**Form 990**

**Return of Organization Exempt From Income Tax**

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

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.

**2015**

**Name of organization**

**ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.**

**Doing business as**

**ANIMAL CARE CENTERS OF NYC**

**Number and street (or P.O. box if mail is not delivered to street address)**

**11 PARK PLACE**

**City or town, state or province, country, and ZIP or foreign postal code**

**NEW YORK, NY 10007**

**Telephone number**

**1212-442-2076**

**Gross receipts**

**18,722,615**

**H(a) is this a group return for subordinates?**

Yes

**H(b) Are all subordinates included?**

Yes

**Website**: WWW.NYACC.ORG

**Form of organization**: Corporation

**Trust**

**Association**

**Other**

**Year of formation**: 1995

**State of legal domicile**: NY

### Part I: Summary

**1 Briefly describe the organization’s mission or most significant activities**: TO PROMOTE AND PROTECT THE HEALTH, SAFETY AND WELFARE OF ANIMALS AND PEOPLE IN NEW YORK CITY.

**2 Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets**

3

**3 Number of voting members of the governing body (Part VI, line 1a)**

11

**4 Number of independent voting members of the governing body (Part VI, line 1b)**

10

**5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)**

387

**6 Total number of volunteers (estimate if necessary)**

575

**7a Total unrelated business revenue from Part VIII, column (C), line 12**

0

**7b Net unrelated business taxable income from Form 990-T, line 34**

0

### Part II: Revenue

**8 Contributions and grants (Part VIII, line 1h)**

Prior Year: 15,316,848

Current Year: 17,658,028

**9 Program service revenue (Part VIII, column 2g)**

806,812

734,559

**10 Investment income (Part VIII, column A), lines 3, 4, and 7d)**

347

265

**11 Other revenue (Part VIII, column A), lines 5, 6d, 6c, 6b, 2c, 10c, and 11e)**

48,605

175,086

**12 Total revenue - add lines B through 11 (must equal Part VIII, column A, line 12)**

16,172,612

18,567,936

### Part III: Expenses

**13 Grants and similar amounts paid (Part IX, column A), lines 1-3)**

0

0

**14 Benefits paid to or for members (Part IX, column A), line 4)**

0

0

**15 Salaries, other compensation, employee benefits (Part IX, column A), lines 5-10)**

11,403,176

13,398,709

**16a Professional fundraising fees (Part IX, column A), line 11a)**

0

0

**16 Total fundraising expenses (Part IX, column D, line 25)**

217,480

**17 Other expenses (Part IX, column A), lines 11c, 11d, 11e, 12c)**

4,451,602

4,708,912

**18 Total expenses. Add lines 13-17 (must equal Part IX, column A, line 25)**

15,854,778

18,107,621

**19 Revenue less expenses. Subtract line 18 from line 12**

317,834

460,315

### Part IV: Net Assets or Fund Balances

**Beginning of Current Year**

2,134,231

3,435,073

**End of Year**

912,852

1,753,379

1,221,379

1,681,694

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**Signature Block**

**Signature of officer**

RISA WEINSTOCK, EXECUTIVE DIRECTOR

**Type or print name and title**

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**Form 990 (2015)**
ANIMAL CARE AND CONTROL OF NEW YORK CITY INC. 13-3788986 Page 2

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
   ACC'S MISSION IS TO PROMOTE AND PROTECT THE HEALTH, SAFETY AND WELFARE OF PETS AND PEOPLE IN NEW YORK CITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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 $16,357,027, Including grants of $ ) (Revenue $734,559).
   ANIMAL CARE CENTERS OF NYC (ACC) IS ONE OF THE LARGEST ANIMAL WELFARE ORGANIZATIONS IN THE COUNTRY, TAKING IN APPROXIMATELY 35,000 ANIMALS EACH YEAR. ACC IS A 501(C)(3) NONPROFIT THAT RESCUES, CARES FOR AND FINDS LOVING HOMES FOR ANIMALS THROUGHOUT THE FIVE BOROUGHS OF NYC. ACC HAS A CONTRACT WITH THE CITY OF NEW YORK TO BE AN OPEN-ADMISSIONS ORGANIZATION, WHICH MEANS IT NEVER TURNS AWAY ANY HOMELESS, ABANDONED, INJURED OR SICK ANIMALS IN NEED OF HELP, INCLUDING CATS, DOGS, RABBITS, SMALL MAMMALS, REPTILES, BIRDS, FARM ANIMALS AND WILDLIFE.

   4b (Code: ) (Expenses $, Including grants of $ ) (Revenue $ ).

   4c (Code: ) (Expenses $, Including grants of $ ) (Revenue $ ).

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

   4e Total program service expenses $16,357,027.
### Part IV: Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4047(a)(1)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 98-18? If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11. If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part XI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a. Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(ii) or (iii)? If &quot;Yes,&quot; complete Schedule E</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14a. 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 &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization report on Part IX, column (A), line 3, more than $5,600 of grants or other assistance to or for any foreign organization? If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15. Did the organization report on Part IX, column (A), line 3, more than $5,600 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16. Did the organization report on Part IX, column (A), line 3, more than $5,600 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 11? If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule G, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
**ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.**

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td>If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or foreign government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24a</td>
<td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $ 00,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer inca 24b through 24d and complete Schedule K. If &quot;No&quot;, go to line 25a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25b</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>The organization was 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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28c</td>
<td>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 indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35b</td>
<td>If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: All Form 990 IJers are required to complete Schedule O.
### Statement Regarding Other IRS Filings and Tax Compliance

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number reported in Box 3 of Form 1099. Enter 0 if not applicable</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>1b. Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td>387</td>
<td></td>
</tr>
<tr>
<td>2b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b. If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; to line 3b, provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. 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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4b. If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c. If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8986-T?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a. Did the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b. If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7b. If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7d. If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8a. Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c. Did the organization make any taxable distributions under section 4965?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8d. Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a. Did the organization maintain donor advised funds? Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b. Did the organization maintain donor advised funds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Gross income from sources other than gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b. Gross income from sources other than gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a. Gross income from members or shareholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b. Gross income from sources other than gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13a. Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13b. Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13c. Enter the amount of reserves the organization is required to maintain in the state in which the organization is licensed to issue qualified health plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a. Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14b. If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANIMAL CARE AND CONTROL OF NEW YORK CITY  
INC.  

