Form 8879-EO

IRS e-file Signature Authorization for an Exempt Org

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2010 and andina	MITT.	30	₂₀ 11

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OMB No. 1545-1878

Department of the Tressury Internal Revenue Service

For calendar year 2010, or fiscal year beginning JUL 1 Do not send to the IRS. Keep for your records.

See instructions.

Employer identification number

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

13-3788986

Name and title of officer

JULIE BANK

EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	9865738
2a	Form 990-EZ check here D D Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a	Form 8868 check here b Balance Due (Form 8868, Part i, line 3c or Part II, line 8c)	5b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my Intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal Identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the afore enter my PIN on the return's disclosure consent screen.	copy of the return mentioned ERO to
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically file	ed return. If I have

indicated within this return that a copy of the return is being filled with a state agency(les) regulating charities as part of the IRS Fed/State program, i will enter my PIN op the return's displosure consent scree

Officer's signature

X | authorize ROSENBERG & MANENTE, PLLC

Alen 121 12

to enter my PIN

Certification and Authentication

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

11778412321 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS

e-file Providers for Business Returns.

ERO's signature

Date > 05/10/12

ERO Must Retain This Form - See Instructions

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

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year hadinaline.

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990 (2010)

ē	Che	ck if	C Name of organization	inding J	UN 30, 20	
	app	ick if licebie:	ANIMAL CARE AND CONTROL OF NEW YORK CI		D Employer ider	tification number
- 1		Address thange	INC.	TY	l	
i	=	lame hange				
í		nitial sturn	Doing Business As		13-	-3788986
ř			Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Telephone nun	
t r	A	ermin- ted mended	11 PARK PLACE		21	2-442-2076
Ĺ		Mum	City or town, state or country, and ZIP + 4		G. Gross receipts \$	9,876,270
Ł	<u></u>	pplice- on ending	NEW YORK, NY 10007		H(a) is this a grou	3,010,210
			F Name and address of principal officer: JULIE BANK		for affiliates?	
-	_		11 PARK PLACE, NEW YORK, NY 10007			Yee X No
1	Tax	exemp	ot status: \$\bigsize 501(c)(3) \bigsize 501(c)() \dispert no \bigsize 4047(a)(4) as	L 527		included? Yes No
J	Wel	balte:	WWW.NYCACC.ORG		ir "No," attaci	7 a list. (see instructions)
K	Forn	n of org	anization: Corporation Trust Association Other	Ta Massa	H(c) Group exemp	tion number >
	•	S	Immary	L Year o	Trormation: 1995	M State of legal domicile; N
-	T	Brie	rifly describe the organization's mission or most significant activities: TO PRO	OVORT	1500 5000	
Activities & Governance		HE	ALTH, SAFETY AND WELFARE OF PETS AND PE	OWOJE	AND PROTE	CT THE
Ê	1 2	Che	ck this box	OPLE .	IN NEW YOR	R CITY.
3	3	l Nur	ck this box if the organization discontinued its operations or dispose other of voting members of the governing body (Part VI, line 1a)	d of more	than 25% of its net	așsets.
હ		Men	ther of independent until a members of the	••••••		317
•		Total	nber of independent voting members of the governing body (Part VI, line 1b)	••••••		6
į			at number of a dividuals employed in calendar year 2010 (Part V, line 2a)	••••••		
Ž	Τ.		- 1 miles of Acceptages (earlisting it tiecessally)		101	
₹	1	a rote	" OF COLOR DUST 1698 16461 [UB 11011] PRIT VIII. COLUMN (C) 1864 19			0.
-	+-	D Net	unrelated business taxable income from Form 990-T, line 34			0.
	1.				Prior Year	Current Year
Revenue	8	Con	tributions and grants (Part VIII, line 1h)		9,580,521	9,019,972.
ş	9	LIOF	ram service revenue (Part VIII. IIIne 20)		886,195	
æ		inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)		2,587	
	11	Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,246	72,456.
_	12	TOTAL	revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	_ T	0,485,549	9,865,738.
•	13	Gran	ts and similar amounts paid (Part IX. column (A), lines 1-31		0.	
	14	Delle	ints paid to or for members (Part IX, column (A), line 4)		0.	
8	15	Savar	ies, other compensation, employee henefite (Part IV column (A) lines 5 40)		7,468,072	U •
Expenses	16	Profe	ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25) 277,554	···	0.	
Ž	l t	b Total	fundraising expenses (Part IX, column (D), line 25) > 277 554	DESIDENCE.	Oran della companya di di	0.
ā	17	Other	r expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	2 005 136	
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	···	3,085,430.	
	19	Reve	nue less expenses. Subtract line 18 from line 12	··· -'	0,553,502.	
동종	F		The state of the s	-	-67,953.	310,997.
t Assets or Id Balances	20	Total	assets (Part X, line 16)	Begin	ning of Current Year	End of Year
23	21	Total	(labilities (Part X, line 26)		774,011.	2,026,250.
荖	22		ssets or fund balances. Subtract line 21 from line 20	1917	.,193,794.	1,135,037.
THE RESIDENCE OF		Sig	nature Block		580,217.	891,213.
true.	corre	ct. and	perjury, I declare that I have examined this return, including accompanying schedules and	statements	, and to the best of my	knowledge and belief, it is
		The (complete. Declaration of preparer (other than officer) is based on all information of which p	reparer has	any knowledge.	
Sign	,		Signature or officer		UAIT	15.2012
Here		1			Date	
11010	•		JULIE BANK EXECUTIVE DIRECTOR Type or print name and the		•	
			Ima proposed a com-			
Paid			ype preparer's name Preparer's signature	Date	Check	PTIN
	-		IL ROSENBERG	05/	10/12 self-employee	
Prepa		Firm's			Firm's EIN	
Use O	nry	Firm's	address 1 LINDEN PLACE		3 - 111	
		L	GREAT NECK, NY 11021		Phone no E1	6 482-0001
May t	he IF	RS disc	uss this return with the preparer shown above? (see instructions)		Tritolie no. 51	199
032001	02-22	2-11	LHA For Paperwork Reduction Act Notice, see the separate instructions.	······································		X Yes No
			and orbital mistractions.			Form 990 (2010)

