

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2015, or fiscal year beginning . . . . . 2015, and ending . . . . . 20 . . . . .

Department of the Treasury  
Internal Revenue Service

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

**u Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

**2015**

Name of exempt organization

LYCOMING COUNTY SOCIETY FOR  
PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

24-0857714

Name and title of officer

ANDREW GALLAGHER  
TREASURER

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b	776,087
2a	Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize GEARHART, WIENECKE & VERRASTRO, PC to enter my PIN 57714 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 10/28/16

**Part III Certification and Authentication**

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

24346507913  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature }

TERRY L JOHNSON

Date } 10/28/16

**ERO Must Retain This Form—See Instructions**

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

**For Paperwork Reduction Act Notice, see back of form.**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
**Open to Public Inspection**

**Do not enter social security numbers on this form as it may be made public.**  
**Information about Form 990 and its instructions is at www.irs.gov/form990.**

**A For the 2015 calendar year, or tax year beginning** , **and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): 2805 REACH ROAD Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: WILLIAMSPORT PA 17701

**D** Employer identification number: 24-0857714  
**E** Telephone number: 570-322-4646  
**G** Gross receipts \$: 1,430,783

**F** Name and address of principal officer: JOYCE HERSHBERGER

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: WWW.LYCOMINGSPCA.ORG **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: 1892 **M** State of legal domicile: PA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: FULL SERVICE ANIMAL RESCUE, SHELTER, CARE, ADOPTIVE SERVICES, INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICE.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	40
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	125
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	430,533	546,103
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128,957	121,565
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,691	53,671
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,951	54,748
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	512,633	522,009
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> 30,706		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	339,257	335,817
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	851,890	857,826
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-114,758	-81,739	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	3,380,142	4,547,255
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	233,314	82,716
		3,146,828	4,464,539

**Part II Signature Block**

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

**Sign Here**

Signature of officer: ANDREW GALLAGHER Date: \_\_\_\_\_  
 Type or print name and title: ANDREW GALLAGHER TREASURER

**Paid Preparer Use Only**

Print/Type preparer's name: TERRY L JOHNSON Preparer's signature: TERRY L JOHNSON Date: 12/01/16 Check  if self-employed PTIN: P01207913  
 Firm's name: GEARHART, WIENECKE & VERRASTRO, PC Firm's EIN: 47-4766528  
 Firm's address: 800 W 4TH ST STE 101 WILLIAMSPORT, PA 17701-7200 Phone no.: 570-322-1544

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

FULL SERVICE ANIMAL RESCUE, SHELTER, CARE, ADOPTIVE SERVICES, INVESTIGATIVE SERVICES AND HUMANITARIAN EDUCATION SERVICE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 675,702 including grants of \$ ) (Revenue \$ )

ANIMAL CARE - THE SHELTER IS THE FOCAL POINT OF ALL SPCA SERVICES FOR ANIMAL RESCUE, SHELTER, CARE AND ADOPTIONS. THE SHELTER HANDLED 3,007 ANIMALS IN 2015. 1,106 WERE ADOPTED TO NEW HOMES, 398 ANIMALS WERE RETURNED TO THEIR OWNERS, AND 33 ANIMALS WERE TRANSFERRED FOR RESCUE. 448 LOW INCOME PET OWNERS RECEIVED ASSISTANCE FOR SPAY/ NEUTER OF THE PETS. 719 ANIMALS WERE SPAYED OR NEUTERED THROUGH THE SPCA PROGRAM.

2015 WAS THE FIRST FULL YEAR THAT CATS HAVE BEEN ACCEPTED BY APPOINTMENT ONLY. THIS PROGRAM HAS REDUCED THE CAT EUTHANASIA RATE BY 17% FROM 2014 AND 51% FROM 2013.

4b (Code: ) (Expenses \$ 4,708 including grants of \$ ) (Revenue \$ )

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. OWNERS REQUESTED EUTHANASIA FOR 457 ANIMALS IN 2015.

4c (Code: ) (Expenses \$ 84,049 including grants of \$ ) (Revenue \$ )

INVESTIGATIVE SERVICES - INVESTIGATION OF REPORTS OF ANIMAL ABUSE / NEGLECT AND ENFORCEMENT OF PENNSYLVANIA ANIMAL CRUELTY LAWS. THE SHELTER AMBULANCE RESPONDED TO 199 CALLS. 643 NEW AND 290 CHECK BACK INVESTIGATIONS WERE COMPLETED. 427 ANIMALS WERE SEIZED BY THE HUMANE SOCIETY POLICE OFFICERS DUE TO CRUELTY AND NEGLECT BY THEIR OWNERS. THERE WERE 40 CITATIONS ISSUED FOR CRUELTY, ABUSE AND NEGLECT AND 28 HEARINGS FOR ANIMAL CRUELTY, ABUSE AND NEGLECT.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 14,120 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 778,579

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	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		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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **u** PA

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**  
 VICTORIA STRYKER, EXEC, DIRECTOR 2805 REACH ROAD  
 WILLIAMSPORT PA 17701 570-322-4646

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOYCE HERSHBERGER	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) RON WALKO	2.00									
SECRETARY	0.00	X		X			0	0	0	
(3) TERRY GIRDON	2.00									
ASST SECRETARY	0.00	X		X			0	0	0	
(4) WILLIAM FOX	2.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(5) ANDREW GALLAGHER	2.00									
TREASURER	0.00	X		X			0	0	0	
(6) KATIE BELL	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) EDMUND C. METZGER	2.00									
ASST. TREASURER	0.00	X		X			0	0	0	
(8) DOREEN SHOPE	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) RICH SCHLUTER	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) DONNA SORTMAN	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) JACOB MILLER	2.00									
DIRECTOR	0.00	X					0	0	0	