Part VI Governance, Management, and Disclosure  

For each "Yes" response to lines 2 through 7b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  

Section A. Governing Body and Management  

1a Enter the number of voting members of the governing body at the end of the tax year.  

b Enter the number of voting members included in line 1a, above, who are independent.  

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  

3 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 persons?  

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  

5 Did the organization become aware during the year of a significant diversion of the organization's assets?  

6 Did the organization have members or stockholders?  

7a 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?  

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  

a The governing body?  

b Each committee with authority to act on behalf of the governing body?  

9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address?  

If "Yes," provide the names and addresses in Schedule O.  

Section B. Policies  

10a Did the organization have local chapters, branches, or affiliates?  

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, branches, and affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  

b Describe in Schedule O how this was done.  

12a Did the organization have a written conflict of interest policy?  

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  

c Did the organization regularly and consistently monitor and enforce compliance with the policy?  

If "Yes," describe in Schedule O how this was done.  

13 Did the organization have a written whistleblower policy?  

14 Did the organization have a written document retention and destruction policy?  

15 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?  

a The organization's CEO, Executive Director, or top management official?  

b Other officers or key employees of the organization?  

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  

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.  

18 Section 6104 requires an organization to make its Forms 1023 or 1024 (if applicable), 990, and 990-T (Section 501(c)(3) is only) available for public inspection. Indicate how you made these available. Check all that apply.  

X Own website  

X Another's website  

X Upon request  

☐ Other (explain in Schedule O)  

19 Describe in Schedule O how 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:  

BTQ FINANCIAL - 212-901-2500  

80 BROAD STREET 15TH FLOOR, NEW YORK, NY 10004  

Form 990 (2015)  

532006 12-16-15
### 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.

- Enter 0 in columns (G), (H), 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.

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and Title</th>
<th>(B)</th>
<th>Average hours per week (in any related organizations, enter line below)</th>
<th>(C)</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>HOWARD HOLLANDER</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(2)</td>
<td>YOSSHON AROHOFF</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(3)</td>
<td>CHIEF JOANNE JAPFE</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(4)</td>
<td>LINDA CHINN</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(5)</td>
<td>CAREN FLEIT</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(6)</td>
<td>MIKE DICKER</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(7)</td>
<td>LOUISE COHEN</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(8)</td>
<td>CHIEF ROBERT BOYCE</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(9)</td>
<td>DAN KAASS</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(10)</td>
<td>MITCHEL J. SILVER</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(11)</td>
<td>DR. MARY TRAVIS BASSETT</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(12)</td>
<td>PATRICK NOLAN</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(13)</td>
<td>JAY KUNZMAN</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(14)</td>
<td>ELAINE KEANE</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(15)</td>
<td>RISA WEINSTECK</td>
<td>50.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>185,000</td>
<td></td>
<td>0.</td>
<td>19,110.</td>
<td></td>
</tr>
<tr>
<td>(16)</td>
<td>HELISHA WEBBER</td>
<td>50.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>133,765</td>
<td></td>
<td>0.</td>
<td>7,665.</td>
<td></td>
</tr>
<tr>
<td>(17)</td>
<td>LISA LEVIN</td>
<td>40.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>125,481</td>
<td></td>
<td>0.</td>
<td>13,898.</td>
<td></td>
</tr>
</tbody>
</table>

53207 12-13-15
### ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

#### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (if other than more than one, unlisted person is both an officer and a director trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) COLIN Dwyer</td>
<td>40.00</td>
<td>X</td>
<td>114,174</td>
<td>0</td>
<td>6,781</td>
</tr>
</tbody>
</table>

1b Sub-total: 558,420. 0. 47,454.  
c Total from continuation sheets to Part VII, Section A: 558,420. 0. 47,454.  
d Total (add lines 1b and 1c): 558,420. 0. 47,454.  

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 4  

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: Yes X  

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual: Yes X  

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: Yes X  

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>BTQ FINANCIAL, 80 BROAD STREET, 15TH FLOOR, NEW YORK, NY 10004</td>
<td>FINANCIAL SERVICES</td>
<td>252,000.</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 1  

Form 990 (2015)
### ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

**Form 990 (2015)**

**Part VIII**

**Statement of Revenue**

Check if Schedule O contains a response or not to any line in this Part VIII.

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax Under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Fundraising events</td>
<td>61,784</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Government grants (contributions)</td>
<td>14,867,437</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>Other contributions, gifts, grants, and similar amounts not included above</td>
<td>2,726,805</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g</td>
<td>Noncash contributions included in lines 1a-1f</td>
<td>1,600,627</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h</td>
<td>Total, Add lines 1a-1f</td>
<td>17,659,026</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>FACILITY REVENUE</td>
<td>900099</td>
<td>734,559</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Total, Add lines 2a-2f</td>
<td></td>
<td>734,559</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Investment Income (including dividends, interest, and other similar amounts)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Investment income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Royalties

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross Rents

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross Amount from Sales of Assets other than Inventory

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross Income from Fundraising Events (not including $63,784 of contributions reported on line 1c).

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td>Gross income from fundraising events</td>
<td>253,369</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: direct expenses</td>
<td>154,679</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Net income or (loss) from fundraising events</td>
<td>98,690</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross Income from Gaming Activities

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td>Gross income from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross Sales of Inventory, Less Returns and Allowances

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>OTHER MISC INCOME</td>
<td>900099</td>
<td>76,396</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total, Add lines 11a-11d</td>
<td></td>
<td>76,396</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total revenue, See instructions</td>
<td></td>
<td>18,567,936</td>
<td></td>
<td>734,559</td>
</tr>
</tbody>
</table>