	n 990 (2010) INC.	13-3788986 Page 2
1.	Statement of Program Service Acco	mplishments
		question in this Part iil
1	Briefly describe the organization's mission:	ONTROL SERVICES FOR THE CITY OF NEW YORK.
2	Did the organization undertake any significant program the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	☐Yes ☒ No
3	Did the organization cease conducting, or make signific	cant changes in how it conducts, any program services?Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of Section 501(c)(3) and 501(c)(4) organizations and section allocations to others, the total expenses, and revenue,	on 4947(a)(1) trusts are required to report the amount of grants and
4a	(Code:) (Expenses \$ 7,911,	615. including grants of \$\) (Revenue \\$\) 772.395.
	AS A NON-PROFIT ORGANIZATION	N SINCE 1995, AC&C RESCUES. CARES FOR AND
	FINDS LOVING HOMES FOR HOME	LESS AND ABANDONED ANIMALS IN NEW YORK CITY.
	COMMUNITIES.	ALL FIVE BOROUGHS TO SERVICE ALL NYC
	COMMONITIES:	
- 2		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Empress 0	
70	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
-	The second secon	
	Other program services. (Describe in Schedule O.) Expenses \$ Including grants of	\$ \/Payania #
		\$ (Revenue \$) 1,615.
2002		Form 990 (2010)