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	73,860			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	472,243			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	546,103			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> OFFICE RECEIPTS		64,868	64,868		
	<b>b</b> CREMATIONS		20,653	20,653		
	<b>c</b> RESTITUTION		12,721	12,721		
	<b>d</b> MICROCHIPS		10,531	10,531		
	<b>e</b> CEMETERY INCOME		5,940	5,940		
	<b>f</b> All other program service revenue		6,852	6,852		
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	121,565			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	127,266			127,266
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>	726			726
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents					
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		527,714	18,276			
	<b>b</b> Less: cost or other basis & sales exps.	619,370	215			
	<b>c</b> Gain or (loss)	-91,656	18,061			
	<b>d</b> Net gain or (loss)	<b>u</b>	-73,595	-91,871		18,276
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	60,882			
	<b>b</b> Less: direct expenses	<b>b</b>	12,778			
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	48,104			48,104	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	28,251				
<b>b</b> Less: cost of goods sold	<b>b</b>	22,333				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	5,918			5,918	
	Miscellaneous Revenue	<b>Busn. Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions.	<b>u</b>	776,087	29,694	0	200,290	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	415,820	378,597	16,488	20,735
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,182	5,575	269	338
9 Other employee benefits	61,010	55,023	2,652	3,335
10 Payroll taxes	38,997	35,170	1,695	2,132
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,255	3,690	8,341	224
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,818		12,818	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	8,945	7,375		1,570
13 Office expenses	11,354	10,239	494	621
14 Information technology				
15 Royalties				
16 Occupancy	50,662	48,195	1,718	749
17 Travel	5,316	5,316		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,718	2,718		
20 Interest	1,993	1,922	53	18
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,185	64,229	2,217	739
23 Insurance	10,149	8,314	1,739	96
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHELTER MEDICAL EXPENSE	93,108	93,108		
b SHELTER SUPPLIES	33,056	33,056		
c SPAY EXPENSE	18,473	18,473		
d SHELTER OPERATION EXPENSE	3,359	3,359		
e All other expenses	4,426	4,220	57	149
25 Total functional expenses. Add lines 1 through 24e	857,826	778,579	48,541	30,706
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	32,340	1	26,087
	2	Savings and temporary cash investments	98,131	2	129,858
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	475	4	619
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,264	8	5,379
	9	Prepaid expenses and deferred charges	7,320	9	3,712
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,265,613		
	b	Less: accumulated depreciation	10b 740,917	10c	1,524,696
	11	Investments—publicly traded securities	1,617,918	11	1,291,505
	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	35,073	15	1,565,399
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,380,142	16	4,547,255	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	21,435	17	26,663
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	160,444	23	10,649
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	51,435	25	45,404
	26	<b>Total liabilities.</b> Add lines 17 through 25	233,314	26	82,716
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	3,108,192	27	2,922,878
	28	Temporarily restricted net assets	28,355	28	11,087
	29	Permanently restricted net assets	10,281	29	1,530,574
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	3,146,828	33	4,464,539	
34	<b>Total liabilities and net assets/fund balances</b>	3,380,142	34	4,547,255	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	776,087
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	857,826
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-81,739
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,146,828
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-280,762
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	1,680,212
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,464,539

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**u Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS** Employer identification number **24-0857714**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	754,223	634,848	537,770	430,533	546,103	2,903,477
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	754,223	634,848	537,770	430,533	546,103	2,903,477
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						2,903,477

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	754,223	634,848	537,770	430,533	546,103	2,903,477
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,066	26,293	35,067	38,622	127,992	249,040
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	106,133	95,096	68,864	100,348	89,133	459,574
<b>11 Total support.</b> Add lines 7 through 10						3,612,091

**12** Gross receipts from related activities, etc. (see instructions) **12** 121,565

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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14** 80.38%

**15** Public support percentage from 2014 Schedule A, Part II, line 14 **15** 84.50%

**16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

<b>19a 33 1/3% support tests—2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support tests—2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 (b) and (c) 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 <b>Part VI</b> 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 <b>Part VI</b> 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 11a or 11b in Part I, answer (b) and (c) 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 <b>Part VI</b> 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 <b>Part VI</b> 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 (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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 <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 <b>Part VI</b> .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c	Did a disqualified person (as defined in 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 <b>Part VI</b> .		
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 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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), 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.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI identify those supported organizations and explain</b> 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>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 .....			
e From 2014 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 .....			
d Excess from 2014 .....			
e Excess from 2015 .....			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 459,574

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

24-0857714

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,971	37,398	36,531	34,986	34,093
b Contributions	5,515	1,415	1,110	1,892	2,066
c Net investment earnings, gains, and losses	-6,166	-259	858	552	-957
d Grants or scholarships					
e Other expenditures for facilities and programs	148	960		899	306
f Administrative expenses					
g End of year balance	1,565,399	37,971	37,398	36,531	34,986

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment    %
  - b Permanent endowment   97.83   %
  - c Temporarily restricted endowment   2.17   %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		34,774		34,774
b Buildings		1,954,426	597,965	1,356,461
c Leasehold improvements				
d Equipment		270,284	136,823	133,461
e Other		6,129	6,129	

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)    1,524,696

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) TRUST ASSETS	1,499,795
(2) CRUT	32,111
(3) JMW SPAY NEUTER FUND	30,488
(4) JHMF MEDICAL FUND	1,985
(5) REWARD FUND	1,020
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	1,565,399

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER CHARITABLE REMAINDER	24,049
(3) ACCRUED PAYROLL	15,637
(4) PAYROLL LIABILITIES	4,197
(5) SALES TAX PAYABLE	1,261
(6) REFUNDABLE DEPOSITS	260
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	45,404

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	495,325
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-280,762	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-280,762	
3	Subtract line 2e from line 1	3	776,087	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	776,087	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	857,826
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	857,826	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	857,826	

**Part XIII Supplemental Information.**

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

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

JEAN MARIE WHITE SPAY / NEUTER FUND IS RESTRICTED TO USE FOR SPAY NEUTER EXPENSES.

ULRICH CRUT IS RESTRICTED UNTIL THE DEATH OF DONOR THEN IT IS RELEASED FOR GENERAL USE.

