

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
CENTRAL NEW YORK CAT COALITION

D Employer identification number
06-1688749

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 6182

E Telephone number

City or town, state or province, country, and ZIP or foreign postal code
SYRACUSE, NY 13217

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.CNYCATCOALITION.ORG

J Tax-exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 137,011**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	91,293
	2	Program service revenue including government fees and contracts	2	45,715
	3	Membership dues and assessments	3	
	4	Investment income	4	3
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	137,011
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	500
	14	Occupancy, rent, utilities, and maintenance	14	2,150
	15	Printing, publications, postage, and shipping	15	4,454
	16	Other expenses (describe in Schedule O)	16	127,386
	17	Total expenses. Add lines 10 through 16	17	134,490
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,521
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	40,059
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	42,580

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	40,059	22	42,580
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	40,059	25	42,580
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,059	27	42,580

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
CAT POPULATION CARE/CONTROL

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

PROGRAM A-SPAY/NEUTER AND VACCINATION PROGRAM CNYCC OFFERS ONGOING FINANCIAL AID AND TRANSPORTATION FOR MEDICAL CARE TO CATS IN THE LOCAL AREA CATS ARE TRANSPORTED TO LOW COST CLINICS AND PARTICIPATING VETERINARIANS FOR THE PURPOSE OF SPAY/NEUTER, VACCINATION, PARASITE TREATMENT AND OTHER MEDICAL CONDITIONS ONE OF OUR PHONES IS DEDICATED SPECIFICALLY FOR MEDICAL NEEDS THIS ENABLES LOCAL AGENCIES, ANIMAL RESCUE PEOPLE AND THE PUBLIC TO CONTACT US WITHOUT A LONG DELAY OUR DEDICATED VOLUNTEERS SPEND COUNTLESS HOURS, MAKING APPOINTMENTS, ORGANIZING DRIVERS, DRIVING, AND FUND RAISING TO MAKE ALL OF THIS HAPPEN CNYCC DOES NOT OWN A VEHICLE, SO OUR VOLUNTEERS USE THEIR PERSONAL CARS/VANS FOR TRANSPORTATION TO AND FROM CLINICS IN 2013 WE HAD 1,840 CATS SPAYED OR NEUTERED AT PARTICIPATING SITES 846 MALE CATS, 976 FEMALE CATS, THUS PREVENTING THE BIRTHS OF THOUSANDS OF UNWANTED KITTENS AND HELPING TO CONTROL CAT OVERPOPULATION IN CENTRAL NEW YORK ALL CATS WERE EITHER RETURNED TO THEIR OWNERS OR RECOVERED INDOORS BY VOLUNTEERS ACCORDING TO RECOMMENDED POST OPERATIVE