# TAX RETURN FILING INSTRUCTIONS

## FORM 990

### FOR THE YEAR ENDING

DECEMBER 31, 2022

Prepared for	LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS 2805 REACH ROAD WILLIAMSPORT, PA 17701
Prepared by	WAGNER DREESE ELSASSER & ASSOC PC 1202 W MARKET ST LEWISBURG, PA 17837
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

Form 8879-TE		IRS e-file Sig	nature Authoriza k Exempt Entity	ation	F	OMB N	lo. 1545-0047
Form <b>OOI 9-IC</b>	E					0	000
	For calendar year 20		, 2022, and ending		_ , 20	Z	022
Department of the Treasury Internal Revenue Service			me in 3. Reep for your record rm8879TE for the latest info				
	NG COUNTY	SOCIETY FOR			EIN or SSN		
PREVEN	TION OF C	RUELTY TO AN	IMALS		24-08	5771	4
Name and title of officer or pe	erson subject to tax	KATELYN HOO	VER		<b>I</b>		
	•	TREASURER					
Part I Type of	Return and Re	eturn Information					
Form 5330 filers may enter or <b>10a</b> below, and the am	er dollars and cents ount on that line fo	s. For all other forms, ento or the return being filed w -0-). But, if you entered -0	TE and enter the applicable ar er whole dollars only. If you ch ith this form was blank, then h - on the return, then enter -0-	neck the box eave line <b>1b,</b> on the applic	on line <b>1a, 2a, 3</b> <b>2b, 3b, 4b, 5b,</b> able line below.	8a, 4a, 5a 6b, 7b, 8 . Do not (	a, 6a, 7a, 8a, 9a, 8b, 9b, or 10b, complete more
1a Form 990 check	nere X	<b>b</b> Total revenue, if a	ny (Form 990, Part VIII, colum	nn (A), line 12)	)	1b	788,317.
2a Form 990-EZ che	eck here	<b>b</b> Total revenue, if a	ny (Form 990-EZ, line 9)			2b	
3a Form 1120-POL	check here	<b>b</b> Total tax (Form 11	20-POL, line 22)			3b	
4a Form 990-PF che		b Tax based on inve	estment income (Form 990-P	F, Part V, line	5)	4b	
5a Form 8868 check		<b>b Balance due</b> (Forr	n 8868, line 3c)			5b	
6a Form 990-T chec		<b>b Total tax</b> (Form 99	0-T, Part III, line 4)			6b	
7a Form 4720 check			20, Part III, line 1)				
8a Form 5227 check		1	end of tax year (Form 5227, I	tem D)			
9a Form 5330 check		<b>b</b> Tax due (Form 533				9b	
10a Form 8038-CP cl			payment requested (Form 80 of Officer or Person S		III, line 22) <b>T</b> ax	10b	
			bove entity or I am a per	-		aat ta (aa	
of entity)		I am an onicer of the a	, (EIN)	Son Subject 1	and that I have	-	
financial institution to deb later than 2 business days payment of taxes to recein personal identification num	it the entry to this s prior to the paym ve confidential info mber (PIN) as my s	account. To revoke a pay ent (settlement) date. I a prmation necessary to an	ion software for payment of the ment, I must contact the U.S so authorize the financial inst swer inquiries and resolve issuer inquiries and resolve issuer c return and, if applicable, the	. Treasury Fir itutions involvues related to	nancial Agent at ved in the proce the payment. I	t 1-888-38 essing of have sel	53-4537 no the electronic lected a
PIN: check one box only		ימה הנמצממהם					5771/
<b>A</b> I authorize <b>W</b> A	GNER DREE	SE ELSASSER			to enter my PI		57714 ive numbers, but
		ERO firm	name				enter all zeros
with a state age	•	charities as part of the I	urn. If I have indicated within RS Fed/State program, I also				-
return. If I have	indicated within th	is return that a copy of th	ntity, I will enter my PIN as my ne return is being filed with a s disclosure consent screen.		ies) regulating c		
Signature of officer or person subject	ect to tax ation and Auth	ontication			Date		
ERO's EFIN/PIN. Enter ye number (EFIN) followed by	-	-		625324 ot enter all zer			
			e on the 2022 electronically fi <b>163,</b> Modernized e-File (MeF)				
ERO's signature				Date 1	1/13/23		
·							
	Do Not S		This Form - See Instru o the IRS Unless Requ		Do So		
LHA For Privacy Act an						Form <b>88</b>	879-TE (2022)
202521 12-16-22							

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	Filo a	congrato	application	for each	roturn
_	гие а	Separate	application	IOI each	return.

Go to www.irs.gov/Form8868 for the latest information.

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

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print	r         Name of exempt organization or other filer, see instructions.         Tax           LYCOMING COUNTY SOCIETY FOR         Tax			Taxpayer identification number (TIN		
-	PREVENTION OF CRUELTY TO A	NIMAL	S		24-0857714	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
instruction		oreign ado	Iress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation) ALYSSA CORRELL	07	CUTIVE DIRECTOR			
• If the • If this box • 1 Ir th • 2 If [	behone No. ► 570-322-4646 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until the organization named above. The extension is for the org . X calendar year 2022 or . tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEI anization's , an heck reas	emption Number (GEN), . ach a list with the names and TINs o MBER 15, 2023 , to file s return for: d ending on: Initial return	If this is fo f all memb	r the whole gro ers the extens npt organizatio 	sion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year over			3b	s	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	If you are going to make an electronic funds withdrawal				1	TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>88</b>	68 (Rev. 1-2022)

10331113 788106 LC7714

Department of the Treasury Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2023 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.



ΑΙ	or th	e 2022 calendar year, or tax year beginning and	ending	_	
B	Check if applicat	C Name of organization LYCOMING COUNTY SOCIETY FOR		D Employer identifie	cation number
	Addr	PREVENTION OF CRUELTY TO ANIMALS			
	Name Chan			24-08577	14
	Initial returr		Room/suite	E Telephone number	
	Final	2805 PEACH POAD		570-322-	
	termi ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,126,677.
	Amer returr	Med WILLIAMSPORT, PA 17701		H(a) Is this a group re	eturn
	Appli tion			for subordinates	? Yes X No
	pend	ISAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-e>	xempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 📃 527		list. See instructions
	Webs			H(c) Group exemption	n number
ĸ	<sup>=</sup> orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	<b>L</b> Year	of formation: 1892 N	State of legal domicile: PA
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: FULL	-SERVI	CE ANIMAL R	ESCUE,
anc		SHELTER, CARE, ADOPTIVE SERVICES, INVEST	IGATIV	E SERVICES	AND
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed	sed of more	than 25% of its net as	
Š	3				15
~	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			46
ivit	6	Total number of volunteers (estimate if necessary)			150
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ue	8	Contributions and grants (Part VIII, line 1h)		1,080,042.	551,474. 94,327.
Revenue	9	Program service revenue (Part VIII, line 2g)		112,931. 274,735.	141,094.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,503.	1,422.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,472,211.	788,317.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,4/2,211.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		561,903.	709,711.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25) 32, 9	19.	••	
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		562,655.	530,877.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,124,558.	1,240,588.
	19	Revenue less expenses. Subtract line 18 from line 12		347,653.	-452,271.
es				ginning of Current Year	End of Year
ets . lanc	20	Total assets (Part X, line 16)		5,818,573.	4,616,692.
Ass I Bai	21	Total liabilities (Part X, line 26)		63,635.	69,040.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		5,754,938.	4,547,652.
		Signature Block		.,,	-,,-