JOYCE HERSBERGER MEDICAL FUND IS FOR PROGRAM LOANS TO LOW INCOME CLIENTS FOR MEDICAL AND SPAY / NEUTER OF PETS.

REWARD FUND IS ESTABLISHED AS REWARD FOR INFORMATION THAT LEADS TO DETERMINING PERSON OR PERSON THAT NEGLECTED, ABUSED AND ABANDONED DOG "OLLIE".



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

⚡ Attach to Form 990 or Form 990-EZ.

⚡ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

LYCOMING COUNTY SOCIETY FOR  
PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

24-0857714

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>SWEET TEMPTATIO</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	15,947		15,947
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2)	15,947		15,947
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses			
	10 Direct expense summary. Add lines 4 through 9 in column (d)			
11 Net income summary. Subtract line 10 from line 3, column (d)				15,947

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

LYCOMING COUNTY SOCIETY FOR  
PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

24-0857714

FORM 990, PART I, LINE 6

VOLUNTEERS CONTRIBUTED OVER 3,500 HOURS IN 2015. VOLUNTEERS PARTICIPATE IN  
PUBLIC EDUCATION AWARENESS PROGRAM, CLERICAL DUTIES AT THE FACILITY AND  
ANIMAL CARE. VOLUNTEERS ALSO PARTICIPATE IN SPECIAL EVENTS HELD FOR FUND  
RAISING PURPOSES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

IN 2015 A HUMANE LEAGUE IN LANCASTER COUNTY PARTNERED WITH THE ORGANIZATION  
TO SHELTER ADOPTABLE CATS. THIS HAS HELPED TO PROVIDE MORE HOMES FOR  
FELINES.

A BARN CAT PROGRAM HAS BEEN ESTABLISHED FOR CATS THAT ARE NOT SOCIAL BUT  
NOT AGRESSIVE. BARN OWNERS PROVIDE HOUSING, FOOD AND WATER FOR THESE CATS  
IN RETURN THE CATS PROVIDE RODENT CONTROL.

A MEDICAL FUND WAS ESTABLISHED BY THE BOARD. THIS FUND WILL PROVIDE A  
REVOLVING LOAN PROGRAM OF NO INTEREST LOANS FOR SPAY AND NEUTER AND URGENT  
VETERINARY CARE FOR PETS OF LOW INCOME INDIVIDUALS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

EDUCATION AND COMMUNITY OUTREACH - EDUCATED PEOPLE IN THE  
METHODS OF CARING FOR AND PROTECTING ANIMALS. COMMUNITY OUTREACH PROVIDED  
TO SCHOOLS, CLUBS, AND OTHER COMMUNITY ORGANIZATIONS. EMPLOYEE AND  
VOLUNTEER REPRESENTATIVES MADE PRESENTATIONS AT 49 SCHOOLS TO

Name of the organization

Employer identification number

LYCOMING COUNTY SOCIETY FOR

24-0857714

APPROXIMATELY 1395 STUDENTS. 21 SHELTER TOURS WERE CONDUCTED THROUGHOUT THE YEAR FOR HUMANE EDUCATION. TOURS WERE PROVIDED FOR 434 ATTENDEES. EMPLOYEES AND VOLUNTEERS MADE PRESENTATIONS AT 2 ADULT ORGANIZATIONS WITH A TOTAL ATTENDANCE OF 25 ADULTS AND MADE VISITS TO AREA NURSING HOMES FOR PET THERAPY. VOLUNTEERS CONTRIBUTED MORE THAN 3,500 HOURS FOR THE BENEFIT OF COMMUNITY OUTREACH AND ANIMAL CARE. VOLUNTEERS PARTICIPATED IN 66 COMMUNITY EVENTS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
 FORM 990 IS REVIEWED WITH EXECUTIVE DIRECTOR WHO MAKES IT AVAILABLE FOR ANY BOARD MEMBER WHO WISHES TO REVIEW THE FORM PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS 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, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 BOARD OF DIRECTORS APPROVES ALL SALARY RATES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
 BOARD OF DIRECTORS APPROVES ALL PAY RATES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. CURRENT FORM 990 IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
**u Attach to your tax return.**

**u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

OMB No. 1545-0172

**2015**

Attachment  
Sequence No. **179**

Name(s) shown on return **LYCOMING COUNTY SOCIETY FOR  
PREVENTION OF CRUELTY TO ANIMALS**

Identifying number  
**24-0857714**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	36,466

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	28,457
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property	6,476	7.0	MQ	S/L	487
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	1,775
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	67,185
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2015)



Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use:

Table with 9 columns for property details. Includes entries for NEW AMBULANCE and HONDA ELEMENT.

27 Property used 50% or less in a qualified business use:

Table with 9 columns for property details, including percentage and S/L- classification.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,775

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns for vehicle types (a-f) and 13 rows of questions (30-36) regarding miles driven and personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns (Yes/No) and 5 rows of questions (37-41) regarding employer policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2015 tax year (see instructions):

43 Amortization of costs that began before your 2015 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Year Ended: December 31, 2015

24-0857714

Lycoming County Society For  
Prevention of Cruelty to Animals  
2805 Reach Road  
Williamsport , PA 17701

