(0) 0	look valu	
1a	Land	0		4,694				4,694
b	Buildings	0		314,409	196,420		44	17,989
C	Leasehold Improvements	0		017,700	0			0
d	Equipment	0	-	194,606	160,718		1.2	33,888
	Other	0		0	0			0
Tota	al. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	column (	(B), line 10c.)	20.002	1	1/	58.571

Complete if the organization	answered "Yes" on Form 990, Part I	Valine 11b. See Form 990 Part Xaline 12.
(a) Description of security or category (including name of security)	(b) Book value	(e) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		4-0-1
(F)		
(G)		
(H)		4 4
Total. (Column (b) must equal Form 990, Part X, col. (		
Part VIII Investments—Program Re Complete if the organization		V, line 11c, See Form 990, Part X, line 13.
(a) Description of Investment	(b) Book value	(e) Method of valuation: Coat or end-of-year market value
(1)		
(2)		
(3)		
(4)	4.4	
(5)	100	R
(6)	1,00	
(7)		
(8)	1 1 7	
	700, 1 700	
(9)	(B) line 13.)	
(9) Total. (Column (b) must equal Form 990, Part X, col. Part IX Other Assets.		IV, line 11d. See Form 990, Part X, line 15.
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1)	answered "Yes" on Form 990, Part	
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization (1) (2)	answered "Yes" on Form 990, Part	
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization (1) (2)	answered "Yes" on Form 990, Part	
(9) Total. (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization (1) (2) (3)	answered "Yes" on Form 990, Part	
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4)	answered "Yes" on Form 990, Part	
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5)	answered "Yes" on Form 990, Part	
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5) (6)	answered "Yes" on Form 990, Part	
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5) (6) (7)	answered "Yes" on Form 990, Part	
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization	answered "Yes" on Form 990, Part (a) Description  rt X, col. (B) line 15.)	(b) Book value
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X Complete if the organization line 25.	answered "Yes" on Form 990, Part (a) Description  rt X, col. (B) line 15.)	(b) Book value
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X Complete if the organization line 25	answered "Yes" on Form 990, Part (a) Description  If X, col. (B) line 15.)	(b) Book value  IV, line 11e or 11f. See Form 990, Part X,  (b) Book value
(9) Total (Column (b) must equal Form 990, Pert X. col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (6) (9) Total (Column (b) must equal Form 990, Part X. Other Liabilities. Complete if the organization line 25.  1. (1) Federal Income taxes (2)	answered "Yes" on Form 990, Part (a) Description  If X, col. (B) line 15.)	(b) Book value  IV, line 11e or 11f. See Form 990, Part X,  (b) Book value
(9) Total (Column (b) must equal Form 990, Part X col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization line 25  1. (1) Federal Income taxes (2) (3)	answered "Yes" on Form 990, Part (a) Description  If X, col. (B) line 15.)	(b) Book value  IV, line 11e or 11f. See Form 990, Part X,  (b) Book value
(9)  Total (Column (b) must equal Form 990, Part X, col.  Part IX Other Assets.  Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (6) (9)  Total (Column (b) must equal Form 990, Part X  Other Liabilities.  Complete if the organization line 25  1. (1) Federal Income taxes (2) (3) (4)	answered "Yes" on Form 990, Part (a) Description  If X, col. (B) line 15.)	(b) Book value  IV, line 11e or 11f. See Form 990, Part X,  (b) Book value
(9)  Total (Column (b) must equal Form 990, Part X, col.  Part IX Other Assets.  Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (6) (9)  Total (Column (b) must equal Form 990, Part X Other Liabilities.  Complete if the organization line 25.  1. (1) Federal Income taxes (2) (3) (4) (5)	answered "Yes" on Form 990, Part (a) Description  If X, col. (B) line 15.)	(b) Book value  IV, line 11e or 11f. See Form 990, Part X,  (b) Book value
(9) Total (Column (b) must equal Form 990, Part X, col.  Part IX Other Assets.  Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X  Complete if the organization line 25.  1. (1) Federal Income taxes (2) (3) (4) (5)	answered "Yes" on Form 990, Part (a) Description  If X, col. (B) line 15.)	(b) Book value  IV, line 11e or 11f. See Form 990, Part X,  (b) Book value
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization line 25.  1. (1) Federal Income taxes (2) (3) (4) (5) (6)	answered "Yes" on Form 990, Part (a) Description  If X, col. (B) line 15.)	(b) Book value  IV, line 11e or 11f. See Form 990, Part X,  (b) Book value
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization line 25.  1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	answered "Yes" on Form 990, Part (a) Description  If X, col. (B) line 15.)	(b) Book value  IV, line 11e or 11f. See Form 990, Part X,  (b) Book value
(9) Total (Column (b) must equal Form 990, Part X, col. Part IX Other Assets. Complete if the organization  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization line 25  1. (1) Federal Income taxes (2) (3) (4) (5) (6) (7)	answered "Yes" on Form 990, Part (a) Description of Hability	(b) Book value  (b) Book value