Part IV Checklist of Required Schedules

Page 3

If Yes, *complete Schedule A 1 X 2 X 1 2 X 2 X 2 3 1 3 3 3 3 3 3 3 3		Is the organization described in section 501(a)(2) or 4047(a)(1) (athoration and at the control of the control			Yes	No
2 is the organization required to complete Schedule 6, Schedule of Contributors? 3 Did the organization engage in effect or indirect positical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 601(c)/9 organization engage in lobbying activities, or have a section 501(in) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 is the organization assection 501(c)/9, 501(c)/9, or 501(c)/9,		Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A				
section 501(e)(3) erroginates Schedule C, Part II 4 section 501(e)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect during the sky year II "Vise," complete Schedule C, Part II 5 is the organization asection 501(e)(4), 501(e)(5), or 501(e)(5) organization that receives membership dues, assessments, or almiter amounts as defined in Revenue Procedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide activice on the distribution or investment of amounts in such funds or accounts? If "Vise," complete Schedule D, Part II 7 Did the organization meintain obecidens of works of art, historial researces, forduling essements to preserve open apace, the environment, historic land areas, or historic structures? If "Vise," complete Schedule D, Part III 8 Did the organization mention obecidens of works of art, historial treasures, or devide activities of part of the environment, instruction of works of art, historial treasures, or devide schedule D, Part III 9 Did the organization receive or historic structures? If "Vise," complete Schedule D, Part III 10 Did the organization receive or the following questions is "Vise," temperament, or quasi-endowments? 11 Yise," complete Schedule D, Part IV 12 If the organization report an amount for Part X, line 21; serve as a custodian for amounts not listed in Part X, Ivil, IVII, IVI, IV, IV, IVI, IVI, IVI, IVI	2	ls the organization required to complete Schedule B. Schedule of Contributors?		-		
Section 501(R)3 organizations. Did the organization engage in licibying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II as is the organization a section 501(R) 501(G), 501(G), 501(G), 601(G), 60	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to condidate for	··· ├- ²	2	♣┤	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 Reviewe Procedure 38-19? If "Yes," complete Schedule C, Part III is the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of "Yes," complete Schedule D, Part II is Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is Did the organization collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II If the organization, directly or through a neisted organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV if If the organization, directly or through a neisted organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV if If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV if If the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV if If If Yes, "complete Schedule D, Part IV if If If Yes," complete Schedule D, Part IV if If If Yes, "complete Schedule D, Part IV if If If Yes," complete Schedule D, Part IV if						•
summarrance tax year* if "Yes," complete Schedule C, Part II Is the organization a section 501(c)(6, 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule C, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule C, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule C, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide oredit counseling, dobt management, credit reports, or debt negotiation services? If "Yes," complete Schedule C, Part IV Did the organization's environment or any of the following questions is "Yes," then complete Schedule D, Part IV, III, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV III III III III III III III III III	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or baye a section 501(b) cleation in artistical control of the control		3		
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but the organization report an amount for investments of accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I is a consument of the organization receive or hold a conservation essement, including easements to preserve open space, the environment, listoric and areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III is a possible or organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV is Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X or provide conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V is a applicable. a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V is Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V is Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V is Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part X is Did the organization report an amount for investments or the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 46 (ASC 740)? If "Yes," complete Schedule D, Part X is Did the organization as separate, independent audited financial statements for the tax year If "Yes," complete Schedule D, Part X is Did the organization as a school described in section 170(b)(I)(A)(i)(I) If "Yes," complete Schedule D, Part X is Did the organization a		similar amounts as defined in Revenue Procedure 98-197 if "Yes." complete Schedule C. Part III	١.	. 1	- 1	v
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Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1 / 1 ** 'res,*, complete Schedule I, Parts I and II	ar	Checklist of Required Schedules (continued)	- 1	Yes	No
United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 2		the second and amenications in the		105	110
United States on Part IX, column (A), line 17 if "Yes," compilers Schedule I, "Parts I aim", "Parts I aim parts I aim pa	ı	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	24		x
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	_	Note. All Form 990 filers are required to complete Schedule O			(2010)