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

Sign	Signature of officer		Date
	KATELYN HOOVER, TREASUREF	R	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	RICHARD L BARLETT JR CPA		11/13/23 self-employed P00296647
Preparer	Firm's name WAGNER DREESE ELS	SASSER & ASSOC PC	Firm's EIN 45-5012510
Use Only	Firm's address 1202 W MARKET ST		
	LEWISBURG, PA 178	337	Phone no. 570 - 524 - 0488
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Citcle if Schedule O contains a magores or note to any line in this Part III  Fordy describe the organization measure  FULL-SERVICE ANIMAL RESCUE, SHELTER, CARE, ADOPTIVE SERVICES,  INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICE.  Definition undertake any significant program services during the year which were not listed on the proform 980 or 990-22  to the organization undertake any significant program services during the year which were not listed on the proform 980 or 990-22  to the organization consected on Schedule 0.  Describe these changes on Schedule 0.  Describe these changes on Schedule 0.  Describe these changes on Schedule 0.  Describe the organization a program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(5) and 501(6) organizations are required to each the amount of grants and allocations to others, the total expenses. Section 501(5) and 501(6) organizations are required to each the amount of grants and allocations to others, the total expenses. Section 501(5) and 501(6) organizations are required to each the amount of grants and allocations to others, the total expenses. Section 501(5) and 501(6) organizations are required to each the amount of grants and allocations to others, the total expenses. Section 501(5) and 501(6) organizations are required to each the amount of grants and allocations to others, the total expenses. Section 501(5) and 501(6) organizations are required to each the amount of grants and allocations to chars, the total expenses. Section 501(5) and 501(6) organizations are required to each the amount of grants and allocations to chars, the total expenses. Section 501(5) and 501(6) organizations are required to the period section of the s	_		Pag
Buely describe the organization's mission           FULL-SERVICE ANMAL RESCUE, SHELTER, CARE, ADOPTIVE SERVICES, INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICE.           INVESTIGATIVE SERVICES CONSTRUCTION OF ALL SERVICES, as measured by expenses.           Sector bit occupations are required to report the amount of grants and allocations to others, the total expenses, and more required.           Inversus: Inverses         91,153           ANIMAL CRE - THE SHELTER IS THE FOCAL POINT OF ALL SPECA SERVICES FOR NUMBERS - 1,584 ANIMALS WERE SAVED OR NEUTRENED TO THEIR ONNERS.           INCOME ONNERS.         1544 ANIMALS WERE SAVED OR NEUTRENED AND MICROCHIPPED THEOUGH THE SPECA PROGRAM, WHICH INCLUDES FROVIDING 591 FINANCIAL VOUCHERS FOR SPAYING AND NEUTERING SERVICES THAT WERE ISSUED TO ASSIST LOW INCOME ONNERS.           298 CATS WERE TRAPPED, NEUTERED AND RELEASED IN THE TIRE PROGRAM.           THE MEDICAL FUND PROVIDED ZERO INTEREST LOANS FOR URGENT VETERINARY           10 (code: ) (Separata 5, 51, 219, inclargarata 1) (Secarata 1) (Secarata 3, 16, 17, 105, 216, 216, 216, 216, 216, 216, 216, 216	Par		г
FULL-SERVICE ANIMAL RESCUE, SHELTER, CARE, ADOPTIVE SERVICES, INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICE.         INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICE.         INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICES.         INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICES.         INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICES.         INVestigation consistences are equivalent program services and sectors to the organization are equivaled to epoth the anound organization are encoded.         INVestigation constructions of schedule 0.         ICome of ganizations are equivaled to epoth the anound organization are encoded.         Social Statisticic and Schedule 0.         ICome of Gravewster 987.946.         ICome of Gravewster 987.946.         ICome of Gravewster 987.946.         ICome OWNERS.         Statistic Number of Care and DADOPTIONS.         Statistic Number of Statis			. I
INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICE.         INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICE.         Pror Form 990 or 990E27       Image: Service and Schedule 0.         Dot the organization cases conducts, or make significant changes in how it conducts, any program services?       Image: Service and Schedule 0.         Describe the changes on Schedule 0.       Image: Service and Schedule 0.       Image: Service and Schedule 0.         Describe the changes on Schedule 0.       Image: Service and Schedule 0.       Image: Service and Schedule 0.         Describe the changes on Schedule 0.       Image: Service and Schedule 0.       Image: Service Servic	1		
2       Did the organization undertake any significant program services during the year which were not listed on the proform 600 or 900-22			
pror Form 980 or 980-E27		INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICE.	
pror Form 980 or 980-E27			
if "ves.' cascribe these new services on Schedule 0.         if "ves.' cascribe these changes on Schedule 0.         if (cosc	2		x
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6(3) and 501(6(4) organizations are required to report the amount of grants and adocations to others, the total expenses, and reverue, if any for each program service accomplishments for each of its three largest program services, as measured by expenses. The total expenses, and increases of the second of the amount of grants and adocations to others, the total expenses, and reverue, if any for each program service expended. 1a (code:			
If 'Pes' describe these changes on Schedule 0.         1       Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6) and 501(6)(6) and 5	2	· · · ·	x
a Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, and reverses, and its of any. for each program service accomplishments for each of its three largest program services, as measured by expenses, and its for each of the smeller is any for each program service accomplishments for each of point of pills. Set Normal 2017; 946. ************************************	3	5 5, 5 5 5 , <u>,</u> , , , , , , ,	Δ
Sector 501(c)(a) and 501(c)(a) organizations are required to report the anount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.       987,946. https://doi.org.91.163         1a       (Code:			
<pre>revenue,if any, for each program service reported: (Come ) [Decements 97,946. Housed provint () ) [Invents 91,163] ANIMAL CARE - THE SHELTER IS THE FOCAL POINT OF ALL SPCA SERVICES FOR ANIMAL CARE - THE SHELTER IS THE FOCAL POINT OF ALL SPCA SERVICES FOR ANIMAL RESCUE, SHELTER, CARE AND ADOPTIONS. 854 ANIMALS WERE ADOPTED TO NEW HOMES. 279 ANIMALS WERE RETURNED TO THEIR OWNERS. 1.584 ANIMALS WERE SPAYED OR NEUTERED AND MICROCHIPPED THROUGH THE SPCA PROGRAM, WHICH INCLUDES PROVIDING 591 FINANCIAL VOUCHERS FOR SPAYING AND NEUTERIED AND RELEASED IN THE TNR PROGRAM. 298 CATS WERE TRAPPED, NEUTERED AND RELEASED IN THE TNR PROGRAM. THE MEDICAL FUND PROVIDED ZERO INTEREST LOANS FOR URGENT VETERINARY (Gove ) [Equence 3 95,129. metudengravited 7 PSPCTS OF ANIMAL ABUSE / NEGLECT AND ENFORCEMENT OF PENNSYLVANIA ANIMAL CRUELTY LAWS. THE SHELTER AMBULANCE RESPONDED TO NUMEROUS CALLS. 386 NEW AND CHECK BACT INVESTIGATIONS WERE COMPLETED IN 2022. 61 ANIMALS WERE SECUED BY THEIR OWNERS. (Gove ) (Sectores 13,805. metudengraves of ) (Revenue 5 0 0) (EDUCATION AND COMMUNITY OUTREACH - EDUCATED PEOPLE IN THE METHODS OF CARING FOR AND PROTECTING ANIMALS. COMMUNITY OUTREACH PROVIDED SCHOOLS, CLUBS, AND OTHER COMMUNITY OUTREACH PEOPLE IN THE METHODS OF CARING FOR AND PROTECTING ANIMALS. COMMUNITY OUTREACH PROVIDED SCHOOLS, CLUBS, AND OTHER COMMUNITY OURIZATIONS AT SCHOOLS. SHELTER TOUL WERE CONDUCTED THROUGHOUT THE YEAR FOR HUMANE EDUCATION. VOLUNTEERS CONTRIBUTED MORE THAN 4,700 HOURS FOR THE BENEFIT OF COMMUNITY OUTREACK AND ANIMAL CARE. VOLUNTEERS PARTICPATED IN COMMUNITY EVENTS. MODE VISITS TO AREA NURSING HOMES FOR PET THERAPY. VOLUNTEERS CONTRIBUTED MORE THAN 4,700 HOURS FOR THE BENEFIT OF COMMUNITY OUTREACK AND ANIMAL CARE. VOLUNTEERS PARTICPATED IN COMMUNITY EVENTS. MODE VISITS TO AREA NURSING HOMES FOR PET THERAPY. VOLUNTEERS CONTRIBUTED MORE THAN 4,700 HOURS FOR THE BENEFIT OF COMMUNITY OUTREACK AND ANIMAL CARE. VOLUNTEERS PARTICPATED IN COMMUNITY EVENTS. MODE VISITS TO AREA NURSING HOMES</pre>	4		
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CONTRIBUTED MORE THAN 4,700 HOURS FOR THE BENEFIT OF COMMUNITY OUTREAD         AND ANIMAL CARE.       VOLUNTEERS PARTICPATED IN COMMUNITY EVENTS.         Id       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         Id       Total program service expenses       1,096,880.         Part 2002 12-13-22       SEE SCHEDULE O FOR CONTINUATION(S)			,
AND ANIMAL CARE. VOLUNTEERS PARTICPATED IN COMMUNITY EVENTS. AND ANIMAL CARE. VOLUNTEERS PARTICPATED IN COMMUNITY EVENTS.			17.4
Id       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         Ide       Total program service expenses       1,096,880.         Form 990 (2 3       SEE SCHEDULE O FOR CONTINUATION(S)			A(
(Expenses \$ including grants of \$ ) (Revenue \$ )         Ite       Total program service expenses       1,096,880.         SEE       SCHEDULE O FOR CONTINUATION(S)       Form 990 (2)         3       3       3		AND ANIMAL CARE. VOLUNTEERS PARTICPATED IN COMMUNITY EVENTS.	
(Expenses \$ including grants of \$ ) (Revenue \$ )         Ite       Total program service expenses       1,096,880.         SEE       SCHEDULE O FOR CONTINUATION(S)       Form 990 (2)         3       3       3			
(Expenses \$ including grants of \$ ) (Revenue \$ )         Ite       Total program service expenses       1,096,880.         SEE       SCHEDULE O FOR CONTINUATION(S)       Form 990 (2)         3       3       3			
Image: Total program service expenses       1,096,880.         Form 990 (2         V2002 12-13-22       SEE SCHEDULE O FOR CONTINUATION(S)         3	4d	Other program services (Describe on Schedule O.)	
Form <b>990</b> (2 32002 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S) 3		1 000 000	
SEE SCHEDULE O FOR CONTINUATION(S) 3	4e		0 //
	32002	SEE SCHEDULE O FOR CONTINUATION(S)	• (2
	<b>-</b>	3 113 788106 LC7714 2022.05020 LYCOMING COUNTY SOCIETY FOR LC77	1 4