Form 990 (2015)
<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>558,419</td>
<td>558,419</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(h)(1) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>9,289,273</td>
<td>9,094,862</td>
<td>95,648</td>
<td>98,763</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>1,382,027</td>
<td>1,276,375</td>
<td>91,792</td>
<td>13,860</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>2,168,990</td>
<td>2,003,177</td>
<td>144,060</td>
<td>21,753</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td>143,511</td>
<td>143,511</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>32,000</td>
<td>32,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule D.)</td>
<td>347,908</td>
<td>52,442</td>
<td>295,466</td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>495,674</td>
<td>478,734</td>
<td>12,987</td>
<td>3,953</td>
</tr>
<tr>
<td>17 Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Inturist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>38,691</td>
<td>35,733</td>
<td>2,570</td>
<td>388</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>388,749</td>
<td>359,030</td>
<td>25,820</td>
<td>3,899</td>
</tr>
<tr>
<td>24 Other expenses. List items expenses not covered above. (List miscellaneous expenses in line 24c. If line 24c amount exceeds 10% of line 25, column (A) amount, list line 24c expenses on Schedule D.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a MEDICAL SUPPLIES &amp; SERV</td>
<td>993,937</td>
<td>993,937</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b SUPPLIES</td>
<td>819,040</td>
<td>814,651</td>
<td>4,093</td>
<td>267</td>
</tr>
<tr>
<td>c TECHNOLOGY AND EQUIPMENT</td>
<td>359,388</td>
<td>331,914</td>
<td>23,870</td>
<td>3,604</td>
</tr>
<tr>
<td>d VEHICLE EXPENSES</td>
<td>320,802</td>
<td>265,491</td>
<td>55,311</td>
<td>0</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>759,212</td>
<td>650,681</td>
<td>47,567</td>
<td>70,964</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24c</td>
<td>10,107,621</td>
<td>16,357,027</td>
<td>1,533,114</td>
<td>217,480</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part X
#### Balance Sheet

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

<table>
<thead>
<tr>
<th>assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash - non-interest-bearing</td>
<td>717,767</td>
<td>1,374,775</td>
</tr>
<tr>
<td>2. Savings and temporary cash investments</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>302,526</td>
<td>1,046,789</td>
</tr>
<tr>
<td>4. Accounts receivable, net</td>
<td>325,291</td>
<td>194,203</td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6. Loans and other receivables from other disqualified persons (as defined under section 4958(d)(11), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>9. Prepaid expenses and deferred charges</td>
<td>291,719</td>
<td>291,582</td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>1,078,850</td>
<td>1,078,850</td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td>630,581</td>
<td>630,581</td>
</tr>
<tr>
<td>11. Investments - publicly traded securities</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>12. Investments - other securities. See Part IV, line 11</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>13. Investments - program-related. See Part IV, line 11</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>14. Intangible assets</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>16. Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>79,375</td>
<td>79,455</td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>2,134,231</td>
<td>3,435,073</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td>175,844</td>
<td>215,522</td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td>470</td>
<td>21,130</td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>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</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>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</td>
<td>736,538</td>
<td>1,516,727</td>
</tr>
<tr>
<td>26. Total liabilities. Add lines 17 through 25</td>
<td>312,852</td>
<td>1,753,379</td>
</tr>
</tbody>
</table>

#### Liabilities

<table>
<thead>
<tr>
<th>liabilities</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Unrestricted net assets</td>
<td>646,882</td>
<td>555,689</td>
</tr>
<tr>
<td>28. Temporarily restricted net assets</td>
<td>574,497</td>
<td>1,126,005</td>
</tr>
<tr>
<td>29. Permanently restricted net assets</td>
<td>29</td>
<td>29</td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th>net assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Capital stock or trust principal, or current funds</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>31. Paid in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>32. Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>33. Total net assets or fund balances</td>
<td>1,221,379</td>
<td>1,681,694</td>
</tr>
<tr>
<td>34. Total liabilities and net assets/fund balances</td>
<td>2,134,231</td>
<td>3,435,073</td>
</tr>
</tbody>
</table>

Form 990 (2015)
**Part XI** Reconciliation of Net Assets

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

| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18,567,936. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 18,107,621. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 460,315. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,221,379. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,681,694. |

**Part XII** Financial Statements and Reporting

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

| 1 | Accounting method used to prepare the Form 990: Cash | X | Accrual | Other |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | ☐ | Yes | ☒ No |
| 2a | 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: | ☐ | Separate basis | ☒ Consolidated basis | ☐ Both consolidated and separate basis |
| 2b | Were the organization's financial statements audited by an independent accountant? | ☒ | Yes | X No |
| 2c | 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: | ☒ X | Separate basis | ☐ Consolidated basis | ☐ Both consolidated and separate basis |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | ☐ | Yes | X No |
| 3b | 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 | ☐ | Yes | X No |

Form 990 (2015)
**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.

**Name of the organization:** ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part. See instructions.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).</td>
</tr>
<tr>
<td>X</td>
<td>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.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>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 II.)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively for test of public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
</tr>
<tr>
<td>a</td>
<td>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.</td>
</tr>
<tr>
<td>b</td>
<td>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.</td>
</tr>
<tr>
<td>c</td>
<td>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.</td>
</tr>
<tr>
<td>d</td>
<td>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 E, and Part V.</td>
</tr>
<tr>
<td>e</td>
<td>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.</td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations.</td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organizations:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(I) Name of supported organization</th>
<th>(II) EIN</th>
<th>(III) Type of organization (described on lines 1-9 above, see instructions)</th>
<th>(IV) Is the organization listed in your governing document?</th>
<th>(V) Amount of monetary support (see instructions)</th>
<th>(VI) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
### ANIMAL CARE AND CONTROL OF NEW YORK CITY

**Schedule A** (Form 990 or 990-EZ) 2015

**Inc.** 13-3788886  Page 2

### Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(vi) 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) [ ]

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9,507,832</td>
<td>11,614,301</td>
<td>14,142,619</td>
<td>15,933,377</td>
<td>17,595,243</td>
<td>68,793,373</td>
</tr>
<tr>
<td>2</td>
<td>317,452</td>
<td>298,865</td>
<td>322,330</td>
<td>276,749</td>
<td>222,385</td>
<td>1,437,781</td>
</tr>
<tr>
<td>3</td>
<td>9,625,284</td>
<td>11,913,167</td>
<td>14,464,949</td>
<td>16,210,126</td>
<td>17,817,628</td>
<td>70,231,514</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

Calendar year (or fiscal year beginning in) [ ]

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>9,625,284</td>
<td>11,913,167</td>
<td>14,464,949</td>
<td>16,210,126</td>
<td>17,817,628</td>
<td>70,231,514</td>
</tr>
<tr>
<td>8</td>
<td>726</td>
<td>525</td>
<td>450</td>
<td>347</td>
<td>265</td>
<td>2,313</td>
</tr>
<tr>
<td>9</td>
<td>209,806</td>
<td>194,307</td>
<td>243,322</td>
<td>80,415</td>
<td>76,396</td>
<td>804,246</td>
</tr>
<tr>
<td>10</td>
<td>71,037,713</td>
<td>4,545,161</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>14</td>
<td>98.86%</td>
<td>98.86%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>15</td>
<td>98.86%</td>
<td>98.86%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td>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 &quot;facts-and-circumstances&quot; 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANIMAL CARE AND CONTROL OF NEW YORK CITY