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>7-year GDS Property:</b>									
86	Advisor Monitor / roll stand, clip	2/24/15	3,467			3,467	7 MQ S/L	0	433
87	Surgery 6' Wide cage bank w/ 5 cages	11/30/15	3,009			3,009	7 MQ S/L	0	54
			<u>6,476</u>			<u>6,476</u>		<u>0</u>	<u>487</u>
<b>Prior MACRS:</b>									
59	Wall mounted heater Sold/Scrapped: 12/31/15	2/13/09	1,505			1,505	7 HY S/L	1,183	107
60	Dog exercise fencing	6/08/09	2,700			2,700	15 HY S/L	1,112	180
62	New server / network	5/01/10	11,474			11,474	5 MQ S/L	10,614	860
63	New Cremator	12/01/10	38,925			38,925	10 MQ S/L	16,057	3,892
64	2 Computers (ELF)	5/01/10	800			800	5 MQ S/L	740	60
65	Nine flat screen monitors	5/01/10	639			639	5 MQ S/L	591	48
66	Cat Room	12/31/11	26,977			26,977	39 MMS/L	2,104	692
67	Heating / AC Heat pump upgrade	4/01/11	37,217			37,217	15 HY S/L	8,684	2,481
68	New Telephone system	7/27/11	4,198			4,198	7 HY S/L	2,099	600
70	Water Heater	11/14/12	1,756		X	878	5 MQ S/L	1,251	176
71	De-icing System on Roof	4/23/12	6,320			6,320	39 MMS/L	428	158
72	Scrubber, Panther 20B Auto	6/28/12	2,900			2,900	5 MQ S/L	1,523	580
73	Cage - Stainless Steel Cat Intake	12/19/12	2,574			2,574	5 MQ S/L	1,094	515
74	Cat Condos	4/30/13	32,077			32,077	7 HY S/L	6,874	4,582
75	2013 Ford Escape	8/20/13	26,167			26,167	5 HY S/L	7,850	5,234
76	Surgery table	9/16/13	3,028			3,028	7 HY S/L	649	432
77	Copier	12/11/13	5,162			5,162	7 HY S/L	1,106	738
78	Addition	7/15/13	189,624			189,624	39 MMS/L	6,913	4,741
79	Surgical spay pack 21 pc	8/19/13	1,426			1,426	7 HY S/L	306	203
80	Room divider for surgery room	8/25/13	1,230			1,230	7 HY S/L	264	175
81	exam table and dental cabinet	8/19/13	2,132			2,132	7 HY S/L	457	304
82	Data / Video projector	12/11/13	669			669	7 HY S/L	143	96
83	Kennel Trane gas furnace and ac unit	7/31/14	6,700			6,700	7 HY S/L	479	957
84	Two Regal Cages	12/15/14	2,860			2,860	7 HY S/L	204	409
85	Adapter Cagemount for vaporizer	3/28/14	1,656			1,656	7 HY S/L	118	237
			<u>410,716</u>			<u>409,838</u>		<u>72,843</u>	<u>28,457</u>
<b>Other Depreciation:</b>									
1	Building	12/01/98	1,619,057			1,619,057	50 MO S/L	520,797	32,381
2	Mini Barn	9/11/03	1,210			1,210	10 MO S/L	1,210	0
3	Floor Resurfacing	7/03/03	1,485			1,485	10 MO S/L	1,485	0
4	Building Wall Reconstruction	7/01/05	69,686			69,686	40 MO S/L	16,551	1,742
8	Furniture	7/01/87	1,067			1,067	10 MO S/L	1,067	0
17	2 Laminated Kitty .... Sold/Scrapped: 12/31/15	11/29/94	1,200			1,200	5 MO S/L	1,200	0
20	Video Camera Sold/Scrapped: 12/31/15	5/26/95	829			829	5 MO S/L	829	0
40	Spark Arrester Sold/Scrapped: 12/31/15	3/16/99	679			679	10 MO S/L	679	0
41	Hand Carved Sign	3/29/99	1,750			1,750	15 MO S/L	1,750	0
43	Camera Camcorder Sold/Scrapped: 12/31/15	9/01/99	760			760	10 MO S/L	760	0
44	Digital Camera Sold/Scrapped: 12/31/15	4/27/00	499			499	5 MO S/L	499	0
47	KXTVS 50 VoiceMail Sold/Scrapped: 12/31/15	12/03/02	1,050			1,050	5 MO S/L	1,050	0
48	Scale	7/18/03	595			595	10 MO S/L	595	0
52	John Deere Tractor	4/04/06	6,900			6,900	10 MO S/L	6,038	690
53	1 30 LB Dexter Dryer	9/18/07	4,276			4,276	10 MO S/L	3,100	428
55	New roof extension	11/26/08	34,717			34,717	40 MO S/L	5,280	868
56	Parking lot paving	9/10/08	5,350			5,350	15 MO S/L	2,259	357
57	Donor Perfect Software	6/03/08	5,530			5,530	3 MO S/L	5,530	0
61	Techsoup software	5/03/10	599			599	3 MO Amort	599	0
	<b>Total Other Depreciation</b>		<u>1,757,239</u>			<u>1,757,239</u>		<u>571,278</u>	<u>36,466</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,757,239</u>			<u>1,757,239</u>		<u>571,278</u>	<u>36,466</u>