LYCOMING	COUNTY	SOCIETY	FOR
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	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	_		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," <i>complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	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 easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		x
9	Schedule D, Part III	- U		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
232003	12-13-22	Form	990	(2022)

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Form 990 (2022)

Part IV Checklist of Required Schedules

Part IV	Checklist of R	equired Schedul	es (co	ntinued)		
Form 990 (2		PREVENTION			то	ANIMALS
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24-000//14 Page 4	24-	0857714	Page 4
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	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		╀		
	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	00				
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		┨		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1		
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26				
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27				
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a				
	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200				
	"Yes," complete Schedule L, Part IV					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X			
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30				
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31				
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33				
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000				
	If "Yes," complete Schedule R, Part V, line 2	36				
	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				
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           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X			
Par						
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	-		
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	í T				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	4		1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.0				
	(gambling) winnings to prize winners?		990	,		
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Form	990 (2022) PREVENTION OF CRUELTY TO ANIMALS 24-0857	714	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		<u> </u>
0a		60		x
	any contributions that were not tax deductible as charitable contributions?	6a		<u>~</u>
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	~		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	iou		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand 13c			
		140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		Δ
46	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
.—	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	
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# LYCOMING COUNTY SOCIETY FOR Form 990 (2022) PREVENTION OF CRUELTY TO ANIMALS 24-0857714 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page

-	Check if Schedule O contains a response or note to any line in this Part VI					
sect	ion A. Governing Body and Management					Т
		1.1	15		Yes	+
	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	L.	2		1
	If there are material differences in voting rights among members of the governing body, or if the governing					1
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1 0	-		1
	Enter the number of voting members included on line 1a, above, who are independent	<b>1</b> b	15	2		I
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					ļ
	officer, director, trustee, or key employee?			2		+
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision			I
	of officers, directors, trustees, or key employees to a management company or other person?			3		1
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		4
	Did the organization become aware during the year of a significant diversion of the organization's as			5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					Τ
	persons other than the governing body?			7b		I
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					1
	The governing body?	-	-	8a	х	1
b	Each committee with authority to act on behalf of the governing body?			8b	Х	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					1
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	ion B. Policies (This Section B requests information about policies not required by the Internal R					4
		0101140			Yes	1
l0a	Did the organization have local chapters, branches, or affiliates?			10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such c			iou		1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
				11a	Х	+
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iy belo		11a		┫
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	Х	l
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	┥
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Λ	╉
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				х	
	on Schedule O how this was done			12c	X	╉
	Did the organization have a written whistleblower policy?			13		╉
	Did the organization have a written document retention and destruction policy?			14	Х	┦
	Did the process for determining compensation of the following persons include a review and approv	•	dependent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	)				ļ
	The organization's CEO, Executive Director, or top management official			15a	Х	4
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					l
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	vith a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			1
	exempt status with respect to such arrangements?			16b		I
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	and 990	)-T (section 501(c)(3	3)s onlv	) avail	12
	for public inspection. Indicate how you made these available. Check all that apply.			, ,	·	
		n on Sc	hedule ()			
	Δ Uwn website Another's website Δ Upon request I Uther lexplain		,	nd finar	ncial	
	X Own website Another's website X Upon request Other <i>(explair</i> , Describe on Schedule Q whether (and if so how) the organization made its governing documents of	onflict (	of interest noticy a			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, a			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.					
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo					
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bound ALYSSA CORRELL, EXECUTIVE DIRECTOR $-570-322-46466$					
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo				990	

Form 990 (2	2022)	PREVENT	ION O	F CI	RUELTY	то	ANIMALS		24-0				
Part VII	Compensation	of Officers,	Direct	ors, T	rustees,	Key I	Employees,	Highest	Compensated				
Employees, and Independent Contractors													

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week		cer an	id a d I	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	ee			Highest compensated employee		organization	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	'ustee	trust		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st cor yee	L_	1033-1120)		organizations
	line)	ndivic	Institutional trustee	Officer	Key employee	Highe	Former			er gan inzanier ie
(1) WILLIAM FOX	1.00	_			-					
PRESIDENT		х		x				0.	0.	0.
(2) ANDREW GALLAGHER	0.50									
VICE PRESIDENT		х		x				0.	0.	0.
(3) TERRY GIRDON	0.50									
SECRETARY		Х		X				0.	0.	0.
(4) KATELYN HOOVER	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) JOANN DIPASQUALE	0.50									
ASST. SECRETARY		Х		Х				0.	0.	0.
(6) EDMUND METZGER	0.50									
ASST. TREASURER		Х		Х				0.	0.	0.
(7) CHASE KELCH	0.50									
DIRECTOR		Х						0.	0.	0.
(8) JACOB MILLER	0.50									-
DIRECTOR		Х						0.	0.	0.
(9) RICHARD SCHLUTER	0.50									
DIRECTOR		Х						0.	0.	0.
(10) ALICIA MCNETT	0.50									
DIRECTOR		Х						0.	0.	0.
(11) SEBASTIAN PEIPHER	0.50									
DIRECTOR		Х						0.	0.	0.
(12) JUSTIN WENNER	0.50									
DIRECTOR		Х						0.	0.	0.
(13) TARYN HARTLE	0.50									
DIRECTOR		X						0.	0.	0.
(14) BRANDON ALLISON	0.50									
DIRECTOR		X						0.	0.	0.
(15) DAVID PALSKI	0.50									0
DIRECTOR		Х				<u> </u>		0.	0.	0.

232007 12-13-22

Form 990 (2022)

10331113 788106 LC7714

2022.05020 LYCOMING COUNTY SOCIETY FOR LC7714\_1

8

	(2022) LYCOMING PREVENTIO								TMAT C	24-08	0 5 7	71/	D 0
Form 990											557	/14	Page <b>8</b>
	(A) Name and title	(B) Average hours per week (list any	(do box offi	not c , unle	(C Pos heck ss pe	<b>c)</b> itior more rson		one h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	in I	Estin amo ot	F) nated unt of her ensation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	MISC/ from		ization elated
1b Sub c Tot	ototal al from continuation sheets to Part V								0.		0.		0.
2 Tota	al (add lines 1b and 1c) al number of individuals (including but r neensation from the organization								0 • eceived more than \$100	),000 of reportab	<b>0.</b> le		0.
	pensation nom the organization											Y	es No
	the organization list any <b>former</b> officer, 1a? If "Yes," complete Schedule J for s			-	-	-		_		•		3	x
4 For	any individual listed on line 1a, is the su I related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	x
5 Did	any person listed on line 1a receive or a dered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	y unr	elat	ted organization or indiv	idual for services		5	x
Section	B. Independent Contractors												
	nplete this table for your five highest co organization. Report compensation for	-									ipensi	ation fro	m
	(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	С	(C) ompens	ation
	al number of independent contractors (i 10,000 of compensation from the organi	•	not li	mite	d to		se li: 0	steo	d above) who received n	nore than			
	,											- 00	

232008 12-13-22

Form **990** (2022)

9

Form 990 (2022)

### LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS

	rt VII		01101111	10 1111111		24 0057	
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$	18,539. 68,695. 28,000. 436,240. 31,308.	551,474.			
			Business Code				
Program Service Revenue		OFFICE RECEIPTS CREMATIONS MICROCHIPS VETERINARY AND SPAY/NE RESTITUTION	900099 900099 900099 900099 900099	48,898. 23,392. 11,953. 4,800. 3,166.	48,898. 23,392. 11,953. 4,800. 3,166.		
Pro	-	All other program service revenue	900099	2,118.	2,118.		
		Total. Add lines 2a-2f		94,327.	_,		
	3 4 5	Investment income (including dividends, inter- other similar amounts) Income from investment of tax-exempt bond p Royalties	est, and proceeds	171,041.			171,041.
	5	(i) Real	(ii) Personal				
	с	Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c					
	7 a	Net rental income or (loss)         Gross amount from sales of assets other than inventory         Less: cost or other basis	(ii) Other				
Revenue	с	and sales expenses         7b 320,735.           Gain or (loss)         7c - 29,947.		-29,947.			-29,947.
Other	8 a	Gross income from fundraising events (not including \$ 68,695. of contributions reported on line 1c). See Part IV, line 18 8a	2 2 2 2 0				
		Less: direct expenses 8b		0.			
	9 a	Net income or (loss) from fundraising events         Gross income from gaming activities. See         Part IV, line 19         Less: direct expenses         9b					
		Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns and allowances 10a	15,642. 14,287.				
		Net income or (loss) from sales of inventory		1,355.			1,355.
Miscellaneous Revenue	11 a b	OTHER REVENUE	Business Code 900099	67.			67.
eve eve	c						
Aisc		All other revenue					
2		Total. Add lines 11a-11d		67.			
	12	Total revenue. See instructions		788,317.	94,327.	0.	142,516.
23200	9 12-13	-22		10			Form <b>990</b> (2022)