Schedule A (Form 990 or 990-EZ) 2015
INC. 13-3788986 Page 3

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)__________________________

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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 12 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Total Support

Calendar year (or fiscal year beginning in)__________________________

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>15</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>16</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Public support percentage from 2014 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>17</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2015 (line 10c, column (f)) divided by line 13, column (f))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>18</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Investment income percentage from 2014 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19a 33 1/3% support tests - 2015. 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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b 33 1/3% support tests - 2014. 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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Notes:**

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- **Page 4**
- **532024 06-23-15**

**ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.**

**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.)

**Schedule A (Form 990 or 990-EZ) 2015**
### Part IV Supporting Organizations (continued)

11. Has the organization accepted a gift or contribution from any of the following persons?
   a. 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. A family member of a person described in (a) above?
   c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details in Part VI.

### Section B. Type I Supporting Organizations

1. 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### Section C. Type II Supporting Organizations

1. Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

### Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2. Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3. 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 Part VI the role the organization’s supported organizations played in this regard.

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

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
   a. The organization satisfied the Activities Test. Complete line 2 below.
   b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. Activities Test. Answer (a) and (b) below.
   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b. Did the activities described 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 Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3. Parent of Supported Organizations. Answer (a) and (b) below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### 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

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Net short-term capital gain</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2. Recoveries of prior-year distributions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3. Other gross income (see instructions)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4. Add lines 1 through 3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5. Depreciation and depletion</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7. Other expenses (see instructions)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8. Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Average monthly value of securities</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>b. Average monthly cash balances</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c. Fair market value of other non-exempt-use assets</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>d. Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>e. Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3. Subtract line 2 from line 1d</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5. Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6. Multiply line 5 by .035</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7. Recoveries of prior-year distributions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8. Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
</tr>
<tr>
<td>2. Enter 85% of line 1</td>
<td>2</td>
</tr>
<tr>
<td>3. Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
</tr>
<tr>
<td>4. Enter greater of line 2 or line 3</td>
<td>4</td>
</tr>
<tr>
<td>5. Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>6. Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
<td>6</td>
</tr>
<tr>
<td>7. Check here if the current year is the organization’s first as a non-functionally-integrated Type III supporting organization (see instructions).</td>
<td></td>
</tr>
</tbody>
</table>
### ANIMAL CARE AND CONTROL OF NEW YORK CITY

**Schedule A (Form 990 or 990-EZ) 2015**

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

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

#### Section E - Distribution Allocations (see instructions)

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

---

Schedule A (Form 990 or 990-EZ) 2015

03-23-15
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, 5a, 5b, 8a, 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 1a; Part V, Section D, lines 2, 5, and 6; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

Employer identification number

13-3788986

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)(3) (entire number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

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

LHA. For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ASPCA</td>
<td>$ 409,125.</td>
<td>Person [X] Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td>520 EIGHTH AVENUE</td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>NEW YORK CITY DEPARTMENT OF HEALTH</td>
<td>$ 13,865,623.</td>
<td>Person [X] Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td>125 WORTH STREET</td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10013</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

**Part II: Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
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</tr>
</tbody>
</table>

**ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.**

Employer Identification Number

13-3788986

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line only. For organizations completing Part II, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. [$2,500,000.00]

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Transferee's name, address, and ZIP + 4</td>
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<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>No. from Part I</th>
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<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee
### SCHEDULE D
#### Supplemental Financial Statements

**Form 990**

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

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

**2015**

**Open to Public Inspection**

**Name of the organization:** ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

**Employee identification number:** 13-3788986

#### Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part V, line 8.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  
☐ Yes  ☐ No

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conflicting impermissible private benefit?  
☐ Yes  ☐ No

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

|   |  
|---|---
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply).  
- Preservation of land for public use (e.g., recreation or education)  
- Preservation of a historically important land area  
- Protection of natural habitat  
- Preservation of a certified historic structure  
- Preservation of open space  
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation easement in the form of a conservation easement on the last day of the tax year.  
   | Total number of conservation easements | 2a  
   | Total acres of conservation easements | 2b  
   | Number of conservation easements on a certified historic structure included in (a) | 2c  
   | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d  
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year |  
| 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? |  
| 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)? |  
| 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.

1a 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, 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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| (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 reported under SFAS 116 (ASC 958) relating to these items:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| (i) Revenue included on Form 990, Part VIII, line 1 | $  
| (ii) Assets included in Form 990, Part X | $  

---

LHA  
For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
Schedule D (Form 990) 2015

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11-02-15
Schedule D (Form 990) 2015

INC. 13-3788986  Page 2

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?
   a [ ] 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?
   a [ ] Yes □ No

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

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

1a Beginning of year balance
   (a) Current year
   (b) Prior year
   (c) Two years back
   (d) Three years back
   (e) Four years back

b Contributions

c Net Investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1a, column (a)) held as:
   a Board designated or quasi-endowment ▶ %
   b Permanent endowment ▶ %
   c Temporarily restricted endowment ▶ %
   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

b If "Yes" on line 3a(i), 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

<table>
<thead>
<tr>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td>275,374</td>
<td>36,166</td>
<td>239,208</td>
</tr>
<tr>
<td>1d Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>803,476</td>
<td>594,415</td>
<td>209,061</td>
</tr>
</tbody>
</table>

Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 448,269

Schedule D (Form 990) 2015
<table>
<thead>
<tr>
<th>Description of security or category (including name of security)</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
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<tr>
<td>(H)</td>
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</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

<table>
<thead>
<tr>
<th>Description of Investment</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<td>(2)</td>
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<td>(7)</td>
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<tr>
<td>(8)</td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
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<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

<table>
<thead>
<tr>
<th>Description of liability</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td>575,466</td>
</tr>
<tr>
<td>(2) SALARIES AND PAYROLL TAXES PAYABLE</td>
<td>178,364</td>
</tr>
<tr>
<td>(3) BENEFIT DAYS ACCRUAL</td>
<td>143,519</td>
</tr>
<tr>
<td>(4) FRINGE BENEFITS PAYABLE</td>
<td>145,198</td>
</tr>
<tr>
<td>(5) ACCRUED EXPENSES</td>
<td>8,890</td>
</tr>
<tr>
<td>(6) OTHER LIABILITIES</td>
<td>400,000</td>
</tr>
<tr>
<td>(7) LINE OF CREDIT</td>
<td>5,000</td>
</tr>
<tr>
<td>(8) REFUNDABLE ADVANCE</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,515,727

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 [X].