Form 990 (2010) Party

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Page 5

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D	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G leadered in the star Star Star Star Star Star Star Star S	1a	1	26	SECOND 104	Yes
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b	If "Yes," enter the name of the foreign country: ►	iai accoui	πt)?	4	a l	esam l
	See instructions for filing requirements for Form TD 5 00 00 1 Page 1 4 7	ol Assess		_		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer. To line 5a or 5b, did the organization file Form 8888.	f	•••••	. 5	1	
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000 and it.	saction?		. 51	2	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and dic			. 5	1	
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٧	were not tax deductible?	antione or	cifto	1		T
7 (Organizations that may receive deductible contributions under section 170(c).		***************************************	_ 6b	Ŀ	
a -	and the organization receive a payment in excess of \$75 made partly as a contribution and partly for any	_				
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e D	id the organization receive any funds, directly or indirectly to any	7d	1			
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Form **990** (2010)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions. Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year 6 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? __________ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year X by the following: a The governing body? _____ X b Each committee with authority to act on behalf of the governing body? 8b is there any officer, director, trustee, or key employee listed In Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 1a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Winds b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 2a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this is done X Does the organization have a written whistleblower policy? 13 X Does the organization have a written document retention and destruction policy? 14 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? X 15a The organization's CEO, Executive Director, or top management official 15b 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 X 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: X Upon request X Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BTQ FINANCIAL - 212-901-2500 80 BROAD STREET 15TH FLOOR, NEW YORK, NY 10004

Form 990 (2010)	INC.	01 11111	TORK CITY		
Distriction Commonweal	100			13-3788986	Dona 7
Compensation o	of Officers, Directors, Trustees, Ke	v Employee	e Highest Compa	== 3700300	Page 7
Employees, and	Independent Contractors	,p.0,00	o, ingliast compe	nsated	

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ● List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List ail 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; Check this box if neither the organization nor any related organization compensated any cr

(A)	(B)	T	garil	zauc	in co	omp	er	1Sa		director, or trustee.	
Name and Title	Average	İ			(C) sitic	_			(D)	(E)	(F)
	hours per	1.	(chec				n h		Reportable	Reportable	Estimated
	week (describe hours for related- organization	the or director			Г	nsated	T		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
	in Schedule O)	ladividua	in settletto	age Bee	Key employee	Highest C		Former			and related organizations
DR. THOMAS FARLEY	 	+	+-	╁╌	╀	+	+	_			
CHAIRPERSON	1.00	x	·l	ı		1	L			1	
ADRIEN BENEPE	1	┼	+-	┢╌	┢	╀	╀	-	0.	0.	0.
DIRECTOR	1.00	l _x	.	l	ł	l	1		•	_	
BRUCE DONIGER		+*	╫	┢	┝	+-	╀	-4	0.	0.	0.
DIRECTOR	1.00	x	1					1			= - = 500
JOHN M.B. O'CONNOR	1.00	╬	+-	-	-	 	╀	4	0.	0.	0.
DIRECTOR	1.00	x					L	1			
PHILIP BANKS III		+==	+		_	-	⊢	+	0.	0.	0.
DIRECTOR	1.00	x	1 1				l	١			
PATRICK NOLAN		 	\vdash \vdash	-	_	_	H	+	0.	0.	0.
DIRECTOR	1.00	x	1 1	ı				1			
DR. J KUHLMAN		 	\vdash		-1	_	_	+	0.	0.	0.
DIRECTOR	1.00	x									
JULIE BANK	-		┝╼╁	\dashv		_		╀	0.	0.	0.
EXECUTIVE DIRECTOR	55.00			\mathbf{x}		x			114,616.		
RICHARD GENTLES			\vdash		7		_	╁	114,010.	0.	4,687.
DIRECTOR OF DEVELOPMENT	55.00			- [x		1	111,646.		13 500
RISA WEINSTOCK				7	寸		_	十		0.	13,522.
DIRECTOR OF ADMINISTRATION	55.00	i	-	1		x			116,624.	0.	5,199.
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32007 12-21-10					L						

Form 990 (2010)

	ARE AND	CONTROL OF N	IEW YORK CIT	Y 13-3788	986 Page 8
INC.	ustees. Key Er	nployees, and Highest	Compensated Employ	rees (continued)	
361 8, Dit GOLGE G,	(B)	(C)	(D)	_,	(F)
	Average	Position	Reportable	Reportable	Estimated