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Listed Property:</b>								
58	New Ambulance	2/20/09	43,243		43,243	5 HY S/L	16,235	1,775
54	Honda Element	7/03/08	19,687		19,687	5 MO S/L	19,687	0
			<u>62,930</u>		<u>62,930</u>		<u>35,922</u>	<u>1,775</u>
<b>Grand Totals</b>			2,237,361		2,236,483		680,043	67,185
<b>Less: Dispositions and Transfers</b>			6,522		6,522		6,200	107
<b>Less: Start-up/Org Expense</b>			0		0		0	0
<b>Net Grand Totals</b>			<u>2,230,839</u>		<u>2,229,961</u>		<u>673,843</u>	<u>67,078</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Class Life ADS Property:</b>											
86	Advisor Monitor / roll stand, clip	2/24/15	3,467				3,467	7	MQ S/L	0	433
87	Surgery 6' Wide cage bank w/ 5 cages	11/30/15	3,009				3,009	7	MQ S/L	0	54
			<u>6,476</u>				<u>6,476</u>			<u>0</u>	<u>487</u>
<b>Prior MACRS:</b>											
56	Parking lot paving	9/10/08	5,350			X	2,675	15	HY 150DB	4,007	158
59	Wall mounted heater	2/13/09	1,505				1,505	7	HY S/L	1,183	107
	Sold/Scrapped: 12/31/15										
60	Dog exercise fencing	6/08/09	2,700				2,700	15	HY S/L	1,112	180
62	New server / network	5/01/10	11,474				11,474	5	MQ S/L	10,614	860
63	New Cremator	12/01/10	38,925				38,925	10	MQ S/L	16,057	3,892
64	2 Computers (ELF)	5/01/10	800				800	5	MQ S/L	740	60
65	Nine flat screen monitors	5/01/10	639				639	5	MQ S/L	591	48
66	Cat Room	12/31/11	26,977				26,977	39	MMS/L	2,104	692
67	Heating / AC Heat pump upgrade	4/01/11	37,217				37,217	15	HY S/L	8,684	2,481
68	New Telephone system	7/27/11	4,198				4,198	7	HY S/L	2,099	600
70	Water Heater	11/14/12	1,756			X	878	5	MQ S/L	1,251	176
71	De-icing System on Roof	4/23/12	6,320				6,320	39	MMS/L	428	158
72	Scrubber, Panther 20B Auto	6/28/12	2,900				2,900	5	MQ S/L	1,523	580
73	Cage - Stainless Steel Cat Intake	12/19/12	2,574				2,574	5	MQ S/L	1,094	515
74	Cat Condos	4/30/13	32,077				32,077	7	HY S/L	6,874	4,582
75	2013 Ford Escape	8/20/13	26,167				26,167	5	HY S/L	7,850	5,234
76	Surgery table	9/16/13	3,028				3,028	7	HY S/L	649	432
77	Copier	12/11/13	5,162				5,162	7	HY S/L	1,106	738
78	Addition	7/15/13	189,624				189,624	39	MMS/L	6,913	4,741
79	Surgical spay pack 21 pc	8/19/13	1,426				1,426	7	HY S/L	306	203
80	Room divider for surgery room	8/25/13	1,230				1,230	7	HY S/L	264	175
81	exam table and dental cabinet	8/19/13	2,132				2,132	7	HY S/L	457	304
82	Data / Video projector	12/11/13	669				669	7	HY S/L	143	96
83	Kennel Trane gas furnace and ac unit	7/31/14	6,700				6,700	7	HY S/L	479	957
85	Adapter Cagemount for vaporizer	3/28/14	1,656				1,656	7	HY S/L	118	237
			<u>413,206</u>				<u>409,653</u>			<u>76,646</u>	<u>28,206</u>
<b>Other Depreciation:</b>											
1	Building	12/01/98	0				0	0	HY	0	0
2	Mini Barn	9/11/03	0				0	0	HY	0	0
3	Floor Resurfacing	7/03/03	0				0	0	HY	0	0
4	Building Wall Reconstruction	7/01/05	0				0	0	HY	0	0
8	Furniture	7/01/87	0				0	0	HY	0	0
17	2 Laminated Kitty ...	11/29/94	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/15										
20	Video Camera	5/26/95	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/15										
40	Spark Arrester	3/16/99	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/15										
41	Hand Carved Sign	3/29/99	0				0	0	HY	0	0
43	Camera Camcorder	9/01/99	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/15										
44	Digital Camera	4/27/00	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/15										
47	KXTVS 50 VoiceMail	12/03/02	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/15										
48	Scale	7/18/03	0				0	0	HY	0	0
52	John Deere Tractor	4/04/06	0				0	0	HY	0	0
53	1 30 LB Dexter Dryer	9/18/07	0				0	0	HY	0	0
55	New roof extension	11/26/08	0				0	0	HY	0	0
57	Donor Perfect Software	6/03/08	0				0	0	HY	0	0
84	Two Regal Cages	12/15/14	0				0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

**Listed Property:**

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
58	New Ambulance	2/20/09	43,243			43,243	5 HY S/L	16,235	1,775
54	Honda Element	7/03/08	0			0	0 HY	0	0
			<u>43,243</u>			<u>43,243</u>		<u>16,235</u>	<u>1,775</u>
<b>Grand Totals</b>			462,925			459,372		92,881	30,468
<b>Less: Dispositions and Transfers</b>			<u>1,505</u>			<u>1,505</u>		<u>1,183</u>	<u>107</u>
<b>Net Grand Totals</b>			<u>461,420</u>			<u>457,867</u>		<u>91,698</u>	<u>30,361</u>

# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
70	Water Heater	11/14/12	1,756		0	0	878	878
		<b>Form 990, Page 1</b>	1,756		0	0	878	878
		<b>Grand Total</b>	1,756		0	0	878	878

# Depreciation Adjustment Report

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	58	New Ambulance	1,775	1,775	0
Page 1	1	59	Wall mounted heater	107	107	0
Page 1	1	60	Dog exercise fencing	180	180	0
Page 1	1	62	New server / network	860	860	0
Page 1	1	63	New Cremator	3,892	3,892	0
Page 1	1	64	2 Computers (ELF)	60	60	0
Page 1	1	65	Nine flat screen monitors	48	48	0
Page 1	1	66	Cat Room	692	692	0
Page 1	1	67	Heating / AC Heat pump upgrade	2,481	2,481	0
Page 1	1	68	New Telephone system	600	600	0
Page 1	1	70	Water Heater	176	176	0
Page 1	1	71	De-icing System on Roof	158	158	0
Page 1	1	72	Scrubber, Panther 20B Auto	580	580	0
Page 1	1	73	Cage - Stainless Steel Cat Intake	515	515	0
Page 1	1	74	Cat Condos	4,582	4,582	0
Page 1	1	75	2013 Ford Escape	5,234	5,234	0
Page 1	1	76	Surgery table	432	432	0
Page 1	1	77	Copier	738	738	0
Page 1	1	78	Addition	4,741	4,741	0
Page 1	1	79	Surgical spay pack 21 pc	203	203	0
Page 1	1	80	Room divider for surgery room	175	175	0
Page 1	1	81	exam table and dental cabinet	304	304	0
Page 1	1	82	Data / Video projector	96	96	0
Page 1	1	83	Kennel Trane gas furnace and ac unit	957	957	0
Page 1	1	85	Adapter Cagemount for vaporizer	237	237	0
Page 1	1	86	Advisor Monitor / roll stand, clip	433	433	0
Page 1	1	87	Surgery 6' Wide cage bank w/ 5 cages	54	54	0
				30,310	30,310	0



Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
60	Dog exercise fencing	6/08/09	2,700	180	180
62	New server / network	5/01/10	11,474	0	0
63	New Cremator	12/01/10	38,925	3,893	3,893
64	2 Computers (ELF)	5/01/10	800	0	0
65	Nine flat screen monitors	5/01/10	639	0	0
66	Cat Room	12/31/11	26,977	691	691
67	Heating / AC Heat pump upgrade	4/01/11	37,217	2,481	2,481
68	New Telephone system	7/27/11	4,198	599	599
70	Water Heater	11/14/12	1,756	175	175
71	De-icing System on Roof	4/23/12	6,320	158	158
72	Scrubber, Panther 20B Auto	6/28/12	2,900	580	580
73	Cage - Stainless Steel Cat Intake	12/19/12	2,574	514	514
74	Cat Condos	4/30/13	32,077	4,583	4,583
75	2013 Ford Escape	8/20/13	26,167	5,233	5,233
76	Surgery table	9/16/13	3,028	433	433
77	Copier	12/11/13	5,162	737	737
78	Addition	7/15/13	189,624	4,741	4,741
79	Surgical spay pack 21 pc	8/19/13	1,426	204	204
80	Room divider for surgery room	8/25/13	1,230	176	176
81	exam table and dental cabinet	8/19/13	2,132	305	305
82	Data / Video projector	12/11/13	669	96	96
83	Kennel Trane gas furnace and ac unit	7/31/14	6,700	957	957
84	Two Regal Cages	12/15/14	2,860	408	0
85	Adapter Cagemount for vaporizer	3/28/14	1,656	236	236
86	Advisor Monitor / roll stand, clip	2/24/15	3,467	496	496
87	Surgery 6' Wide cage bank w/ 5 cages	11/30/15	3,009	430	430
			<u>415,687</u>	<u>28,306</u>	<u>27,898</u>

**Other Depreciation:**

1	Building	12/01/98	1,619,057	32,381	0
2	Mini Barn	9/11/03	1,210	0	0
3	Floor Resurfacing	7/03/03	1,485	0	0
4	Building Wall Reconstruction	7/01/05	69,686	1,742	0
8	Furniture	7/01/87	1,067	0	0
41	Hand Carved Sign	3/29/99	1,750	0	0
48	Scale	7/18/03	595	0	0
52	John Deere Tractor	4/04/06	6,900	172	0
53	1 30 LB Dexter Dryer	9/18/07	4,276	427	0
55	New roof extension	11/26/08	34,717	868	0
56	Parking lot paving	9/10/08	5,350	356	158
57	Donor Perfect Software	6/03/08	5,530	0	0
61	Techsoup software	5/03/10	599	0	0
	<b>Total Other Depreciation</b>		<u>1,752,222</u>	<u>35,946</u>	<u>158</u>

**Total ACRS and Other Depreciation**

<u>1,752,222</u>	<u>35,946</u>	<u>158</u>
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**Listed Property:**

58	New Ambulance	2/20/09	43,243	1,775	1,775
54	Honda Element	7/03/08	19,687	0	0
			<u>62,930</u>	<u>1,775</u>	<u>1,775</u>

**Grand Totals**

<u>2,230,839</u>	<u>66,027</u>	<u>29,831</u>
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For calendar year 2015, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

Taxpayer Identification Number

LYCOMING COUNTY SOCIETY FOR  
PREVENTION OF CRUELTY TO ANIMALS

24-0857714

		2014	2015	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1. 378,478	472,243	93,765
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3. 52,055	73,860	21,805
	4. Program service revenue .....	4. 128,957	121,565	-7,392
	5. Investment income .....	5. 35,463	127,266	91,803
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7. 53,228	-73,595	-126,823
	8. Net income or (loss) from fundraising events .....	8. 75,274	48,104	-27,170
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10. 10,518	5,918	-4,600
	11. Other revenue .....	11. 3,159	726	-2,433
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 737,132	776,087	38,955
<b>Expenses</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15.		
	16. Salaries, other compensation, and employee benefits .....	16. 512,633	522,009	9,376
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. 23,260	25,073	1,813
	19. Occupancy, rent, utilities, and maintenance .....	19. 58,988	50,662	-8,326
	20. Depreciation and Depletion .....	20. 67,647	67,185	-462
	21. Other expenses .....	21. 189,362	192,897	3,535
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 851,890	857,826	5,936
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. -114,758	-81,739	33,019
<b>Other Information</b>	24. Total exempt revenue .....	24. 737,132	776,087	38,955
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. 306,599	229,984	-76,615
	27. Total assets .....	27. 3,380,142	4,547,255	1,167,113
	28. Total liabilities .....	28. 233,314	82,716	-150,598
	29. Retained earnings .....	29. 3,146,828	4,464,539	1,317,711
	30. Number of voting members of governing body .....	30. 14	13	
	31. Number of independent voting members of governing body .....	31. 14	13	
	32. Number of employees .....	32. 33	40	
	33. Number of volunteers .....	33. 150	125	

Form **990****Tax Return History****2015**Name **LYCOMING COUNTY SOCIETY FOR  
PREVENTION OF CRUELTY TO ANIMALS**Employer Identification Number  
**24-0857714**