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	1 990 (2022) PREVENTION C			24-08	57714 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	610,090.	535,533.	63,839.	10,718.
8	Pension plan accruals and contributions (include				,
-	section 401(k) and 403(b) employer contributions)	6,551.	5,686.	741.	124.
9	Other employee benefits	43,898.	38,102.	4,963.	833.
10	Payroll taxes	49,172.	42,680.	5,559.	933.
11	Fees for services (nonemployees):	-	-	-	
а	Management				
b	Legal				
с		10,258.		10,258.	
d	Lobbying				
е					
f	Investment management fees	15,304.		15,304.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,045.	1,775.	231.	39.
12	Advertising and promotion	12,075.	8,706.		3,369.
13	Office expenses	7,205.	6,330.	749.	126.
14	Information technology				
15	Royalties	70 000	74 012	2 272	0.25
16	Occupancy	79,020.	74,813.	3,272.	935.
17	Travel	8,430.	8,430.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,369.	1,369.		
19 20	Conferences, conventions, and meetings	441.	383.	50.	8.
20 21	Payments to affiliates	++++		50•	0.
21	Depreciation, depletion, and amortization	65,497.	62,616.	2,161.	720.
22	Insurance	12,171.	9,273.	2,791.	107.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) ANIMAL MEDICAL EXPENSES	161,151.	161,151.		
a b	SHELTER SUPPLIES	89,118.	89,118.		
c	SPAY EXPENSE	24,165.	24,165.		
d	DIRECT FUNDRAISING EXPE	14,829.	_,		14,829.
		27,799.	26,750.	871.	178.
25	Total functional expenses. Add lines 1 through 24e	1,240,588.	1,096,880.	110,789.	32,919.
26	Joint costs. Complete this line only if the organization	. , .		· ·	• -
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (*****

232010 12-13-22

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11 2022.05020 LYCOMING COUNTY SOCIETY FOR LC7714\_1

Form **990** (2022)

Form 990	(2022
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Form 9		Balance Sheet	טוואויו	24-	085//14 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		• 1	54,743.
	2	Savings and temporary cash investments	43,548		69,517.
	3	Pledges and grants receivable, net		• 3	7,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net	8,317		5,482.
Assets	8	Inventories for sale or use	7,022		8,261.
<	9	Prepaid expenses and deferred charges		• 9	24,476.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,359,55	0.		
	b	Less: accumulated depreciation 10b 1,176,81	6. 1,225,004	• 10c	1,182,734.
	11	Investments - publicly traded securities	2,588,019	• 11	1,851,080.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,835,393		1,413,399.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,818,573		4,616,692.
	17	Accounts payable and accrued expenses	28,118	• 17	32,216.
	18	Grants payable		18	
	19	Deferred revenue		19	
:	20	Tax-exempt bond liabilities		20	
:	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
-  :	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
:	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		,	26.024
		of Schedule D			36,824.
	26	Total liabilities. Add lines 17 through 25	63,635	• 26	69,040.
ŝ		Organizations that follow FASB ASC 958, check here			
ů,		and complete lines 27, 28, 32, and 33.	2 006 07		2 060 764
ala	27	Net assets without donor restrictions			3,069,764. 1,477,888.
E I	28	Net assets with donor restrictions	1,007,900	• 28	1,4//,000.
n		Organizations that do not follow FASB ASC 958, check here			
P	~~	and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
VSS(	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
*	31	Retained earnings, endowment, accumulated income, or other funds		31	
_	32	Total net assets or fund balances		_	4,547,652. 4,616,692.
	33	Total liabilities and net assets/fund balances	,010,073	• 33	Form <b>990</b> (2022)

Form **990** (2022)

232011 12-13-22

	LYCOMING COUNTY SOCIETY FOR				
Form	1 990 (2022) PREVENTION OF CRUELTY TO ANIMALS	24-	0857714	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			17.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,24	0,5	88.
3	Revenue less expenses. Subtract line 2 from line 1	3	-45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,75		
5	Net unrealized gains (losses) on investments	5	-76		
6	Donated services and use of facilities	6		5,0	00.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,54	/,6	52.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b	х	
a	Were the organization's financial statements audited by an independent accountant?			<u></u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e basis			
	X       Separate basis       Consolidated basis       Both consolidated and separate basis				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	o oudit			
U	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		<i>.</i>		
Ja			3a		x
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au			<u> </u>
5	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
	or addite, explain why on conclude o and accorbe any steps taken to undergo such addits			000	L

Form **990** (2022)

232012 12-13-22

so	HE	DULE A		Dublic Cha	vity Status an		uia Ci			OMB No. 1545-0047
(Fc	rm 990) Complete if the organization is a section 501(c)(3) organization or a section						2022			
					47(a)(1) nonexempt cha					LULL
		of the Treasury nue Service			ttach to Form 990 or Fo Form990 for instruction			formation		Open to Public Inspection
Nan	ne of t	the organizati			Y SOCIETY FO		e latest ill		Employer	identification number
		-	PREV	ENTION OF	CRUELTY TO A	NIMAL			2	4-0857714
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	าร.	
The	organ		•		(For lines 1 through 12, o	-	,			
1					on of churches describe		on 170(b)( <sup>-</sup>	1)(A)(i).		
2					Attach Schedule E (Forn					
3	$\square$	-	-		anization described in <b>se</b>			-		
4		city, and state		ation operated in co	njunction with a hospita	l described	a in sectio	A)(1)(d)U\1 A	.)(III). Enter	the hospital's name,
5				or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	unit describ	ed in
Ŭ				Complete Part II.)		a or opora	lou by u g	overninentar		
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Ily receives a substa	intial part of its support f	from a gov	ernmental	unit or from t	the general	public described in
		-		omplete Part II.)						
8					(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(					
			or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state o	f the colleg	e or
10		university:	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ns members	hin fees a	ad gross receipts from
10		-		•	ct to certain exceptions;					-
					(less section 511 tax) fr	. ,				•
				mplete Part III.)	· /				•	
11		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50	)9(a)(4).		
12		-	-	-	ively for the benefit of, to	-			-	
					ed in <b>section 509(a)(1)</b> o					Check the box on
_		-	-		of supporting organizatio		-		-	
а					supervised, or controlled gularly appoint or elect a					
			-	complete Part IV, Se		a majonty (				apporting
b		¬ ~		•	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
					anization vested in the s					
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
c		Type III fur	nctionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functiona	Illy integrate	ed with,
	_		•	. , .	s). You must complete I					
c			-		oorting organization oper				•	
				0	zation generally must sa nplete Part IV, Sections	•		•	d an attent	iveness
е		- ·		,	written determination fro				II Type III	
			Ũ		nally integrated support			x 1 ypc 1, 1 ypc	, n, rype m	
f	Ente	er the number			, , , , , , , , , , , , , , , , , , , ,					
g				about the supporte						
	(	i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			
Tota	al									

24-0857714 Page 2

 Schedule A (Form 990) 2022
 PREVENTION OF CRUELTY TO ANIMALS
 24-0857

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	719,870.	731,888.	1,144,456.	1,080,042.	551,474.	4,227,730.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	719,870.	731,888.	1,144,456.	1,080,042.	551,474.	4,227,730.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,229,672.
6	Public support. Subtract line 5 from line 4.						2,998,058.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	<b>(f)</b> Total
7	Amounts from line 4	719,870.	731,888.	1,144,456.	1,080,042.	551,474.	4,227,730.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	112,063.	118,981.	145,706.	207,315.	141,094.	725,159.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	91,103.	177,462.	133,523.	137,190.	110,036.	649,314.
11	Total support. Add lines 7 through 10						5,602,203.
12	Gross receipts from related activities,	, etc. (see instruction	ons)		•	12	689,297.
	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor	bhere			-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (	line 6, column (f), c	divided by line 11,	column (f))		14	53.52 %
15	Public support percentage from 2021	I Schedule A, Part	II, line 14			15	54.07 %
<b>1</b> 6a	33 1/3% support test - 2022. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	I			X
b	33 1/3% support test - 2021. If the c	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pi	ublicly supported of	organization	-	
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and <b>st</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or <u>17</u> t	o, check this box a	and see instruction	s
							(Form 990) 2022

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LYCOMING	COUNI	Y SOCIET	ry I	FOR
PREVENTIO	N OF	CRUELTY	то	ANIMALS

Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
E	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
		() 0010	(1) 0040	( ) 0000	( 1) 0001	() 0000	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
	check this box and <b>stop here</b>						
Sec	ction C. Computation of Publ	lic Support Pe	ercentage				
15	Public support percentage for 2022 (	line 8, column (f),	divided by line 13,	, column (f))		15	%
	Public support percentage from 202					16	%
Sec	ction D. Computation of Inve	stment Incom	ne Percentage				
	Investment income percentage for 20			line 13, column (f))	)		%
	Investment income percentage from						%
19a	<b>33 1/3% support tests - 2022.</b> If the	-					
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2021.</b> If the	•					· · · · · · · · · · · · · · · · · · ·
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n ala not check a	1 DOX ON IINE 14, 19	ea, or 19b, check t	trus box and see in		
23202	23 12-09-22			16		Sched	lule A (Form 990) 2022

10331113 788106 LC7714

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3a

Yes No

# 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

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

232024 12-09-22

10331113 788106 LC7714

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

# I VCOMING COUNTY COCTEMY FOR

	LICOMING COUNTY SOCIETY FOR			
Sche	lule A (Form 990) 2022 PREVENTION OF CRUELTY TO ANIMALS 24-085	771	4 <sub>Pa</sub>	age 5
Par	: IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported to the organization to the support of the organization to the organization to activities. If the organization and more than one supported to the organization of the organization to activity of the organization and more than one support of the organization and more than one support of the organization of the organization and the organization		100	110
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see inst	tructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.	Γ	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-

- the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

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## LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS 24-0857714 Page 6

	dule A (Form 990) 2022 PREVENTION OF CRUELTY			24-0857714 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	inizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust or	n Nov. 20, 1970 (explain i	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting o	organization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org			4-065//14 Page 7
	on D - Distributions		anizations (continu	ued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mot ourooses		1	ourient real
2	Amounts paid to perform activity that directly furthers exemption	<u> </u>		· ·	
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets	ee er eupperteu organization		4	
5	Qualified set-aside amounts (prior IRS approval required - pro-	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
-	(provide details in <b>Part VI</b> ). See instructions.		-	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
-	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022		OUNTY SOCIETY OF CRUELTY		24-0857714 Page 8
Part VI Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	r <b>mation.</b> Provide the e I, 2, 3b, 3c, 4b, 4c, 5a, 6 Iines 2 and 3; Part IV, S	explanations required by , 9a, 9b, 9c, 11a, 11b, a ection E, lines 1c, 2a, 2	/ Part II, line 10; Part II, line and 11c; Part IV, Section B,	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
SCHEDULE A, PART II	, LINE 10, E	XPLANATION	FOR OTHER INCO	ME:
GIFT SHOP SALES				
2019 AMOUNT: \$ 37	,597.			
2020 AMOUNT: \$ 26	,421.			
2021 AMOUNT: \$ 24	,259.			
2022 AMOUNT: \$ 15	,642.			
MAJOR EVENTS				
2019 AMOUNT: \$ 71	,383.			
ADDITIONAL FUNDRAIS	ING			
2019 AMOUNT: \$ 68	,482.			
OTHER INCOME				
2018 AMOUNT: \$ 91	,103.			
2022 AMOUNT: \$ 67	•			
PROGRAM SERVICE REV	ENUES			
2020 AMOUNT: \$ 10	7,102.			
2021 AMOUNT: \$ 11	2,931.			
2022 AMOUNT: \$ 94	,327.			
232028 12-09-22				Schedule A (Form 990) 202
		21		

# **Schedule A**

223171 04-01-22

# Identification of Excess Contributions Included on Part II, Line 5

24-0857714

## 2022

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
FIRST COMMUNITY FOUNDATION PARTNERSHIP	178,723.	66,679
JAMES FETZER ESTATE	325,412.	213,368
ELLEN DAVIS ESTATE	324,178.	212,134
HELGA SEIDEL ESTATE	456,846.	344,802.
RUTH LAMADE ESTATE	504,733.	392,689.
Fotal Excess Contributions to Schedule A, Part II, Line 5		1,229,672

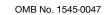
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### (Form 990)

Department of the Treasury Internal Revenue Service

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.



2022

Employer identification number

Name of the organization	Name	of the	organization
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#### LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS

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Organization type (check	; one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

	B (Form 990) (2022)			Page
	organization ING COUNTY SOCIETY FOR		Emplo	yer identification number
	NTION OF CRUELTY TO ANIMALS		24	-0857714
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4 HENRY AND ELEANOR PERCIBALLI	Total contributio	ns	Type of contribution
1	CHARITABLE TRUST			Person X
	429 MARKET STREET	\$38,7	00.	Payroll Noncash
	WILLIAMSPORT, PA 17701			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
2	CITY OF WILLIAMSPORT			Person X Payroll
	245 W. 4TH STREET	\$29,5	00.	Noncash
	WILLIAMSPORT, PA 17701			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
3	FIRST COMMUNITY FOUNDATION PARTNERSHIP			Person X
	201 WEST 4TH STREET	\$ 28,6	18.	Payroll Noncash
	WILLIAMSPORT, PA 17701			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4	C & E CONTAINERS INC			Person X
	64 RIVER ROAD	\$ 20,0	00.	Payroll Noncash
	JERSEY SHORE, PA 17740			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5	ALICE PARKER ESTATE			Person X
	PO BOX 179	\$ 16,3	29.	Payroll Noncash
	MUNCY, PA 17756			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
6	PETSMART CHARITIES INC			Person X
	19601 N. 27TH AVENUE	\$ 10,5	00.	Payroll Noncash
	PHOENIX, AZ 85027			(Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

	B (Form 990) (2022) organization		Page 2 Employer identification number
LYCOM	ING COUNTY SOCIETY FOR NTION OF CRUELTY TO ANIMALS		24-0857714
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
7	CAROLE BASTIAN 2337 ARTLEY HILL ROAD LIBERTY, PA 16930	\$10,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
8	MARSHA GOLDSTEIN 66 SULPHUR SPRINGS ROAD MONTGOMERY, PA 17752	\$6,5	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)         Iss       (c)         Person       Payroll         Payroll       Output         Noncash       Output         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution 	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contribution \$\$	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
		24 YCOMING COUNTY SOC	

10331113 788106 LC7714

	ING COUNTY SOCIETY FOR		
Part II	NTION OF CRUELTY TO ANIMALS Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	<u>24-0857714</u>
(a)	,, _,		
No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate	<sup>;</sup> ) Data receiver
Part I		(See instructions.	)
		—	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate	.) (d)
from Part I	Description of noncash property given	(See instructions.	
raiti			
		—	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate	) (d)
from Part I	Description of noncash property given	(See instructions.	
Farti			
		\$	
(a)			
No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate (See instructions.	<sup>2)</sup> Dete receiver
Part I			)
		\	
(a) No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate (See instructions.	<sup>2)</sup> Data receiver
Part I			,
		\$	
(a)			
No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate (See instructions.	<sup>2)</sup> Data receiver
Part I			,
		\$	
3453 11-15	5-22	I `	Schedule B (Form 990

Schedule	B (Form 990) (2022)		Page 4
	organization		Employer identification number
	NTION OF CRUELTY TO AND	IMALS	24-0857714
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		e) Transfer of git	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	t I
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
223454 11-1	15-22	26	Schedule B (Form 990) (2022)

10331113 788106 LC7714 2022.05020 LYCOMING COUNTY SOCIETY FOR LC7714\_1

SC (Forr	OMB No. 1545-0047				
	ment of the Treasury	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12k ttach to Form 990.		Open to Public
-	I Revenue Service	<u>Go to www.irs.gov/Form99</u> on LYCOMING COUNTY SO		Inspection	
Nam	e of the organizati		r identification number		
Pa	t I Organiza	PREVENTION OF CRUE ations Maintaining Donor Advise			
ı a		n answered "Yes" on Form 990, Part IV, lin		of Accounts.	Complete li the
	5	, ,	(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5		on inform all donors and donor advisors in		ed funds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
		oses and not for the benefit of the donor o	<i>, , , , , , , , , ,</i>	0	
	impermissible priv	ate benefit?			. Yes No
Pa		ation Easements. Complete if the org		Part IV, line 7.	
1		servation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
		of land for public use (for example, recrea		a historically impo	
		f natural habitat n of open space	Preservation of	a certified historic	structure
2		through 2d if the organization held a quali	fied concervation contribution in the form .	of a concentration	accoment on the last
2	day of the tax year	<b>.</b>			at the End of the Tax Year
а	5	onservation easements			
b		ricted by conservation easements			
c		vation easements on a certified historic str			
		vation easements included in (c) acquired			
		isted in the National Register	• • •	2d	
3		vation easements modified, transferred, re			ng the tax
	year				
4		where property subject to conservation ea			
5	0	tion have a written policy regarding the pe			
		orcement of the conservation easements i			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easemer	its during the year
7				tion opposite du	
7	Amount of expens	es incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserva-	tion easements du	iring the year
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)	
Ŭ		)(4)(B)(ii)?			Yes No
9		be how the organization reports conservation			
		d include, if applicable, the text of the footi	•		s the
		ounting for conservation easements.	-		
Pa	t III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar A	ssets.
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	ind balance sheet	works
	of art, historical tre	easures, or other similar assets held for pul	blic exhibition, education, or research in fu	irtherance of publi	С
		Part XIII the text of the footnote to its final			
b		elected, as permitted under FASB ASC 95			
		sures, or other similar assets held for public	c exhibition, education, or research in furth	ierance of public s	service,
	-	ng amounts relating to these items:		¢	
		ded on Form 990, Part VIII, line 1			
2	.,	ed in Form 990, Part X received or held works of art, historical tre	asures, or other similar assets for financia		
£		unts required to be reported under FASB A		gan, provide	
а	-	on Form 990, Part VIII, line 1	-	\$	
		Form 990, Part X			
		eduction Act Notice, see the Instruction			dule D (Form 990) 2022
	• 1 09-01-22				·
			27		