INSTRUCTIONS MANY OF THE FEMALE CATS WERE IN HEAT AT THE TIME OF SURGERY SO THE CONCEPTION OF NUMEROUS LITTERS OF KITTENS WAS PREVENTED, BRINGING US CLOSER TO OUR GOAL OF NO MORE HOMELESS PETS PROGRAM B1- FOSTER CARE AND ADOPTION PROGRAM CNYCC HAS NO SHELTER FACILITY WITH HUNDREDS OF FELINES IN FOSTER CARE ON ANY GIVEN DAY, THE NUMBER OF FOSTER HOMES CHANGE CONSTANTLY WHEN A RESCUED CAT IS IN A PRIVATE HOME CNYCC PROVIDES PARASITE TREATMENT AND VACCINATIONS TO ALL ANIMALS IN RESIDENCE EVERY CAT IN FOSTER CARE IS TREATED ON AN INDIVIDUAL BASIS EACH CAT IS GIVEN AS MUCH TIME AS NEEDED TO BECOME AN ADOPTABLE CAT OR KITTEN THEREFORE SOME OF OUR FOSTERED CATS/KITTENS REMAIN IN FOSTER CARE FOR LONG PERIODS OF TIME IN SOME INSTANCES A CAT MAY NOT BECOME ADOPTABLE AND REMAINS IN PERMANENT FOSTER CARE OR A SANCTUARY TYPE SETTING AS AN ADOPTION PARTNER OF PETSMART CHARITIES THE CNYCC IS PROVIDED WITH IN STORE ADOPTION SPACE AND PROVISIONS AT THREE LOCAL PETSMART STORES WE ESTIMATE APPROXIMATELY 8000 HOURS ARE DONATED BY OUR VOLUNTEERS FOSTER CARE PROVIDERS TAKE GREAT CARE TO FIND LOVING, RESPONSIBLE AND PERMANENT HOMES FOR EVERY CAT POTENTIAL ADOPTERS ARE ASKED TO COMPLETE AN ADOPTION APPLICATION, PRE-ADOPTION INTERVIEWS ARE CONDUCTED AND PERSONAL AND VETERINARIAN REFERENCES ARE CHECKED CNYCC VOLUNTEERS PLACED 408 CATS INTO LIVING HOMES IN 2013 PROGRAM B2-FERAL AND STRAY FELINE OUTREACH CATS BORN AND RAISED ON THE STREETS WITHOUT HUMAN CONTACT ARE UNDOMESTICATED THESE CATS FORM COLONIES WHERE THERE IS SHELTER AND A SOURCE FOR FOOD, USUALLY BEHIND RESTAURANT OR APARTMENT BUILDINGS THAT HOST A DUMPSTER THESE CATS ARE EVASIVE, FEAR ALL HUMANS AND WOULD CONTINUE TO BREED, CAUSING FURTHER OVERPOPULATION VOLUNTEERS WORK WITH INDIVIDUALS IN THE COMMUNITY TO HELP MANAGE FERAL COLONIES BY PROVIDING SOME COALITION-BUILD SHELTERS, LOW-OR NO-COST FOOD, INSTRUCTIONS AND SAFE TRAPS TO IMPLEMENT A TRAP, NEUTER, RECOVER, AND RELEASE PROGRAM (TNR) SOME CATS IN A COLONY BECOME FRIENDLY AND ADOPTABLE WHILE OTHERS REMAIN FERAL KITTENS TRAPPED YOUNG ENOUGH CAN BE TAMED AND SOCIALIZED IN FOSTER CARE AND ULTIMATELY PLACED FOR ADOPTION THE EAR OF A FERAL CAT IS CLIPPED DURING SURGERY TO CLEARLY IDENTIFY THE FIXED CATS WITHIN THE COLONY PROGRAM-C SYRACUSE PET FOOD PANTRY IN EARLY 2010 THE CAT COALITION EXPANDED ITS FOOD PANTRY TO INCLUDE AN ON SITE MONTHLY FOOD GIVE-AWAY TO FAMILIES IN NEED THIS PROGRAM INCLUDES CAT FOOD, CAT LITTER, AND DOG FOOD THE FOOD IS DISTRIBUTED ON SPRING STREET AT THE HENRY FRANK BUILDING THE PANTRY CONTINUES TO SERVE MANY LOW INCOME FAMILIES IN THE AREA