	00 (2010) INC. Section A. Officers, Directors, Tru						llabe		Compensated Employ	ees (continued)		
	Section A. Officers, Directors, Tru (A) Name and title	(B) Average		ı	osi Posi	i) tion			(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of
		hours per week (describe hours for related organizations in Schedule O)	stee or director	institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	7)	other compensation from the organization and related organizations
											_	
		<u> </u>		_	_	-	_					
			-	-	-	-	-	_				
		1	-	\dotplus	-	\vdash	+	┝	1		_	
		 	+	+	-	+	+					
			+	+	-							
	Sec		+	1								
1							لِ	L	342,886		0.	23,408.
c	Sub-total- Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A			•••••		}	▶	342,886	•	0.	0. 23,408.
2 2	Total (add lines 1b and 1c)	t not ilmited to	thos	se iis	ted	abo	ve) v	vho	received more than \$1	00,000 in reportabl		Yes No
3	Did the organization list any former officiline 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the										[3 X
5	and related organizations greater than \$	150,000?	ene	eatio	n fro	m a	nv u	nrela	ated organization or inc	lividual for services		4 X 5 X
	rendered to the organization? If "Yes," c	omplete Sched	ule .	J TOF	suc	n pe	H SUI		***************************************			
1	Complete this table for your five highest the organization.	compensated	inde	pen	den	t co	mtrac		(B)	ő.		(C)
	(A) Name and busin	ess address		4 6					Description of	of services	<u>C</u>	ompensation
BT(O FINANCIAL, 80 BROAL OOR, NEW YORK, NY 100	STREET		T 2.					FISCAL CONS	ULTING		240,000.
			_						0			
				9		(50)						
e II			_									
	Total number of independent contractor	ors (including bu	ıt no	ot lirr	nited	to t	hose	list	ed above) who receive	d more than		
	\$100,000 in compensation from the organic	ganization >					<u> </u>					Form 990 (2010)

Form 990 (2010)

13-3788986 Part VIII Statement of Revenue Page 9 (A) (B) (C) (D) Revenue Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns b Membership dues 16 c Fundraising events 10 d Related organizations 1d Government grants (contributions) 10 7663044. All other contributions, gifts, grants, and similar amounts not included above 1356928. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 9019972. **Business Code** 2 a FACILITY REVENUE 900099 772,395. 772,395. All other program service revenue g Total. Add lines 2a-2f 772,395. Investment income (including dividends, interest, and other similar amounts) 915. 915. income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 a 66,808 b Less: direct expenses b 10,532 c Net income or (loss) from fundraising events 56,276. 56,276. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER MISC INCOME 900099 16,180 16,180. d All other revenue Total. Add lines 11a-11d 16,180. Total revenue. See instructions. 9865738. 772,395. 73,371.

Form 990 (2010)

13-3788986 Page 10

m 990 (2010)

INC.

art X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (C) Management and general expenses (D) Fundraising o not include amounts reported on lines 6b, Program service Total expenses expenses expenses), 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, ilne 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees B Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 66,046. 328,846. 394,892. persons described in section 4958(c)(3)(B) 52,981. 179,532. 4,089,309. 4,321,822. Other salaries and wages Pension plan contributions (include section 401(k) 12,726. 54,355. 437,221. 504,302. and section 403(b) employer contributions) 18,999. 652,930. 81,117. 753,046. Other employee benefits 11,903. 50,838. 408,490. 471,231. Payroli taxes Fees for services (non-employees): Management Legal 25,000. 25,000. Accounting _____ d Lobbying Professional fundraising services. See Part IV, line 17 9,032. investment management fees 259,837. 1,216. 270,085. Other _____ Advertising and promotion Office expenses Information technology 34,090. Royalties 147,723. 34.235. 15 216,048. Occupancy _____ 16 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 interest 20 Payments to affiliates 30,566. 30,566. 61,132. Depreciation, depletion, and amortization 5 914 48,477 167,280. 22 221,671. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) 853,945. 853,945. MEDICAL SUPPLIES & SERV 12,800. 439,694. 54,662. 507 156 TECHNOLOGY AND EQUIPMEN 264,603. 264,603. SUPPLIES 39,523. 111,228. 34,533. 185,284. COMMUNICATIONS 5.496. 12,824. 164,885. 183,205. VEHICLE EXPENSES 8,044. 57,262. 256,013. 321,319. 277,554. 1,365,572. All other expenses 7.911.615. 9,554,741. Total functional expenses. Add lines 1 through 24f Joint costs. Check here
if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising Form 990 (2010) solicitation