10331113 788106 LC7714 2022.05020 LYCOMING COUNTY SOCIETY FOR LC7714\_1

		G COUNTY S						04 00	<b>FDD1</b>		-
		ION OF CRU						24-08			age <b>2</b>
	t III Organizations Maintaining C									nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check an	ly of the	following that	t make s	significa	nt use of its	;		
	collection items (check all that apply):		┌┐.								
a		d			hange progra	am					
b	Scholarly research	e	U Oth	er							
c	Preservation for future generations	- 11 41		<b>6 1 1</b>		1			+ \/111		
4	Provide a description of the organization's c								τ ΧΙΙΙ.		
5	During the year, did the organization solicit of								7		1
Dar	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		No
1 41	reported an amount on Form 990, Pa			Janizatio	in answered	res on	FOUL	90, Fait IV,	in le 9, 0		
12	Is the organization an agent, trustee, custod		liany for con	tribution	ns or other as	sets not	include	d			
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							····· └─		L	
b		and complete the lo	nowing table	с.					Amoun	t	
•	Reginning balance						1c		7 1110 011		
	Beginning balance										
	Additions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII						• • • • •				]
Par											_
		(a) Current year	(b) Prior		(c) Two year			e years back	(e) Fou	r years	back
1a	Beginning of year balance	2,588,019.		1,190.	1,683	3,805.		,500,801.		,626,	
	Contributions										
	Net investment earnings, gains, and losses	-317,106.		5,739.		4,724.		182,640.		-120,	
	Grants or scholarships	, -		, -		, .		, .		,	
	Other expenditures for facilities										
Ū	and programs	455,046.	1	5,064.	11	1,106.		9,856.		15	061.
f	Administrative expenses			, .		, .		492.			593.
	End of year balance	1,901,039.	2 58	8,019.	2 131	1,190.	1	,683,805.	1	,500,	
2	Provide the estimated percentage of the cur		,	,	,	,		, , .		, ,	
	Board designated or quasi-endowment	3.9490	%		.,,,						
	Permanent endowment 95.7790	%	_,,,								
	Term endowment .2690										
•	The percentages on lines 2a, 2b, and 2c sho	· ·									
3a	Are there endowment funds not in the posse		ation that ar	e held a	and administe	red for t	he				
	organization by:									Yes	No
	(i) Unrelated organizations								. 3a(i)	Х	
	(ii) Related organizations										Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sche	dule R?	•				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, lin	ne 11a. S	See Form 990	), Part X,	line 10				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumula	ated	(d) Boo	k valu	e
	,	basis (investr		• •	(other)	• • •	preciatio		., -		
1a	Land			5	0,441.				5	0,4	41.
	Buildings				4,192.	8	879,	737.	1,08	4,4	55.
	Leasehold improvements				0,517.			405.		5,1	
	Equipment				4,400.	2	291,		4	2,7	26.
	Other									-	
	Add lines 1a through 1e. (Column (d) must e		X, column (l	B), line 1	10c.)				1,18	2,7	34.
								Schedule	D (Forr	n 990)	2022

LYCOMING	CC	DUNI	'Y	SOCIE	ΓY ]	FOR
PREVENTIC	)N	OF	CF	UELTY	то	ANIMALS

Schedule D	(Form 990) 2022	PREVENTION	OF	CRUELTY	то	ANIMALS	24-0857714 Page 3
Part VII		Other Securities.					
	Complete if the org	ganization answered "Yes'	' on F	orm 990, Part IV	', line '	11b. See Form 990, Part X, lin	e 12.
(a) Descrip	tion of security or cate	GOTY (including name of security)		(b) Book value		(c) Method of valuation: C	Cost or end-of-year market value
(1) Financia	al derivatives						
		3					
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (I	b) must equal Form 990	0, Part X, col. (B) line 12.)					
Part VIII	Investments -	Program Related.					
	Complete if the org	ganization answered "Yes'	' on F	orm 990, Part IV	', line '	11c. See Form 990, Part X, line	e 13.
	(a) Description of	finvestment		(b) Book value		(c) Method of valuation: C	Cost or end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (	b) must equal Form 990	0, Part X, col. (B) line 13.)					
Part IX	Other Assets.						
	Complete if the org	ganization answered "Yes'	' on F	orm 990, Part IV	', line '	11d. See Form 990, Part X, lin	e 15.
		(a)	Desc	ription			(b) Book value
(1) TR	UST ASSETS	5					1,339,265
(2) ST	RADLEY FUN	ID					74,134.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal F	orm 990, Part X, col. (B) lir	ne 15.	)			1,413,399
Part X	Other Liabilitie	es.					
	Complete if the org	ganization answered "Yes'	' on F	orm 990, Part IV	', line '	11e or 11f. See Form 990, Par	rt X, line 25.
1.	<b>(a)</b> D	escription of liability					(b) Book value
(1) Fed	leral income taxes						
	CRUED PAYR						22,780.
(3) PA	YROLL LIAB	BILITIES					5,523.
(4) SA	LES TAX PA	YABLE					952.
(5) LE	ASE LIABIL	ITY					2,691.
(6) AC	CRUED VACA	TION					4,878.
(7)							
(8)							
(9)							
	mn (b) must equal F	orm 990, Part X, col. (B) lir	ne 25.	)			
						the organization's financial st	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

232053 09-01-22

	LYCOMING COUNTY SOCIETY FO			~ 4	
-	dule D (Form 990) 2022 PREVENTION OF CRUELTY TO A				0857714 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per H	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•			25 602
1	Total revenue, gains, and other support per audited financial statements			1	35,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-761,015.		
b	Donated services and use of facilities		6,000.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	-755,015.
3	Subtract line 2e from line 1			3	790,638.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		4 - 0.04		
а	Investment expenses not included on Form 990, Part VIII, line 7b		15,304.		
b	Other (Describe in Part XIII.)	4b	-17,625.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	-2,321.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	788,317.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,242,909.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	_ <b>2</b> b			
с	Other losses	_ 2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,242,909.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	15,304.		
b	Other (Describe in Part XIII.)	. 4b	-17,625.		
с	Add lines 4a and 4b			4c	-2,321.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,240,588.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUND CONSISTS OF INVESTMENTS WITHOUT DONOR
RESTRICTIONS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS
ENDOWMENTS. THE ENDOWMENT FUND'S ASSETS ARE BE USED PRIMARILY TO MEET
DAY-TO-DAY CASH FLOW SHORTFALLS. THESE ASSETS ARE DEFINED AS
CONTRIBUTIONS, INTEREST, DIVIDENDS, PRINCIPAL GROWTH, AND PRINCIPAL
DISTRIBUTIONS. ANY EXCESS TOTAL RETURN MAY BE DEVOTED TO CAPITAL PROJECTS
SUCH AS ACQUISITION AND RENOVATION OF NEW PLANT AND EQUIPMENT.
PART X, LINE 2:

THE ORGANIZATION MADE NO CHANGES IN THE PURPOSE, CHARACTER, OR METHOD OF

OPERATIONS, AND BELIEVES IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS 232054 09-01-22 Schedule D (Form 990) 2022 30

10331113 788106 LC7714

LYCOMING COUNTY SOCIETY FOR Schedule D (Form 990) 2022 PREVENTION OF CRUELTY TO ANIMALS Part XIII Supplemental Information (continued)	24-0857714 Page 5
TAKEN IN ITS INCOME TAX RETURN. THE ORGANIZATION HAD	NO INTEREST OR
PENALTIES RELATED TO INCOME TAXES. NO UNCERTAIN TAX	POSITIONS WERE
IDENTIFIED BY ORGANIZATION DURING THE YEAR.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-14,287.
DIRECT FUNDRAISING EXPENSE	-3,338.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-17,625.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-14,287.
DIRECT FUNDRAISING EXPENSE	-3,338.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-17,625.
	Schedule D (Form 990) 2022
232055 09-01-22 31	