Schedule D (Form 990) 2022	Cortland County Society For The Prevention Of Cruelty To Animals, Incental Information (continued)	51-0244203	Page 5
Part XIII Supplem	ental information (continued)		
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#### SCHEDULE G (Form 990)

#### Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization enewered "Yee" on Form 900, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line Sa.

Attach to Form 890 or Form 990-EZ.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information Inspection Employer Identification number Name of the organization Cortland County Society For The Prevention Of Cruelty To Animals, Inc. 51-0244203 Fundraleing Activities, Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants • internet and email solicitations f. Solicitation of government grants Phone solicitations Special fundralsing events in-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directions, wastest or key employees listed in Form 990, Part VII) or entity in connection with professional fundralising services? If "Yes," list the 10 highest paid individuals or entities (fundralsers) pursuant to agreements under expicit the fundralser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser lieted in (vi) Amount paid to (or retained by) (III) Did fundraleer have (I) Name and address of individual (Iv) Grass receipts (iii) Activity oustody or control of or entity (fundraleer) contributions? organization col. (I) Yes No 1 0 Ö 2 0 0 0 0 0 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 10 0 0 0 Total 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing NY

	odule G art II		omplete if the organized organized or the control of the control o	ibutions and gross inco	on Form 990, Part IV	, line 18, or reported
		evente with gloss receip	(a) Event#1	(b) Event #2	(a) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (e))
Revenue	1	Gross receipts			0	0
æ	2	Less: Contributions			0	
	3	Gross income (line 1 minus line 2)				0
	4	Cesh prizes			0	3
	5	Noncash prizes				0
Direct Expenses	6	Rent/facility costs				0
Exp	7	Food and beverages				0
Direc	8	Entertainment				0
	9	Other direct expenses				0
	10 11	Direct expense summary. Add Net income summary. Subtract	lines 4 through 9 in colu	mn (d)	8	( 0)
Pa	art III	Gaming. Complete if the	organization answe	red "Yes" on Form 990	). Part IV. line 19. or i	
$\equiv$		\$15,000 on Form 990-E				
Revenue			(a) Bingo	bingurjiogressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (e))
Rev	1	Gross revenue	. (	)		0
868	2	Cash prizes				
Expenses	3	Noncash prizes	11			
Direct E	4	Rent/facility costs	·O.			0
_	5	Other direct expenses .				
	6	Volunteer labor	% No	Yee%	Yes%	
	7	Direct expense summary, Acul	lines 2 through 5 in cold	ırnn (d) 🎺 📚		( 0
	8	Net gaming income summary.	Subtract line 7 from line	1. column (d)		

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

b if "Yes," explain:

Sched _L	G (Form 990) 2022 Cortland County Society For The Prevention Of Cruelty To Animals, Inc 51-0244203 Page 3	3
11	Does the organization conduct gaming activities with nonmembers?	
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 garning activity conducted in:	
	The organization's facility	6
Ь	An outside facility	6
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gipning revenue?	
Ь	If "Yes," enter the amount of gaming revenue received by the organization \$ and the	
	amount of gaming revenue retained by the third party \$0	
C	if "Yes," enter name and address of the third party:	
	Name	
	1/4III8	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer	
17	Mandatory distributions:	
	is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	
		٥
Pari		
	See instructions.	
Qu. Qu. 130 apr. 604 60	***************************************	
	**:	

### **SCHEDULE 0** (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.

2022

OMB No. 1545-0047

Department of the Treesury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

Contand County Society For The Prevention Of Cruelty To Animals, Inc 51-0244203
Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue:
Providing community education with regard to care and well being of animals.
Form 990, Part IX, Line 24E: LOCAL VETERINARIAN SERVICES \$22,173 MEDICAL SUPPLIES \$25,576
OFFSITE ANIMAL CARE \$7, SPAY & NEUTER CLINIC SERVICES \$40,241, FOR A TOTAL OF \$87,987
Form 990, Part VI, Section B, Line 11B: DIGITAL COPIES OF FORM 990 ARE PROVIDED TO BRORD.
MEMBERS PRIOR TO FILING.
Form 990, Part VI, Section B, Line 12: BOARD MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST
POLICY STATEMENT. ANY CONFLICTS ARE DISCUSSED AMONG REMAINING 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 RECOEST DURING NORMAL BUSINESS HOURS.
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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer Identification number
Cortland County Society For The Prevention Of Cruetty To Animals, Inc	51-0244203
	22203555555555555555777777563 <u>2223</u>
	4-4
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Use of Vehicles (4562 Part V, Section B) 990