SEE PART XIII FOR CONTINUATIONS
ANIMAL CARE AND CONTROL OF NEW YORK CITY INC. 13-3788986 Page 4

Schedule D (Form 990) 2015

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

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a Net unrealized gains (losses) on investments
   b Donated services and use of facilities
   c Recoveries of prior year grants
   d Other (Describe in Part XIII)
   e Add lines 2a through 2d

3 Subtract line 2e from line 1

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
   b Other (Describe in Part XIII)
   c Add lines 4a and 4b

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a Donated services and use of facilities
   b Prior year adjustments
   c Other losses
   d Other (Describe in Part XIII)
   e Add lines 2a through 2d

3 Subtract line 2e from line 1

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
   b Other (Describe in Part XIII)
   c Add lines 4a and 4b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII: Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 8; 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 X. LINE 2:

THE ORGANIZATION HAD NO LIABILITY FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FIN 48 (ASC 740). THE ACCOMPANYING FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS DISCLOSED THAT THE MATTER HAS BEEN ASSESSED AND THAT THERE WAS NO LIABILITY TO ACCRUE.

"THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITION IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740. FASB ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES.

Schedule D (Form 990) 2015 05-21-15
ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740 ON JANUARY 1, 2009.

THERE WAS NO IMPACT ON THE TOTAL NET ASSETS AS A RESULT OF THE ADOPTION OF FASB ASC 740."
<table>
<thead>
<tr>
<th>Part X</th>
<th>Other Liabilities. See Form 990, Part X, line 25.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Description of liability</td>
</tr>
<tr>
<td></td>
<td>(b) Amount</td>
</tr>
<tr>
<td></td>
<td>DEFERRED REVENUE</td>
</tr>
<tr>
<td></td>
<td>50,800.</td>
</tr>
<tr>
<td></td>
<td>CUSTOMER DEPOSITS</td>
</tr>
<tr>
<td></td>
<td>9,490.</td>
</tr>
</tbody>
</table>
**SCHEDULE G**

**Supplemental Information Regarding Fundraising or Gaming Activities**

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).

**2015**

Open to Public Inspection

**Name of the organization**

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

**Employer identification number**

13-3788986

---

**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.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2. a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VIII) 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.

<table>
<thead>
<tr>
<th>(I) Name and address of individual or entity (fundraiser)</th>
<th>(II) Activity</th>
<th>(III) Ind. incl. total paid to or retained by fundraiser</th>
<th>(IV) Gross receipts from activity</th>
<th>(V) Amount paid to (or retained by) fundraiser listed in col. (I)</th>
<th>(VI) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Total

---

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.

---

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
### ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

**Schedule G (Form 990 or 990-EZ) 2015**

#### 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.

<table>
<thead>
<tr>
<th>Event</th>
<th>ART TO THE RESCUE II</th>
<th>GALA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(event type)</td>
<td>(event type)</td>
</tr>
<tr>
<td>1</td>
<td>Gross Receipts</td>
<td>60,040.</td>
</tr>
<tr>
<td>2</td>
<td>Less: Contributions</td>
<td>1,150.</td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td>58,890.</td>
</tr>
<tr>
<td>4</td>
<td>Cash prizes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Noncash prizes</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rent/facility costs</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Food and beverages</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Entertainment</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other direct expenses</td>
<td>87,291.</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Event</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/INSTANT bang/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Volunteer labor</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>7</td>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:
ANIMAL CARE AND CONTROL OF NEW YORK CITY

11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a. The organization's facility
   b. An outside facility
      13a □ %
      13b □ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No

   b. If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ▶ and the amount of gaming revenue retained by the third party ▶ $ ▶.

   c. If "Yes," enter name and address of the third party:
      Name ▶
      Address ▶

16 Gaming manager information:
   Name ▶
   Gaming manager compensation ▶ $ ▶
   Description of services provided ▶
   □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No

   b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ ▶

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
### Compensation Information

**Form 990, Part IV, Line 23**

**Name of the organization:** ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

**Employer identification number:** 13-3788986

#### Part I Questions Regarding Compensation

1a. Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items:

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If “No,” complete Part III to explain.

<table>
<thead>
<tr>
<th>1b</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

2. Did the organization require prior reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

<table>
<thead>
<tr>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

3. Indicate which, if any, of the following the filing organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Written employment contract
- Independent compensation consultant
- Compensation survey or study
- Form 990 of other organizations
- Approval by the board or compensation committee

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a. Receive a severance payment or change-of-control payment?

b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c. Participate in, or receive payment from, an equity-based compensation arrangement?

<table>
<thead>
<tr>
<th>4a</th>
<th>4b</th>
<th>4c</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a. The organization?

b. Any related organization?

<table>
<thead>
<tr>
<th>5a</th>
<th>5b</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

If “Yes” to line 5a or 5b, describe in Part III.

6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a. The organization?

b. Any related organization?

<table>
<thead>
<tr>
<th>6a</th>
<th>6b</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

If “Yes” on line 6a or 6b, describe in Part III.

7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If “Yes,” describe in Part III.

<table>
<thead>
<tr>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

8. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If “Yes,” describe in Part III.

<table>
<thead>
<tr>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

9. If “Yes” to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<table>
<thead>
<tr>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### ANIMAL CARE AND CONTROL OF NEW YORK CITY
#### INC.