10331113 788106 LC7714 2022.05020 LYCOMING COUNTY SOCIETY FOR LC7714\_1

SCHEDULE G	Suppleme	ntal Information Regardin	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022		
Department of the Treasury	U	Attach to Form 990						Open to Public		
Internal Revenue Service		o www.irs.gov/Form990 for instru		and t	he latest informatio	n.		Inspection		
Name of the organization		G COUNTY SOCIETY ION OF CRUELTY TO		ΜΔΤ	C		Employer in 24-085	dentification number		
Part I Fundrais		Complete if the organization answ				line 1				
	complete this par		Vereu	63 0	11 0iii 330, 1 ait 10,		7.10111330-			
1 Indicate whether the	e organization rais	sed funds through any of the follow	-							
a Mail solicitat					overnment grants					
b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events										
d In-person so				aisiriy	events					
•		or oral agreement with any individua	al (inclu	ding o	fficers, directors, trus	stees	, or			
key employees list	ed in Form 990, P	art VII) or entity in connection with	profess	ional f	undraising services?	)	<b>Y</b>	es 🗌 No		
	•	viduals or entities (fundraisers) purs	suant to	agree	ements under which	the fu	undraiser is to	be		
compensated at le	ast \$5,000 by the	organization.	_							
(i) Name and addres	s of individual		(iii)	Did raiser ustody	(iv) Gross receipts		Amount paid			
or entity (fundraiser)		(ii) Activity	or cor	ntrol of	from activity	to (or retained by) fundraiser	to (or retained by) organization			
				utions?		lis	ted in col. (i)			
			Yes	No						
Tabal										
Total 3 List all states in whi	ch the organizatio	n is registered or licensed to solici	t contrik		s or has been notified	l hitic	exempt from			
or licensing.	on the organizatio		CONTIN				exemption	regionation		

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

Schedule G (Form 990) 2022

232081 10-27-22

Schedule G	(Form 990)	2022
		12022

24-0857714 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throug	<u>68,695</u> . 3,338.	(event type)	(total number)	- col. (c)) 72,033 68,695 3,338
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses	68,695.			68,695
Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses	3,338.			
Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses				3,338
Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses				
Rent/facility costs Food and beverages Entertainment Other direct expenses				
Food and beverages Entertainment Other direct expenses				
Entertainment Other direct expenses				
Other direct expenses				
Direct expense summary. Add lines 4 throug				3,338 3,338
				3,338
Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization		000 Dat N/ Kas 10 and		
Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or l	reported more than	
\$15,000 011 F0111 990-EZ, lifte 6a.		(b) Pull tabs/instant		(d) Total gaming (ad
	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
		0 1 0 0		
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses	N <sub>1</sub>	No.	Mar of	
Valuatoor labor				
Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
Not gaming income summany. Subtract line	7 from line 1 column (d)			
Net gaming income summary. Subtract inte				1
r the state(s) in which the organization conc	ducts gaming activities:			
		states?		Yes N
- U				
e any of the organization's gaming licenses	revoked, suspended, or to	erminated during the tax	year?	Yes N
es," explain:				
	Cash prizes	Gross revenue	Gross revenue     Cash prizes     Noncash prizes     Noncash prizes     Aent/facility costs     Other direct expenses     Volunteer labor     Yes     Yes </td <td>Bross revenue       Bross revenue         Cash prizes       Sent/facility costs         Noncash prizes       Sent/facility costs         Dther direct expenses       Sent/facility costs         Dther direct expenses       Sent/facility costs         /olunteer labor       Yes%         Direct expense summary. Add lines 2 through 5 in column (d)         Net gaming income summary. Subtract line 7 from line 1, column (d)         r the state(s) in which the organization conducts gaming activities:         e organization licensed to conduct gaming activities:         any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?</td>	Bross revenue       Bross revenue         Cash prizes       Sent/facility costs         Noncash prizes       Sent/facility costs         Dther direct expenses       Sent/facility costs         Dther direct expenses       Sent/facility costs         /olunteer labor       Yes%         Direct expense summary. Add lines 2 through 5 in column (d)         Net gaming income summary. Subtract line 7 from line 1, column (d)         r the state(s) in which the organization conducts gaming activities:         e organization licensed to conduct gaming activities:         any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

33

<u> </u>		LYCOMING (			-	24	10E771 /	
-	edule G (Form 990) 2022	PREVENTION						
12	Does the organization conduct gar Is the organization a grantor, bene	ficiary or trustee of a	a trust, or a mer	nber of a partr	nership or other ent	ity formed	└── Yes	└── No
	to administer charitable gaming?						Yes	└── No
	Indicate the percentage of gaming	•						
	The organization's facility						13a	%
	An outside facility Enter the name and address of the						13b	%
17		e person who prepar	es the organiza	tion s garning/	special events boo	ks and records.		
	Name							
	Address							
15a	Does the organization have a cont	ract with a third part	y from whom th	e organizatior	n receives gaming r	evenue?	Yes	🗌 No
	If "Yes," enter the amount of gamin of gaming revenue retained by the If "Yes," enter name and address of	third party \$	by the organiza	ation \$		and the amount		
	Name	. ,						
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		dependent co	ntractor			
17	Mandatory distributions:							
а	Is the organization required under	state law to make cl	naritable distrib	utions from th	e gaming proceeds	to		
	retain the state gaming license?						📖 Yes	└── No
b	Enter the amount of distributions r	equired under state	law to be distri	outed to other	exempt organization	ons or spent in the		
Dec	organization's own exempt activitie							
Pa	rt IV Supplemental Inform		-				art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also pro	vide any additio	nal informatio	n. See instructions.			
23208	3 10-27-22					Sched	lule G (Form	990) 2022
				34				

	LYCOMING COU	NTY SOCIE	TY FOR		
Schedule G (Form 990)	PREVENTION O	F CRUELTY	TO ANIMA	LS 24-0	0857714 Page 4
Part IV Supplemental Infor	mation (continued)				

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#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

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Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Name of the organization	LYCOMING COUNTY SOCIETY FOR	
	PREVENTION OF CRUELTY TO ANIMALS	

	PREVENTION O	F CRUE	LTY TO AN	IMALS	24-0	8577	714	
Pa	rt I Types of Property	_	_					
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminii	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		1.50					
25	Other ( VARIOUS ANIMAL )	X	162	31,308.	COST OF PRO	PERI	ĽΥ	
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	gement				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least 3 years from the date of							37
	exempt purposes for the entire holding period	?				30a		Х
	If "Yes," describe the arrangement in Part II.			<b>.</b>				37
31	Does the organization have a gift acceptance					31		Х
32a	Does the organization hire or use third parties		-					v
_	contributions?					32a		Х
b	If "Yes," describe in Part II.							

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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<u>chedule N</u>	1 (Form 990) 2022		OF CRUELTY	TO ANIMALS	24-08577	5
Part II	Supplementa	I Information. Provident I, column (b), the num dditional information.	vide the information rec ober of contributions, th	uired by Part I, lines 3 ne number of items rec	0b, 32b, and 33, and whether the c ceived, or a combination of both. Al	rganization
142 09-09-	22				Schedule M	(Form 990) 20

10331113 788106 LC7714

2022.05020 LYCOMING COUNTY SOCIETY FOR LC7714\_1

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ OMB No. 1545-0047 2022 Open to Public Inspection Employer identification number 24-0857714

LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS

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

HUMANITARIAN EDUCATION SERVICE.

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

CARE FOR PETS OF LOW-INCOME INDIVIDUALS. 14 LOANS TOTALING MORE THAN

\$2,574 WERE GRANTED IN 2022.

PET CEMETERY / CREMATORIUM - THE ORGANIZATION MAINTAINS, IN PERPETUITY,

A PET CEMETERY WHICH HAS BEEN IN SERVICE FOR OVER FIFTY YEARS.

CREMATION SERVICES ARE ALSO PROVIDED. 700 DECEASED ANIMALS WERE

PROVIDED CREMATION.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990: FORM 990 IS REVIEWED WITH

EXECUTIVE DIRECTOR AND TREASURER WHO MAKES IT AVAILABLE FOR ANY BOARD

MEMBER WHO WISHES TO REVIEW THE FORM PRIOR TO FILING.

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

ENFORCEMENT OF CONFLICTS OF INTEREST POLICY: BOARD MEMBERS ARE EXPECTED TO

CONTINUALLY SELF-EVALUATE AND MONITOR WITH ANNUAL DISCLOSURE OF INTERESTS.

EXECUTIVE DIRECTOR, WITH BOARD OVERSIGHT, MONITORS OTHERS.

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

COMPENSATION PROCESS FOR TOP OFFICIALS: BOARD OF DIRECTORS APPROVES ALL

SALARY RATES.