(Grants \$) If this amount includes foreign grants, check here

28a

123,818

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

123,818

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Form 990-EZ (2013)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of DOROTHY WASHBURN Telephone no (315) 289-2287 Located at 8756 RADBURN DR BALDWINVILLE, NY ZIP + 4 13027		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f	Total number of other employees paid over \$100,000	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000.	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	☒ Yes ☐ No
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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		2014-08-13 Date		
	ANNE VENTURA PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHARLES K PIKE	Preparer's signature	Date 2014-08-12	Check ☒ if self-employed	PTIN P00087077
	Firm's name CHARLES K PIKE & ASSOCIATES			Firm's EIN 16-1127382	
	Firm's address 109 N MAIN ST N SYRACUSE, NY 13212			Phone no (315) 452-0075	

May the IRS discuss this return with the preparer shown above? See instructions	☐ Yes ☐ No
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Additional Data

Software ID:
Software Version:
EIN: 06-1688749
Name: CENTRAL NEW YORK CAT COALITION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARIETTA ROWE VICE PRESIDE	4 00	0		
ANNE VENTURA PRESIDENT	18 00	0		
OLIVER BROWN TREASURER	3 00	0		
CAROL MONEY DIRECTOR	1 00	0		
CAROLYN DEGROFF DIRECTOR	1 00	0		
COURTNEY ARMBRUSTER SECRETARY	6 00	0		
JOANN HERSCHKORN DIRECTOR	1 00	0		
WENDY WILSON DIRECTOR	1 00	0		
JENN FISCHER DIRECTOR	1 00	0		
CLAUDIA SUTTON DIRECTOR	1 00	0		

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization CENTRAL NEW YORK CAT COALITION	Employer identification number 06-1688749
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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)
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 that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. 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 IV 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 IIISupport 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) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	33,044	54,626	50,664	81,104	91,293	310,731
2 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	51,953	27,388	42,574	36,204	45,718	203,837
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	84,997	82,014	93,238	117,308	137,011	514,568
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						514,568

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	84,997	82,014	93,238	117,308	137,011	514,568
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13	25				38
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	13	25				38
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	85,010	82,039	93,238	117,308	137,011	514,606
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.990%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.990%

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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 stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. 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 stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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2013