**Schedule J (Form 990) 2015**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.**

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (b) and from related organizations, described in the instructions, on row (d). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) RISA WEINSTECK EXECUTIVE DIRECTOR</td>
<td>185,000. 0. 0. 0.</td>
<td>19,110.</td>
<td>204,110.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) LISA LEVIN MEDICAL DIRECTOR</td>
<td>125,481. 0. 0. 0.</td>
<td>0.</td>
<td>0.</td>
<td>13,898.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) COLIN Dwyer SENIOR MANAGER VETERINARIAN SERVICES</td>
<td>114,174. 0. 0. 0.</td>
<td>0.</td>
<td>0.</td>
<td>6,781.</td>
<td>0.</td>
</tr>
</tbody>
</table>

**Schedule J (Form 990) 2015**

10-14-15
## Noncash Contributions

**Schedule M (Form 990)**

- Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Name of the organization:** ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

### Employer Identification number

13-3788986

### Part I Types of Property

<table>
<thead>
<tr>
<th>#</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1a</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
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</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
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</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
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</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other ➤ (PENSION)</td>
<td>X</td>
<td>1</td>
<td>1,001,814.Retail Value</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other ➤ (UTILITIES)</td>
<td>X</td>
<td>1</td>
<td>222,385.Retail Value</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other ➤ (VARIOUS SUPPL)</td>
<td>X</td>
<td>759</td>
<td>145,180.Retail Value</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other ➤ (LEGAL)</td>
<td>X</td>
<td>1</td>
<td>143,511.Retail Value</td>
<td></td>
</tr>
</tbody>
</table>

**Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement:** 29

- **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **No**
- **31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **Yes**
- **32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **No**

**L-VA** For Paperwork Reduction Act Notice, see the instructions for Form 990.
PART I, OTHER TYPES OF PROPERTY:

SPECIAL EVENT EXPENSES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII § 87291.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

SCHEDULE M, LINE 33:

ACC RECEIVES VARIOUS DONATED ANIMAL CARE SUPPLIES, INCLUDING FOOD, BLANKETS, LEASHES, ETC. AS PART OF ITS ONGOING OPERATIONS. THERE ARE MANY SOURCES OF THESE DONATIONS. THE ESTIMATED AMOUNTS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS ARE AN ESTIMATE OF THE FMV OF THE SUPPLIES RECEIVED FOR THE YEAR AND HAVE BEEN INCLUDED IN IN-KIND DONATIONS ON SCHEDULE D PARTS XII AND XIII. THESE AMOUNTS HAVE NOT BEEN INCLUDED IN REVENUE REPORTED ON FORM 990.
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF FORM 990 IS PROVIDED TO EACH OF THE TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS AND SENIOR LEVEL MANAGEMENT ARE REQUESTED TO UPDATE THEIR
INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR THE ED COMPENSATION INVOLVES A REVIEW OF THE MARKET FOR
COMPARABLE POSITIONS (USUALLY BY A THIRD PARTY CONSULTANT); A BUDGET
ANALYSIS AND DISCUSSION AMONG BOARD MEMBERS, PARTICULARLY THE CHAIRMAN AND
THE TREASURER; AND FINALLY IS APPROVED BY THE BOARD.

THE BOARD HAS A GENERAL UNDERSTANDING OF SALARIES PAID TO KEY EMPLOYEES.
THE EXECUTIVE DIRECTOR WOULD NEED TO REVIEW ANY INCREASES IN COMPENSATION
FOR KEY EMPLOYEES THAT SIGNIFICANTLY EXCEEDS CURRENT SALARY RANGES WITH THE
BOARD CHAIR. COMPARABLE POSITIONS AND SALARIES WOULD BE INCLUDED IN THE
REVIEW AS WELL REVIEW BY ACC’S FINANCIAL CONSULTANT IN TERMS OF IMPACT TO
THE ORGANIZATION’S BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WITHIN 30 DAYS OF WRITTEN
REQUESTS.
THERE WAS NO CHANGE IN THE PRIOR PROCESS REGARDING OVERSIGHT OF THE
FINANCIAL STATEMENT AUDIT AND SELECTION OF INDEPENDENT AUDITOR.

SCHEDULE A, PART II, LINE 3

ACC RECEIVES BOTH UTILITIES AND THE USE OF ITS RECEIVING CENTERS AND
ANIMAL SHELTER FACILITIES FROM THE CITY OF NEW YORK FREE OF CHARGE. THE
AMOUNT INCLUDED ON LINE 3 REPRESENTS THE VALUE OF THE UTILITIES PAID ON
BEHALF OF AC&C BY THE CITY OF NEW YORK. THE THREE ANIMAL CARE CENTERS
USED BY THE ORGANIZATION ARE OWNED BY THE CITY. BECAUSE OF THE SPECIFIC
USE AND DESIGN OF THE FACILITIES THERE IS NO REASONABLE METHOD TO
DETERMINE THE ESTIMATED FMV OF RENTING THE FACILITIES. ACCORDINGLY SUCH
AN ESTIMATE IS NOT INCLUDED.
### Related Organizations and Unrelated Partnerships

**Form 990**

**Name of the organization:** ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

**Employer identification number:** 13-3788986

#### Part I: Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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</tbody>
</table>

#### Part II: Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 501(c)(3) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NYC DEPARTMENT OF HEALTH</strong> 320 WEST 42ND STREET NEW YORK, NY 10036</td>
<td><strong>NYC DOH’S MISSION IS TO</strong> PROTECT AND PROMOTE THE HEALTH OF ALL NEW YORKERS</td>
<td>NEW YORK</td>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule R (Form 990) 2015
### Part III
Identification of Related Organizations Taxable as a Partnership
Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managed partnership?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
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</table>

### Part IV
Identification of Related Organizations Taxable as a Corporation or Trust
Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 617(b)(13) controlled entity?</th>
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</tr>
</tbody>
</table>
**ANIMAL CARE AND CONTROL OF NEW YORK CITY**

**INC.**

**Schedule R (Form 990 2015)**

**Page 3**

### Part V: Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35h, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
<td>X</td>
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<tr>
<td>1b</td>
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<td>X</td>
</tr>
<tr>
<td>1c</td>
<td>X</td>
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<td>1d</td>
<td>X</td>
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<td>1e</td>
<td>X</td>
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<td>1f</td>
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<td>1g</td>
<td>X</td>
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<td>1h</td>
<td>X</td>
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<td>1i</td>
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<td>1q</td>
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<td>1r</td>
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<td>X</td>
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<tr>
<td>1s</td>
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<td>X</td>
</tr>
</tbody>
</table>

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th></th>
<th>Name of related organization</th>
<th>(b) Transaction type</th>
<th>(c) Amount Involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NYC DEPARTMENT OF HEALTH</td>
<td>C</td>
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## ANIMAL CARE AND CONTROL OF NEW YORK CITY

### Schedule R (Form 990) 2015
### INC.
### 13-3788986  Page 4

**Part VI  Unrelated Organizations Taxable as a Partnership**

Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Allocated partnership interest</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner</th>
<th>(k) Percentage ownership</th>
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Schedule R (Form 990) 2015
**Exempt Organization Business Income Tax Return**