12/31/2022

Co	ortle	and County Society For The Prevent	on Of Cruelty	To Animals, Inc	51-0244203	3						
			Business	Commuting	Other	Total		nel Use Duty?		than wher?		r vehicle or use?
		Vehicle Description	Miles	Miles	Miles	Miles	Y	N	Y	N	Y	N
	1	2014 JEEP PATRIOT	6,600	0	0	6,600						
	2	2015 JEEP PATRIOT	6,600	0	0	6,600					1	
	3	2015 Used JEEP	6,000	0	0	6,000					1	

0	0 0 0 0 2,650	2,100 0 0 0 0 0 2,100 2,100 2,100 0 0 2,100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,750 0 0 0 0 3,750 . 20,000 0 0 0 20,000 .	5,100 0 0 0 6,100 .	4,245 0 0 0 0 4,245 15.0	3,458 0 0 0 0 3,458 15.0	7,981 0 0 0 7,981 15.0	48,500 0 0 0 48,500 39,0	89,782 0 0 0 0 69,782 39.0	2000 0 0 0 0 2000 39.0				HY 4,871 HY 4,871 HY 2,191 HY 2,198 HY 2,198 HY 2,198 HY 625 HY 625 HY 0 0 HY 0 0 HY 21,348 HY 21,348 HY 21,348 HY 21,348 HY 21,348 HY 21,348 HY 21,348	81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81/CDS 81			Racovery Beesis 2,000 68,782 48,500 22,113 7,691 3,458 4,245 5,100 2,100 2,100 2,100 2,100 2,1348 16,086 11,881 16,086 11,881 11,881			Coet or Const or Cons	No.   Description of   Pieced   Asset   Use	Code Res Res Res Res Res Res Res Res Res Re	No. Peacryption of In Service Co.  No. Property  MACR3 declaritions for prior years (Line 17)  BUILDING MITROVEMENT 6/30/1998 R- EDPANSION (BUILDING) 12/15/1998 R- EDPANSION (BUILDING) 6/30/2000 R- ELICING MITROVARITS 5/18/2005 R- FURNACE PHONE SYSTEM 6/30/2012 F-1  C-CAT CAGES 5/13/2012 F-1  FURNACE CAT CAGES 5/13/2012 F-1  C-CAT CAGES 5/13/2013 F-1  Total MACR3 deductions for prior years (Line 17)  BUILDING MACR3 deductions for prior years (Line 17)  Subtotal EQUIPMENT 4/23/2013 F-1  Total GOS 7-year property (Line 18c)  Subtotal Depreciation  Subtotal Depreciation	Property  Euton Description of Property  Bull Divide Mirrovelment  Expansion (Bull Divid)  Total Gos 7-year property (Line 19)  Roof a Insulation  Total Gos 7-year property (Line 19)  Roof a Insulation  Total Gos 20-year property (Costal Gos 20-year property (Line 19)  Expansion (Bull Divid)  Expansion (Bull Divid)
5	VIL.P 96	0 0 0 0 2,860	0 0 0 0 0 2,400	0 0 0 0 0 7,400 0 0 0 0 0 0 2,400 0 0 0 0 0 0 191,389	0 0 0 0 0 0 0 3,750 0 0 0 0 0 20,000 0 0 0 0 2,400 0 0 0 0 2,660	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,458 0 0 0 0 4,245 0 0 0 0 0 5,100 0 0 0 0 20,000 0 0 0 0 2,100 0 0 0 0 2,100 0 0 0 0 2,100 0 0 0 0 0 2,100	7,681 0 0 0 0 0 7,681 0 0 0 0 0 7,485 0 0 0 0 0 0 7,750 0 0 0 0 0 0 2,000 0 0 0 0 0 2,000 0 0 0 0 0 0 2,000 0 0 0 0 0 0 0 0 2,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9 48,500 0 0 0 0 7,681 0 0 0 0 0 7,681 0 0 0 0 0 7,681 0 0 0 0 0 0 2,100 0 0 0 0 2,100 0 0 0 0 2,100 0 0 0 0 2,100 0 0 0 2,100 0 0 0 2,100 0 0 0 2,100 0 0 0 0 2,100 0 0 0 0 0 0 2,100 0 0 0 0 0 0 0 2,100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2,000 0 0 0 0 0 48,500 0 0 0 0 0 0 22,113 0 0 0 0 0 0 7,681 0 0 0 0 0 0 4,245 0 0 0 0 0 0 5,100 0 0 0 0 20,000 0 0 0 0 2,000 0 0 0 0 2,100 0 0 0 0 2,100 0 0 0 0 2,100	Sec. 170         Special         Salvage         Recovery           0         0         0         2,000           0         0         0         0         48,702           0         0         0         0         48,600           0         0         0         0         7,881           0         0         0         0         7,881           0         0         0         0         7,485           0         0         0         0         22,113           0         0         0         0         7,481           0         0         0         0         2,459           0         0         0         0         2,400           0         0         0         0         2,650           0         0         0         0         2,650           0         0         0         0         2,650			20 9 000	10 52 W 38 W 30 59	4,188 4,382 49,382 26,139 21,348 11,861			2 2 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3	4,188 4,188 49,392 266,139 21,348 16,096 11,881			8726222 F-10 100.00% 8732022 F-10 100.00% 8732022 R-3 100.00% Line 180) business use (Line 25 and 26) 8732013 V-6 100.00% 2732017 V-6 100.00% 2822021 V-6 100.00%

# Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2022

### **Summary of Qualified Property by Activity**

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-	/	Activit	y_					_																		Ct	oet (	or B	<b>9</b> 8	6
	1 1	990 .	<u>.                                    </u>		2		è				ī.	S	١.		à.					 	 	٠,	٠.	_	 			306	,58	8

**Detail of Qualified Property** 

	Activity	Asset Description	Date in Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2	990	BUILDING IMPROVEMENT	6/30/1996	39.0	27	2,000	100.00%	2,000
3	990	EXPANSION (BUILDING)	12/15/1998	39.0	25	69,782	100.00%	69,782
4	990	EXPANSION (BUILDING)	6/30/2000	39.0	23	48,500	100.00%	48,500
5	990	BUILDING IMPROVMENTS	6/18/2005	20.0	18	22 113	100.00%	22.113
6	990	5 HP DESKTOPS, 3 MONITO	5/9/2013	5.0	10	1,850	100,00%	1,850
7	990	6- CAT CAGES	5/13/2013	7	10	5,100	100.00%	5,100
8	990	SOFTWARE	8/8/2013	3	10	1,190	100.00%	1,190
9	990	NIGHT OWL CAMERA SYSTE	12/13/2013	7	10	626	100,00%	626
10	990	WASHER	4/8/2014	7	9	519	100.00%	519
11	990	FURNACE	2/19/2015	7	8	3,750	100,00%	3.760
12	990	2014 JEEP PATRIOT	9/3/2013	5	10	21,348	100.00%	21,348
13	990	2015 JEEP PATRIOT	2/28/2017	5	6	16.096	100.00%	16,096
14	990	2014 JEEP PATRIOT LIGHT	9/3/2013	7	10	2,333	100.00%	2.333
15	990	2019 PAVEMENT	4/23/2019	15,0	4	20,000	100,00%	20.000
16	990	WATER HEATER	10/24/2019	10.0	4	2 100	100,00%	2,100
17	990	2015 Used JEEP	2/9/2021	5.0	2	11,881	100.00%	11,88
18	990	NAT GAS HEATER	2/17/2021	7.0	2	2,650	100,00%	2,650
19	990	ROOF & INSULATION	9/13/2022	20.0	1	49,392	100.00%	49,392
20	990	KENNEL EQUIPMENT	8/26/2022	7.0	1	21,170	100,00%	21,170
21	990	CAT CAGES	8/26/2022	7.0	1	4,188	100.00%	4,188

### **Elections**

### Election to NOT claim first-year special depreciation - 3 Year Property

Pursuant to IRC Section 168(k)(2)(D)(III), the Taxpayer elects out of first-year special depreciation for all 3-Year depreciable property placed in service during the current tax year.

#### Election to NOT claim first-year special depreciation - 5 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 5-Year depreciable property placed in service during the current tax year.

#### Election to NOT claim first-year special depreciation - 7 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 7-Year depreciable property placed in service during the current tax year.

### Election to NOT claim first-year special depreciation - 10 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 10-Year depreciable property placed in service during the current tax year.

### Election to NOT claim first-year special depreciation - 15 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 15-Year depreciable property placed in service during the current tax year.

#### Election to NOT claim first-year special depreciation - 20 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 20-Year depreciable property placed in service during the current tax year.