Open to Public Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

Name of the organization
CENTRAL NEW YORK CAT COALITION

Employer identification number

06-1688749

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 401 OFFICE 1,526 INSURANCE 1,201 SPAY NEUTER AND SUPPLIES 97,409 FOSTER CARE EXPENSES 26,409 MISC 440 TOTAL 127,386
FORM 990-EZ, PART III, LINE 28	PROGRAM A-SPAY/NEUTER AND VACCINATION PROGRAM CNYCC OFFERS ONGOING FINANCIAL AID AND TRANSPORTATION FOR MEDICAL CARE TO CATS IN THE LOCAL AREA CATS ARE TRANSPORTED TO LOW COST CLINICS AND PARTICIPATING VETERINARIANS FOR THE PURPOSE OF SPAY/NEUTER, VACCINATION, PARASITE TREATMENT AND OTHER MEDICAL CONDITIONS ONE OF OUR PHONES IS DEDICATED SPECIFICALLY FOR MEDICAL NEEDS THIS ENABLES LOCAL AGENCIES, ANIMAL RESCUE PEOPLE AND THE PUBLIC TO CONTACT US WITHOUT A LONG DELAY OUR DEDICATED VOLUNTEERS SPEND COUNTLESS HOURS, MAKING APPOINTMENTS, ORGANIZING DRIVERS, DRIVING, AND FUND RAISING TO MAKE ALL OF THIS HAPPEN CNYCC DOES NOT OWN A VEHICLE, SO OUR VOLUNTEERS USE THEIR PERSONAL CARS/VANS FOR TRANSPORTATION TO AND FROM CLINICS IN 2013 WE HAD 1,840 CATS SPAYED OR NEUTERED AT PARTICIPATING SITES 846 MALE CATS, 976 FEMALE CATS, THUS PREVENTING THE BIRTHS OF THOUSANDS OF UNWANTED KITTENS AND HELPING TO CONTROL CAT OVERPOPULATION IN CENTRAL NEW YORK ALL CATS WERE EITHER RETURNED TO THEIR OWNERS OR RECOVERED INDOORS BY VOLUNTEERS ACCORDING TO RECOMMENDED POST OPERATIVE INSTRUCTIONS MANY OF THE FEMALE CATS WERE IN HEAT AT THE TIME OF SURGERY SO THE CONCEPTION OF NUMEROUS LITTERS OF KITTENS WAS PREVENTED, BRINGING US CLOSER TO OUR GOAL OF NO MORE HOMELESS PETS PROGRAM B1- FOSTER CARE AND ADOPTION PROGRAM CNYCC HAS NO SHELTER FACILITY WITH HUNDREDS OF FELINES IN FOSTER CARE ON ANY GIVEN DAY, THE NUMBER OF FOSTER HOMES CHANGE CONSTANTLY WHEN A RESCUED CAT IS IN A PRIVATE HOME CNYCC PROVIDES PARASITE TREATMENT AND VACCINATIONS TO ALL ANIMALS IN RESIDENCE EVERY CAT IN FOSTER CARE IS TREATED ON AN INDIVIDUAL BASIS EACH CAT IS GIVEN AS MUCH TIME AS NEEDED TO BECOME AN ADOPTABLE CAT OR KITTEN THEREFORE SOME OF OUR FOSTERED CATS/KITTENS REMAIN IN FOSTER CARE FOR LONG PERIODS OF TIME IN SOME INSTANCES A CAT MAY NOT BECOME ADOPTABLE AND REMAINS IN PERMANENT FOSTER CARE OR A SANCTUARY TYPE SETTING AS AN ADOPTION PARTNER OF PETSMART CHARITIES THE CNYCC IS PROVIDED WITH IN STORE ADOPTION SPACE AND PROVISIONS AT THREE LOCAL PETSMART STORES WE ESTIMATE APPROXIMATELY 8000 HOURS ARE DONATED BY OUR VOLUNTEERS FOSTER CARE PROVIDERS TAKE GREAT CARE TO FIND LOVING, RESPONSIBLE AND PERMANENT HOMES FOR EVERY CAT POTENTIAL ADOPTERS ARE ASKED TO COMPLETE AN ADOPTION APPLICATION, PRE-ADOPTION INTERVIEWS ARE CONDUCTED AND PERSONAL AND VETERINARIAN REFERENCES ARE CHECKED CNYCC VOLUNTEERS PLACED 408 CATS INTO LIVING HOMES IN 2013 PROGRAM B2- FERAL AND STRAY FELINE OUTREACH CATS BORN AND RAISED ON THE STREETS WITHOUT HUMAN CONTACT ARE UNDOMESTICATED THESE CATS FORM COLONIES WHERE THERE IS SHELTER AND A SOURCE FOR FOOD, USUALLY BEHIND RESTAURANT OR APARTMENT BUILDINGS THAT HOST A DUMPSTER THESE CATS ARE EVASIVE, FEAR ALL HUMANS AND WOULD CONTINUE TO BREED, CAUSING FURTHER OVERPOPULATION VOLUNTEERS WORK WITH INDIVIDUALS IN THE COMMUNITY TO HELP MANAGE FERAL COLONIES BY PROVIDING SOME COALITION-BUILD SHELTERS, LOW-OR NO-COST FOOD, INSTRUCTIONS AND SAFE TRAPS TO IMPLEMENT A TRAP, NEUTER, RECOVER, AND RELEASE PROGRAM (TNR) SOME CATS IN A COLONY BECOME FRIENDLY AND ADOPTABLE WHILE OTHERS REMAIN FERAL KITTENS TRAPPED YOUNG ENOUGH CAN BE TAMED AND SOCIALIZED IN FOSTER CARE AND ULTIMATELY PLACED FOR ADOPTION THE EAR OF A FERAL CAT IS CLIPPED DURING SURGERY TO CLEARLY IDENTIFY THE FIXED CATS WITHIN THE COLONY PROGRAM-C SYRACUSE PET FOOD PANTRY IN EARLY 2010 THE CAT COALITION EXPANDED ITS FOOD PANTRY TO INCLUDE AN ON SITE MONTHLY FOOD GIVE-AWAY TO FAMILIES IN NEED THIS PROGRAM INCLUDES CAT FOOD, CAT LITTER, AND DOG FOOD THE FOOD IS DISTRIBUTED ON SPRING STREET AT THE HENRY FRANK BUILDING THE PANTRY CONTINUES TO SERVE MANY LOW INCOME FAMILIES IN THE AREA

TY 2013 Compensation Explanation**Name:** CENTRAL NEW YORK CAT COALITION**EIN:** 06-1688749

Person Name	Explanation
MARIETTA ROWE	
ANNE VENTURA	
OLIVER BROWN	
CAROL MONEY	
CAROLYN DEGROFF	
COURTNEY ARMBRUSTER	
JOANN HERSCHKORN	
WENDY WILSON	
JENN FISCHER	
CLAUDIA SUTTON	