For calendar year 2015 or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Name of organization:** ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

**Address:** 11 PARK PLACE

**City or town, state or province, country, and ZIP or foreign postal code:** NEW YORK, NY 10007

**Employer identification number:** 13-3788996

**Unrelated business activity codes:** (See instructions)

**Book value of all assets:** $3,435,073

**Group exemption number (See instructions):**

**Describe the organization's primary unrelated business activity:** N/A

**During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?**

**If Yes, enter the name and identifying number of the parent corporation:**

### Part I: Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>Category</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
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</thead>
<tbody>
<tr>
<td>Gross receipts or sales</td>
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<tr>
<td>Less returns and allowances</td>
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<tr>
<td>Cost of goods sold (Schedule A, line 7)</td>
<td>2</td>
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<tr>
<td>Gross profit. Subtract line 3 from line 2</td>
<td>3</td>
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<tr>
<td>Capital gain net income (attach Schedule D)</td>
<td>4a</td>
<td></td>
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<tr>
<td>Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4b</td>
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<tr>
<td>Capital loss deduction for trusts</td>
<td>4c</td>
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<tr>
<td>Income (loss) from partnerships and S corporations (attach statement)</td>
<td>5</td>
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<tr>
<td>Rent income (Schedule C)</td>
<td>6</td>
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<tr>
<td>Unrelated debt-financed income (Schedule E)</td>
<td>7</td>
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<tr>
<td>Interest, annuities, royalties, and rents from controlled organizations (Sch. F)</td>
<td>8</td>
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<tr>
<td>Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>9</td>
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<tr>
<td>Exploited exempt activity income (Schedule I)</td>
<td>10</td>
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<tr>
<td>Advertising income (Schedule J)</td>
<td>11</td>
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<tr>
<td>Other income (See instructions; attach schedule)</td>
<td>12</td>
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<td></td>
</tr>
<tr>
<td>Total. Combine lines 12 and 13</td>
<td>13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II: Deductions Not Taken Elsewhere

(Except for contributions, deductions must be directly connected with the unrelated business income.)

<table>
<thead>
<tr>
<th>Category</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation of officers, directors, and trustees (Schedule K)</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad debts</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest (attach schedule)</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxes and licenses</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable contributions (See instructions for limitation rules)</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation (attach Form 4562)</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less depreciation claimed on Schedule A and elsewhere on return</td>
<td>21a</td>
<td>22b</td>
<td></td>
</tr>
<tr>
<td>Depletion</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions to deferred compensation plans</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefit programs</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess exempt expenses (Schedule I)</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess readership costs (Schedule J)</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other deductions (attach schedule)</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total deductions. Add lines 14 through 28</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net operating loss deduction (limited to the amount on line 30)</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated business taxable income before specific deduction. Subtract line 31 from line 30</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)</td>
<td>32</td>
<td>1,000</td>
<td></td>
</tr>
<tr>
<td>Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32</td>
<td>34</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990-T (2015)
### Part III: Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
- Controlled group members (sections 1591 and 1563) check here □
- See instructions and:
  - Enter your share of the $50,000, $25,000, and $9,925,000 taxable in some brackets (in that order):
    - $(1) $ □
    - $(2) $ □
    - $(3) $ □
  - Enter organization's share of:
    - (1) Additional 5% tax (not more than $11,750) $ □
    - (2) Additional 3% tax (not more than $100,000) $ □
  - Income tax on the amount on line 34 □

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
- Tax rate schedule or □ Schedule D (Form 1041)

37 Payroll tax, See instructions □

38 Alternative minimum tax □

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies □

### Part IV: Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) □

40b Other credits (see instructions) □

40c General business credit, Attach Form 3860 □

40d Credit for prior year minimum tax (attach Form 8881 or 8827) □

40e Total credits. Add lines 40a through 40i □

41 Subtract line 40e from line 39 □

42 Other taxes. Check if from □ Form 4255 □ Form 8611 □ Form 8609 □ Form 8686 □ Other (attach schedule)

43 Total tax. Add lines 41 and 42 □

44 Payments: A 2014 overpayment credited to 2015
- 2015 estimated tax payments □
- Tax deposited with Form 8888 □
- Foreign organizations: Tax paid or withheld at source (see instructions) □
- Backup withholding (see instructions) □
- Credit for small employer health insurance premiums (Attach Form 8941) □
- Other credits and payments: □ Form 2439 □ Form 4136 □ Other Total □

45 Total payments. Add lines 44a through 44g □

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached □

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed □

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid □

49 Enter the amount of line 48 you want credited to 2016 estimated tax □

### Part V: Statements Regarding Certain Activities and Other Information

1. At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country? Yes □ No □

2. The organization has a financial interest in or signature or other authority over a financial account in a foreign country? Yes □ No □

3. The organization has a financial interest in or signature or other authority over a financial account in a foreign country? Yes □ No □

### Schedule A - Cost of Goods Sold

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Additional section 263A costs (attach schedule)</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other costs (attach schedule)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total. Add lines 1 through 4b</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

### Sign Here

Signature of officer □

Date □

EXECUTIVE DIRECTOR □

Print/Type preparer’s name □

Preparer’s signature □

Date 05/04/17 □

Check if self-employed □

PTIN □

Firm’s name □ ROSENBERG & MANENTE, PLLC □

Firm’s address □ 12 W 32ND STREET, 10TH FL □

Firm’s EIN □ 20-4153538 □

Phone no. □ 212-563-2525 □
1. Description of property

2. Rent received or accrued

3. Deductions directly connected with or allocable to income in columns 2(a) and 2(b) (attach schedule)

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property

2. Gross income from or allocable to debt-financed property

3. Deductions directly connected with or allocable to debt-financed property

4. Amount of average acquisition cost or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization

2. Exempt Controlled Organizations

3. Net unearned income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlled organization’s gross income

6. Deductions directly connected with income in column 5

7. Taxable income

8. Net unearned income (loss) (see instructions)

9. Total of specified payments made

10. Part of column 8 that is included in the controlled organization’s gross income

11. Deductions directly connected with income in column 10

Nonexempt Controlled Organizations

Add columns 5 and 10

Add columns 6 and 11

Form 990-T (2015)
### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3)</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

<table>
<thead>
<tr>
<th>Part I</th>
<th>Income From Periodicals Reported on a Consolidated Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of periodical</td>
<td>2. Gross advertising Income</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

Totals (carry to Part II, line 5)

<table>
<thead>
<tr>
<th>Part II</th>
<th>Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of periodical</td>
<td>2. Gross advertising Income</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

Totals from Part I

<table>
<thead>
<tr>
<th>Totals, Part II (lines 1-5)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedules K - Compensation of Officers, Directors, and Trustees (see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Totals, Enter here and on page 1, Part II, line 14

| 0. |

Form 990-T (2015) 01-06-16
### Part I

1. Maximum amount (see instructions) 500,000.
2. Total cost of section 179 property placed in service (see instructions) 2,000,000.
3. Threshold cost of section 179 property before reduction in limitation 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 marked file separately, see instructions 5.