PartX	Ba	ance	Sheet

1	1 Cook and the second s	(A) Beginning of year		(B) End of year
1	1 Cash - non-interest-bearing	960,255	. 1	1,269,118
1	Savings and temporary cash investments		2	-7-07/220
1	Fledges and grams receivable, net	325,395		323,902
1 :	- Accounts receivable, net	23,040		46,282
13	neceivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L.	wat die Alexande		BOART HILLS
6	Receivables from other disqualified persons (as defined under section		5	AND THE PROPERTY OF THE PARTY O
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			Physical States
	employers and sponsoring organizations of section 501(c)(9) voluntary	Angles Andrews		Contract Contract
1	employees' beneficiary organizations (see instructions)	第一个时间的图像		
7	Notes and loans receivable, net		6	
8	Inventories for sale or use		7	
9		150 500	8	
10	a Land, buildings, and equipment: cost or other	150,529.	9	132,897
1	basis. Complete Part VI of Schedule D	The Part of the State		Mary Mary Sandara
1	b Less: accumulated depreciation 10b 456,009.			
11	Investments - publicly traded securities	236,244.	10c	175,113.
12	Investments - other securities. See Part IV, line 11		11	
13	Investments - program-related. See Part IV, line 11		12	
14	intangible assets		13	
15	Intangible assets Other assets. See Part IV, line 11		14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	78,548.	15	78,938.
17	Accounts payable and accrued expenses	1,774,011.	16	2,026,250.
18	Accounts payable and accrued expenses	342,537.	17	608,972.
19	Grants payable		18	
20	Deferred revenue	6,392.	19	9,889.
21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
22	Payables to current and former officers dispayables to current and former officers dispayables.	Million at Charles A	21	
_	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
23	***************************************		22	
24	Secured mortgages and notes payable to unrelated third parties		23	
25	Unsecured notes and loans payable to unrelated third parties		24	
26	Other liabilities. Complete Part X of Schedule D	844,865.	25	516,176.
	Total liabilities. Add lines 17 through 25	1,193,794.	26	1,135,037.
	Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.	THE MERILIA	Alva-	The Carl Constitution
27	I (prestricted not cocete	delegación de la companya de la comp		
28	Unrestricted net assets		27	633,577.
29	Temporarily restricted net assets Permanently restricted net assets	248,259.	28	257,636.
			29	· · · · · · · · · · · · · · · · · · ·
	Organizations that do not follow SFAS 117, check here and			
30	complete lines 30 through 34.			15 15 16 16 17 18 18 18
31	Capital stock or trust principal, or current funds		30	
32	raid-in or capital surplus, or land, building, or equipment fund		31	
	netained earnings, endowment, accumulated income, or other funds		32	
33	Total lightilities and passed and	FOA AAR	33	891,213.
<u> 4</u>	Total liabilities and net assets/fund balances	4 881 447	4	2,026,250.

	ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.	13-378	8986	Pag	e 12
m 990 (2010)	liation of Net Assets				
Check if Sci	chedule O contains a response to any question in this Part XI			<u></u>	
Total revenue (mu Total expenses (m Revenue less exp Net assets or fund	ust equal Part VIII, column (A), line 12) must equal Part IX, column (A), line 25) penses. Subtract line 2 from line 1 ad balances at beginning of year (must equal Part X, line 33, column (A)) a net assets or fund balances (explain in Schedule O) and balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1	9,86! 9,55, 31(58)	5,73	97. 17. 0.
Cinencia	al Statements and Reporting chedule O contains a response to any question in this Part XII			Yes	No
if the organization Were the organiz Were the organiz If "Yes" to line 2s review, or compil if the organizatio If "Yes" to line 2s separate basis, or compil X Separate to a As a result of a	and used to prepare the Form 990: Cash X Accrual Other on changed its method of accounting from a prior year or checked "Other," explain in Schedule ration's financial statements compiled or reviewed by an independent accountant? a or 2b, does the organization have a committee that assumes responsibility for oversight of the illation of its financial statements and selection of an independent accountant? In changed either its oversight process or selection process during the tax year, explain in Schedule or 2b, check a box below to indicate whether the financial statements for the year were issued consolidated basis, or both: Both consolidated and separate basis federal award, was the organization required to undergo an audit or audits as set forth in the Sircular A-133?	ne audit, nedule O. ed on a ingle Audit		X	x
b If "Yes," did the	organization undergo the required audit or audits? If the organization did not undergo the req	uired audit	3b		

Form 990 (2010)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

ANIMAL CARE AND CONTROL OF NEW YORK CITY

2010

Open to Publica

Schedule A (Form 990 or 990-EZ) 2010

Employer identification number INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. 13-3788986 The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii): 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type ii c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than ☐ Type III - Other foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No (ii) A family member of a person described in (i) above? 11g(i) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the supported organization(s). h (i) Name of supported (iii) Type of (ii) EiN (iv) Is the organization (v) Did you notify the (vi) Is the organizațion in col organization organization (vil) Amount of in col. (I) listed in your organization in col. (described on lines 1-9 (i) organized in the U.S.? laoverning document? support (i) of your support? above or IRC section (see instructions)) Yes No Yes No

orm 990 or 990-EZ

HA For Paperwork Reduction Act Notice, see the Instructions for

hedule A (Form 990 or 990-EZ) 2010 INC.

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

13-3788986 Page 2

(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 artill fails to qualify under the tests listed below, please complete Part ill.) ection A. Public Support (f) Total (e) 2010 (d) 2009 (c) 2008 ilendar year (or fiscal year beginning in) (b) 2007 (a) 2006 1 Gifts, grants, contributions, and membership fees received. (Do not 9,310,052 48,035,787. 10,133,661 9,896,944 9,253,032 9,442,098 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to 850,615. 309,709. 289,290. 251,616. the organization without charge ... 48,886,402. 9,619,761 10,422,951 10,148,560 9,253,032 9.442.098 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 48,886,402. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (f) Total (d) 2009 (e) 2010 (c) 2008 (b) 2007Calendar year (or fiscal year beginning in) (a) 2006 9,619,761 48.886.402. 10,422,951 10,148,560. 9,253,032 9,442,098 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 69,129. 915 6,694 2,587. 18,572 40,361 and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... 10 Other income. Do not include gain or loss from the sale of capital 429,436. 92,084. 80,739. 16,246. 80,210. 160,157. assets (Explain in Part IV.) 49 384 967. 11 Total support. Add lines 7 through 10 5,220,813. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.99 % 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 98.90 % 15 15 Public support percentage from 2009 Schedule A, Part II, line 14 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2010 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 falled to qualify under Part II. If the organization fails to