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Contributions, gifts, grants .....		634,848	537,770	430,533	546,103	
Membership dues .....						
Program service revenue .....		130,985	125,514	128,957	121,565	
Capital gain or loss .....		57,288	78,507	53,228	-73,595	
Investment income .....		25,394	32,510	35,463	127,266	
Fundraising revenue (income/loss) .....		61,573	40,996	75,274	48,104	
Gaming revenue (income/loss) .....						
Other revenue .....		12,933	16,801	13,677	6,644	
<b>Total revenue</b> .....		923,021	832,098	737,132	776,087	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....		421,414	462,253	512,633	522,009	
Professional fees .....			25,454	23,260	25,073	
Occupancy costs .....		43,794	46,452	58,988	50,662	
Depreciation and depletion .....		54,961	60,707	67,647	67,185	
Other expenses .....		166,312	153,352	189,362	192,897	
<b>Total expenses</b> .....		686,481	748,218	851,890	857,826	
<b>Excess or (Deficit)</b> .....		236,540	83,880	-114,758	-81,739	
Total exempt revenue .....		923,021	832,098	737,132	776,087	
Total unrelated revenue .....						
Total excludable revenue .....		923,021	294,328	306,599	229,984	
Total Assets .....		3,428,655	3,626,855	3,380,142	4,547,255	
Total Liabilities .....		275,762	265,208	233,314	82,716	
Net Fund Balances .....		3,152,893	3,361,647	3,146,828	4,464,539	

Form **990T**

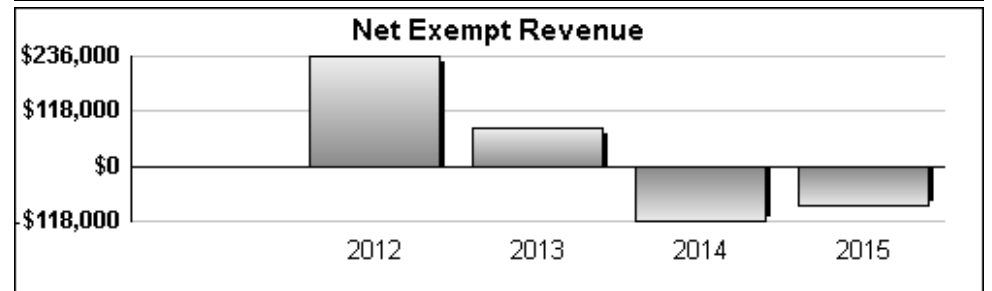
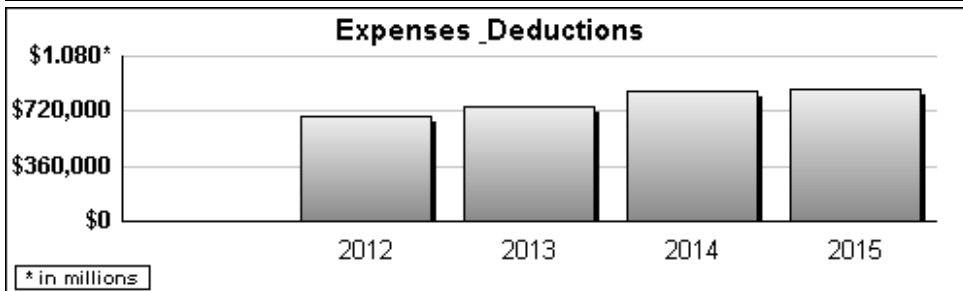
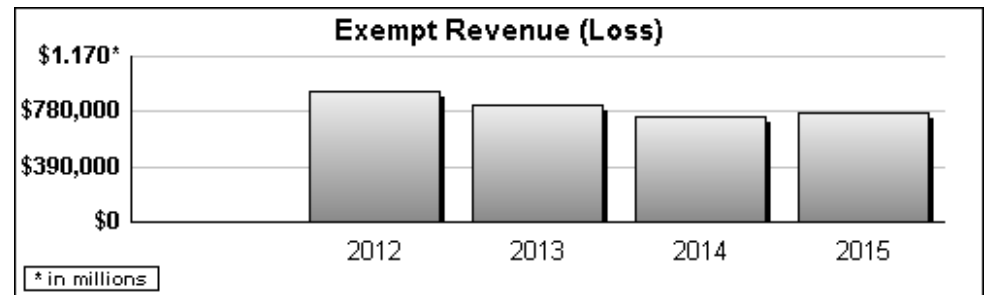
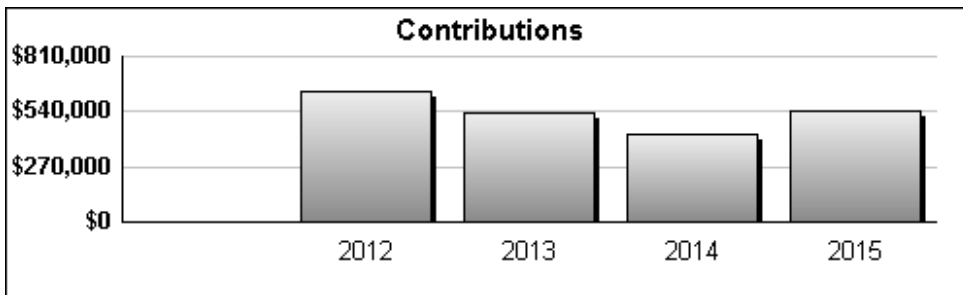
**Tax Return History**