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

Schedule O (Form 990) 2022

38

2022.05020 LYCOMING COUNTY SOCIETY FOR LC7714\_1

Schedule O (Form 990) 2022 Name of the organization LYCOMING COUNTY SOCIETY FOR			Page: tion number
PREVENTION OF CRUELTY TO ANIMALS	24-0	8577	14
COMPENSATION PROCESS FOR OFFICERS: BOARD OF DIRECTORS A	PPROVES	ALL 3	PAY
RATES.			
FORM 990, PART VI, SECTION C, LINE 19:			
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: GOVERNING DO	OCUMENTS	S ARE	MADE
AVAILABLE TO THE PUBLIC UPON REQUEST. CURRENT 990 IS AL	SO AVAII	ABLE	ON
ORGANIZATION'S WEBSITE.			
32212 10-28-22 39	Sched	ule O (Fo	rm 990) 202
31113 788106 LC7714 2022.05020 LYCOMING COUNTY SC	OCIETY F	OR LC	27714_1

# TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

### FOR THE YEAR ENDING

DECEMBER 31, 2022

Prepared for	LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS 2805 REACH ROAD WILLIAMSPORT, PA 17701
Prepared by	WAGNER DREESE ELSASSER & ASSOC PC 1202 W MARKET ST LEWISBURG, PA 17837
Amount due or refund	BALANCE DUE OF \$250.00
Make check payable to	COMMONWEALTH OF PENNSYLVANIA
Mail tax return and check (if applicable) to	BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120
Return must be mailed on or before	NOVEMBER 15, 2023
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Bur 207 Har	to: nnsylvania Department of State reau of Corporations and Charitable Organizations 7 North Office Building rrisburg, PA 17120 www.dos.pa.gov/charities for more information	Charitable Organization Registration Statement BCO-10 (rev. 2/2022) Fee: See instructions
	cate number: $\frac{12140}{(N/A \text{ if initial registration})}$ year ended: $\frac{12/31/2022}{MM DD YYYY}$	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply: Organization is exempt from registration because
	24-0857714 LYCOMING COUNTY S Legal name of organization: PREVENTION OF CRU	Organization does not solicit contributions in Pennsylvania SOCIETY FOR
	Check if name change and give previous name All other names used to solicit contributions: LYCOMING COUNTY SPCA	
3.	Contact person: ALYSSA CORRELL	Contact's E-mail: ACORRELL@LYCOMINGSPCA.ORG
4.	Principal address of organization:	Mailing address: (if different than principal address):
	2805 REACH ROAD WILLIAMSPORT PA 17701	
	County: LYCOMING	Phone number: 570-322-4646
	800 number:	Fax number: 570-322-6886
	Email (if different than Contact's email):         Website:         WWW.LYCOMINGSPCA.ORG	
5.	Type of organization (e.g. non-profit corporation, unincorpor NON-PROFIT CORPORTION	ated association, etc.):
	Where established: PENNSYLVANIA	Date established:* 06/13/1892
	*Initial registrants must submit copies of organizational documents	such as charter, articles of incorporation,

constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

	eet if necessary)
	ONE
7.	nort form registration applicability - Specified types of charitable organizations described in 1/462.7(a) of the Act may e a short form registration, which permits the organization to register without filing a financial report. Check the action that describes the organization. If the organization does not meet any of the criteria below for short form gistration, check "Not Applicable":
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
	\$162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
	\$162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen,

ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

### X Not Applicable

Charitable organizations which check boxes 162.7(a)(1) - 162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

	Items 8 and 9 are required to be completed by initial registrants only
8.	Date organization first solicited contributions from Pennsylvania residents:
	MM DD YYYY
	Other
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.
	MM DD YYYY
	Other
	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10.	LYCOMING COUNTY SOCIETY FOR 24-08 PREVENTION OF CRUELTY TO ANIMALS Has the organization been granted IRS tax-exempt status? X Yes No	357'
	A. If "Yes," under which IRS code section: <u>501(C)(3)</u> and attach a copy of the IRS exemption letter if not previously submitted.	
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously su	ıbmitte
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicat schedules, for its most recently completed fiscal year? X Yes No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.	ole
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)	
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):	
	IN PERSON, SPECIAL EVENTS, INTERNET NEWSLETTERS	
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence. <u>ANIMAL RESCUE, CARE, SPAY/NEUTER, ADOPTION, SHELTER</u> <u>ANIMAL CEMETERY AND CREMATIONS</u> <u>INVESTIGATIONS OF ABUSE EDUCATION</u>	
14.	Is the organization registered to solicit contributions in any other state or municipality? Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)	
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)	
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:	
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary SEE STATEMENT 1	ıry)
age 3	of 6 275803 07-06-22 Form BCO-10 3	(rev. 2

#### LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)
	N/A
	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No X Not Applicable
	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)
	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration
Г	on the registering charity's behalf? (See note "Affiliate and Parent Organization")
Γ	Yes No X Not Applicable
Ľ	Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group retu
E	Yes       No       X Not Applicable         If "Yes," provide the name and, if available, certificate number of the parent organization.       (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)         Legal name of parent organization       Pennsylvania certificate number         Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)
E	Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group retur and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.
E	Yes       No       X Not Applicable         If "Yes," provide the name and, if available, certificate number of the parent organization.       (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)         Legal name of parent organization       Pennsylvania certificate number         Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

Page 4 of 6

Form BCO-10 (rev. 2/2022)

2022.05020 LYCOMING COUNTY SOCIETY FOR LC7714\_1

4

#### LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS

A. Are in charge of solicitation activities:

#### ALYSSA CORRELL, EXECUTIVE DIRECTOR

B. Have final responsibility for the custody of contributions:

#### ALYSSA CORRELL, EXECUTIVE DIRECTOR

C. Have final responsibility for final distribution of contributions:

#### ALYSSA CORRELL, EXECUTIVE DIRECTOR

D. Are responsible for custody of financial records:

#### ALYSSA CORRELL, EXECUTIVE DIRECTOR

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

Α.	Any other officer, director, trustee, or employee?		Yes	Х	No
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- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*

## Yes X No

\*\*(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
  - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes X No
  - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
  - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

5

2022.05020 LYCOMING COUNTY SOCIETY FOR LC7714 1

Page 5 of 6

10331113 788106 LC7714

Form BCO-10 (rev. 2/2022)

#### LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS

24-0857714

**Certification** - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date	
WILLIAM FOX, VICE PRESIDENT		
Type or print name and title of Chief Fiscal Officer		
Signature of Other Authorized Officer	Date	
KATELYN HOOVER, TREASURER		
Type or print name and title of Other Authorized Officer		

Cheo	klist for registration:			
	Completed registration statement properly signed and dated.			
	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer			
	Public Disclosure Form BCO-23 (if required)			
	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)			
	Registration fee and any late filing fees			
	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.			
See Instructions for more information on completing this form and attachments.				

275813 04-01-22

NAME AND ADDRESS

FORM BCO-10

N/A

CONTRACT BEGIN DATE CONTRACT END DATE SOLICIT DATE

# ALL PROFESSIONAL SOLICITORS

STATEMENT 1

PHONE NUMBER

\_\_\_\_\_

FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT 2
NAME AND ADDRESS		PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

N/A

CONTRACT BEGIN DATE CONTRACT END DATE SERVICE DATE

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	3
NAME AND ADDRESS				TITI	υE		
WILLIAM FOX 2805 REACH ROAD WILLIAMSPORT, PA	17701			PRES	SIDENT		
NAME AND ADDRESS				TITI	ΈE		
ANDREW GALLAGHER 2805 REACH ROAD WILLIAMSPORT, PA	17701			VICI	E PRESIDENT		
NAME AND ADDRESS				TITI	ĿΕ		
TERRY GIRDON 2805 REACH ROAD WILLIAMSPORT, PA	17701			SECI	RETARY		
NAME AND ADDRESS				TITI	ĿΕ		
KATELYN HOOVER 2805 REACH ROAD WILLIAMSPORT, PA	17701			TREA	ASURER		
NAME AND ADDRESS				TITI	ĿΕ		
JOANN DIPASQUALE 2805 REACH ROAD WILLIAMSPORT, PA	17701			ASS	. SECRETARY		
NAME AND ADDRESS				TITI	E		
EDMUND METZGER 2805 REACH ROAD WILLIAMSPORT, PA	17701			ASS	TREASURER		

NAME AND ADDRESS		TITLE
CHASE KELCH 2805 REACH ROAD		DIRECTOR
WILLIAMSPORT, PA	17701	
NAME AND ADDRESS		TITLE
JACOB MILLER 2805 REACH ROAD WILLIAMSPORT, PA	17701	DIRECTOR
NAME AND ADDRESS		TITLE
RICHARD SCHLUTER 2805 REACH ROAD WILLIAMSPORT, PA	17701	DIRECTOR
NAME AND ADDRESS		TITLE
ALICIA MCNETT 2805 REACH ROAD WILLIAMSPORT, PA	17701	DIRECTOR
NAME AND ADDRESS		TITLE
SEBASTIAN PEIPHER 2805 REACH ROAD WILLIAMSPORT, PA		DIRECTOR
NAME AND ADDRESS		TITLE
JUSTIN WENNER 2805 REACH ROAD WILLIAMSPORT, PA	17701	DIRECTOR
NAME AND ADDRESS		TITLE
TARYN HARTLE 2805 REACH ROAD WILLIAMSPORT, PA	17701	DIRECTOR
NAME AND ADDRESS		TITLE
BRANDON ALLISON 2805 REACH ROAD WILLIAMSPORT, PA	17701	DIRECTOR
NAME AND ADDRESS		TITLE
DAVID PALSKI 2805 REACH ROAD WILLIAMSPORT, PA	17701	DIRECTOR

WILLIAMSPORT, PA 17701