#### Description of property

(a) Description of property
(b) Cost (business use only)
(c) Adjusted basis

#### Tentative deduction

Enter the smaller of line 5 or line 6 9.

#### Carryover of disallowed deduction from line 13 of your 2014 Form 4562

10.

#### Business income limitation

Enter the smaller of business income (not less than zero) or line 5 11.

#### Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12.

#### Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 13.

#### Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14. Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14.

#### Property subject to section 168(k)(1) election

15 Property subject to section 168(k)(1) election 16.

#### Other depreciation (including ACRS)

16 Other depreciation (including ACRS) 9,070.

### Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

<table>
<thead>
<tr>
<th>Classification of property</th>
<th>(a) Month and year placed in service</th>
<th>(b) Basis for depreciation (business use only - see instructions)</th>
<th>(c) Recovery period</th>
<th>(d) Convention</th>
<th>(e) Method</th>
<th>(f) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-year property</td>
<td>10.00</td>
<td>30,000.00</td>
<td>25 yrs.</td>
<td>S/L</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>5-year property</td>
<td>10.00</td>
<td>30,000.00</td>
<td>25 yrs.</td>
<td>S/L</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>7-year property</td>
<td>10.00</td>
<td>30,000.00</td>
<td>25 yrs.</td>
<td>S/L</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>10-year property</td>
<td>10.00</td>
<td>30,000.00</td>
<td>25 yrs.</td>
<td>S/L</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>15-year property</td>
<td>10.00</td>
<td>30,000.00</td>
<td>25 yrs.</td>
<td>S/L</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>20-year property</td>
<td>10.00</td>
<td>30,000.00</td>
<td>25 yrs.</td>
<td>S/L</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>25-year property</td>
<td>10.00</td>
<td>30,000.00</td>
<td>25 yrs.</td>
<td>S/L</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>Residential rental property</td>
<td>10.00</td>
<td>30,000.00</td>
<td>30 yrs.</td>
<td>MM</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>Nonresidential real property</td>
<td>10.00</td>
<td>30,000.00</td>
<td>30 yrs.</td>
<td>MM</td>
<td>150,000</td>
<td></td>
</tr>
</tbody>
</table>

### Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

<table>
<thead>
<tr>
<th>Class life</th>
<th>(a) Month and year placed in service</th>
<th>(b) Basis for depreciation (business use only - see instructions)</th>
<th>(c) Recovery period</th>
<th>(d) Convention</th>
<th>(e) Method</th>
<th>(f) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-year</td>
<td>10.00</td>
<td>30,000.00</td>
<td>20 yrs.</td>
<td>S/L</td>
<td>100,000</td>
<td></td>
</tr>
<tr>
<td>40-year</td>
<td>10.00</td>
<td>30,000.00</td>
<td>20 yrs.</td>
<td>S/L</td>
<td>100,000</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV - Summary (See instructions.)


22. Total. Add amounts from line 22, 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 instr. 38,692.

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.

Form 4562 (2015)
### ANIMAL CARE AND CONTROL OF NEW YORK CITY

**Form 4562 (2015)**

**INC.**

13-3788986 Page 2

### 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 25 through (g) 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 claims?**

<table>
<thead>
<tr>
<th>(a) Type of property (list vehicles first)</th>
<th>(b) Date placed in service</th>
<th>(c) Business/investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Basis for depreciation (business/investment use only)</th>
<th>(f) Recovery period</th>
<th>(g) Method/Convention</th>
<th>(h) Depreciation deduction</th>
<th>(i) Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24b. **If “Yes,” is the evidence written?**

<table>
<thead>
<tr>
<th>(a) Type of property (list vehicles first)</th>
<th>(b) Date placed in service</th>
<th>(c) Business/investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Basis for depreciation (business/investment use only)</th>
<th>(f) Recovery period</th>
<th>(g) Method/Convention</th>
<th>(h) Depreciation deduction</th>
<th>(i) Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>(a) Type of property (list vehicles first)</th>
<th>(b) Date placed in service</th>
<th>(c) Business/investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Basis for depreciation (business/investment use only)</th>
<th>(f) Recovery period</th>
<th>(g) Method/Convention</th>
<th>(h) Depreciation deduction</th>
<th>(i) Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Type of property (list vehicles first)</th>
<th>(b) Date placed in service</th>
<th>(c) Business/investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Basis for depreciation (business/investment use only)</th>
<th>(f) Recovery period</th>
<th>(g) Method/Convention</th>
<th>(h) Depreciation deduction</th>
<th>(i) Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Type of property (list vehicles first)</th>
<th>(b) Date placed in service</th>
<th>(c) Business/investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Basis for depreciation (business/investment use only)</th>
<th>(f) Recovery period</th>
<th>(g) Method/Convention</th>
<th>(h) Depreciation deduction</th>
<th>(i) Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

### 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>
<thead>
<tr>
<th>(a) Vehicle</th>
<th>(b) Vehicle</th>
<th>(c) Vehicle</th>
<th>(d) Vehicle</th>
<th>(e) Vehicle</th>
<th>(f) Vehicle</th>
</tr>
</thead>
</table>

### 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.

37. **Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?**

38. **Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?** See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.

39. **Do you treat all use of vehicles by employees as personal use?**

40. **Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?**

41. **Do you meet the requirements concerning qualified automobile demonstration use?**

*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>
<thead>
<tr>
<th>(a) Description of costs</th>
<th>(b) Date amortization begins</th>
<th>(c) Amortizable amount</th>
<th>(d) Section</th>
<th>(e) Amortizable amount</th>
<th>(f) Amortization for this year</th>
</tr>
</thead>
</table>

42. **Amortization of costs that begins during your 2015 tax year:**

43. **Amortization of costs that began before your 2015 tax year:**

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

Form 4562 (2015)