**2015**

Name **LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS**

Employer Identification Number  
**24-0857714**

	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form **990T**

**Tax Return History**

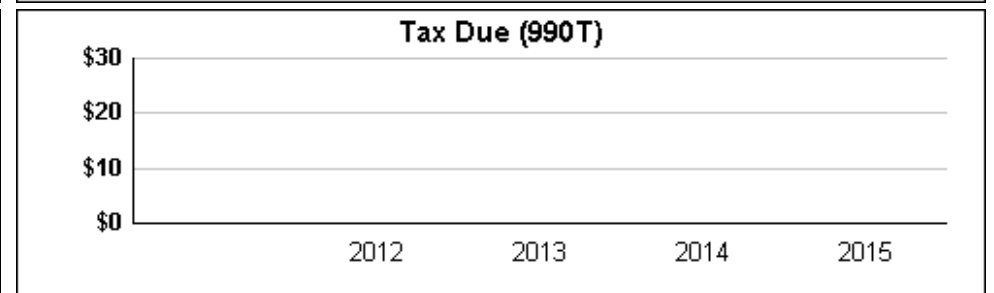
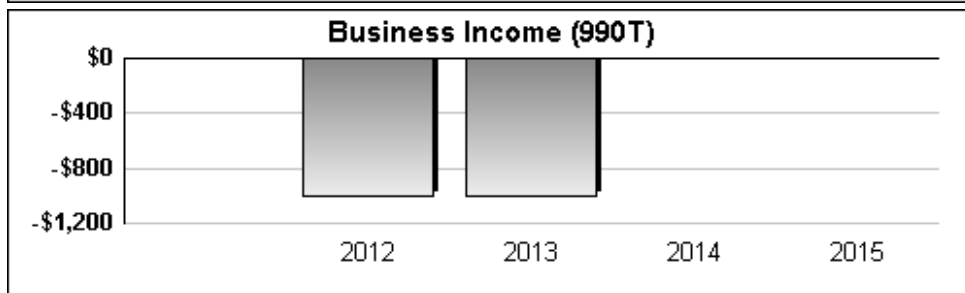
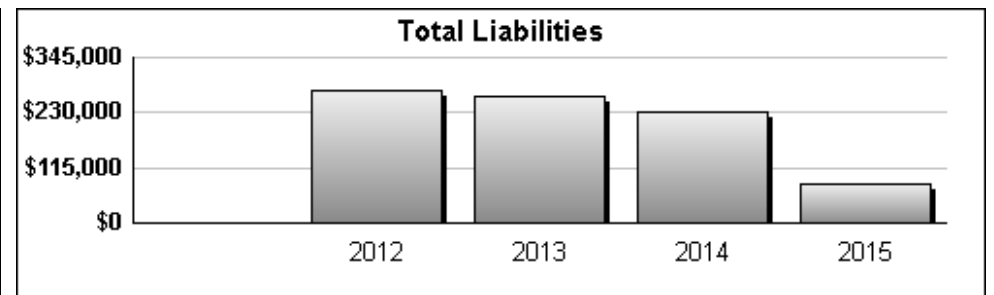
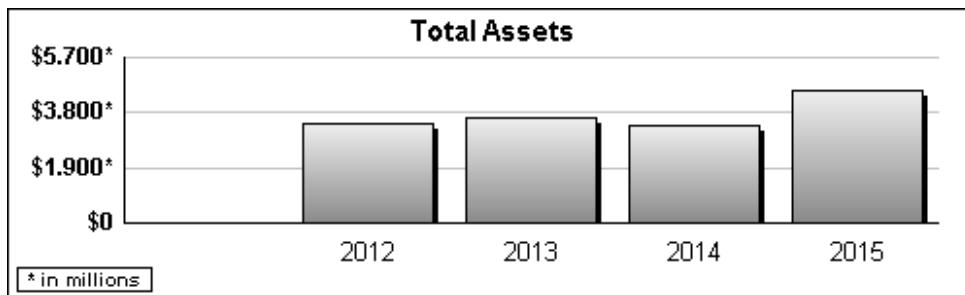
**2015**

Name **LYCOMING COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS**

Employer Identification Number  
**24-0857714**

	2011	2012	2013	2014	2015	2016
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....		1,000	1,000			
Income after expense and deductions .....		-1,000	-1,000			
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....		5,186	4,494			
<b>Balance due/Overpayment</b> .....		-5,186	-4,494			

\* Income shown net of expenses



## Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
WB CHECKING INTEREST INCOME	\$ 17					14
SPAY NEUTER FUND	152					14
TOTAL	\$ <u>169</u>					

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
WELLS FARGO NET	\$ 24,445					14
WELLS FARGO MMKT	6					14
STRADLEY TRUST	2,662					14
MEGAHAN WATSON	48,334					14
WATSON	34,400					14
TOTAL	\$ <u>109,847</u>					

## Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CEMETERY SUPPLIES	\$ 2,834	\$ 2,834	\$	\$
MISCELLANEOUS	676	604	32	40
DUES AND MEMBERSHIPS	399	361	17	21
BANK FEES	242	218	4	20
VOLUNTEER EXPENSE	87	78	4	5
UNIFORM EXPENSE	76	76		
BRICK EXPENSE	63			63
MISCELLANEOUS	49	49		
TOTAL	\$ <u>4,426</u>	\$ <u>4,220</u>	\$ <u>57</u>	\$ <u>149</u>

## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
TOWNSHIPS AND BOROUGH INCOME	\$ 64,200
DEPARTMENT OF AGRICULTURE REIMBURSEM	5,960
OTHER GRANTS	3,700
SPAY NEUTER INCOME	2,155
OTHER BEQUEST INCOME	239,792
CANISTER DONATIONS	4,192
MEMBERSHIP INCOME	44,434
MISCELLANEOUS CONTRIBUTIONS	112,896
MEMORIAL	31,008
ANIMAL CONTRIBUTIONS	10,552
MAJOR GIFT AND DONORS	24,209
REWARDS	1,020
JOYCE HERSHBERGER MEDICAL FUND	1,985
TOTAL	<u>\$ 546,103</u>

Schedule A, Part II, Line 8(e)

Description	Amount
WB CHECKING INTEREST INCOME	\$ 17
SPAY NEUTER FUND	152
WELLS FARGO NET	24,445
WELLS FARGO MMKT	6
STRADLEY TRUST	2,662
MEGAHAN WATSON	48,334
WATSON	34,400
WELLS FARGO (NET)	726
PUBLICLY TRADED PARTNERSHIP -	17,250
TOTAL	<u>\$ 127,992</u>



**Federal Statements****Schedule A, Part II, Line 9(e)**

Description	Amount
MISCELLANEOUS INCOME	\$ _____
TOTAL	\$ <u>          0</u>

**Schedule A, Part II, Line 12**

Description	Amount
OFFICE RECEIPTS	\$ 64,868
CREMATIONS	20,653
CEMETERY INCOME	5,940
RESTITUTION	12,721
DOG LICENSES	2,112
MICROCHIPS	10,531
SPAY / NEUTER	3,101
DOG TRAINING	2,408
REFUNDS AND ALLOWANCES	-769
TOTAL	\$ <u>121,565</u>