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ne 10b, s is	zation's first	, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
de gain ital	rt Percer	tane.			01(c)(3) organizatio	on, >
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de gain ital 1, and 12.) 1 990 is for the organice of Public Support for 2010 (line 8, column from 2009 Schedule 4	nn (f) divided	ntage I by line 13, colu				on, >
ne 10b, s is de gain de gant	ort Percer on (f) divided A, Part III, lin	tage by line 13, colu	ımn (f))	15		▶□
de gain idal 1, and 12.) 1 990 is for the organic re of Public Suppo for 2010 (line 8, colum from 2009 Schedule / of Investment in	ort Percer nn (f) divided A, Part III, lin ncome Pe	ntage 1 by line 13, column 15 Prentage	ımn (f))			▶
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de gain idal 1, and 12.) 1 990 is for the organic re of Public Suppo for 2010 (line 8, colum from 2009 Schedule / of Investment In age for 2010 (line 10c	ort Percer nn (f) divided A, Part III, lin ncome Pe c, column (f)	ntage 1 by line 13, column 15 ercentage divided by line 1	umn (f))	15 16		
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A Trioris to build by a literature of the contract of the cont	red. (Do not ants.") missions, rices persished in side to the pt purpose vities that de or bushes antal unit to charge	red. (Do not ants.") missions, revices persished in ad to the pt purpose vities that de or bushine facilities antal unit to charge	red. (Do not ants.") missions, rivices persished in ad to the pt purpose vities that de or businesses whe organier paid to lift facilities antal unit to charge his 5	red. (Do not lants.") missions, rvices pershed in ad to the pot purpose vitiles that the or bus- the organ- er paid to if facilities antal unit to charge h 5	red. (Do not ants.*) nissions, vices per- stribed in ad to the pt purpose vities that de or bus- the organ- er paid to if facilities antal unit to charge th 5	red. (Do not ants.*) missions, vices per- ished in do to the pt purpose vities that de or bus- missions are paid to life and li

:hedule B rm 990, 990-EZ, 190-PF)

rtment of the Treasury nal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

ne of the organization

ANIMAL CARE AND CONTROL OF NEW YORK CITY

Employer Identification number

INC

13-3788986

janization type (check of	ne):					
ers of:	Section:					
m 990 or 990-EZ	S01(c)(- 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
rm 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.					
heck if your organization ote. Only a section 501(c	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
eneral Rule						
For an organizati	on filling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one					
contributor. Com	plete Parts I and II.					
ipecial Rules						
509(a)(1) and 17 of the amount or	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% n (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 50 contributions fo	of (c)(7), (8), or (10) organization filling Form 990 or 990-EZ that received from any one contributor, during the year, ruse exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. The except of the total contributions that were received during the year for an exclusively religious, charitable, etc., to complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions of \$5,000 or more during the year.					
	n 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), on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify if ling 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) (2010)

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

Employer identification number

13-3788986

Parel	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MAYOR'S ALLIANCE 244 FIFTH AVENUE, SUITE R290 NEW YORK, NY 10001	\$\$	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ASPCA 520 8TH AVE., 7TH FLOOR NEW YORK, NY 10018	\$379,536.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	NEW YORK CITY DEPARTMENT OF HEALTH 330 WEST 42ND STREET NEW YORK, NY 10036		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution Person
(a)			Noncash (Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$((Person Payroll Noncash Complete Part II if there a noncash contribution.)
452 12-23-10		Schedule B (Form 990), 990-EZ, or 990-PF) (2010)

of Part II

edule B (Form 990, 990-EZ, or 990-PF) (2010) me of organization

NIMAL CARE AND CONTROL OF NEW YORK CITY

13-3788986

	- A.	
Noncash Property (see instructions)		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	. (d) Date received
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(b) Description of noncash property given-	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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ne of organ IIMAL			
C.		NEW YORK CITY	Employer identification number
	more than \$1,000 for the year. Comp Part III, enter the total of exclusively rel \$1,000 or less for the year. (Enter this	idious charitable etc. contributions	1501(c)(7), (8), or (10) organizations aggregating ollowing line entry. For organizations completing
No. com art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	5
	Transferee's name, address,		Relationship of transferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
<i>i</i> :	Transferee's name, address, a		Relationship of transferor to transferee
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

HEDULE D m 990)

tment of the Treasury at Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010

Opere to Publica:
Inspection:

ne of the organization

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

Employer identification number 13-3788986

Organizations Maintaining Donor Advis		ds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, lir	ne 6.	(b) Funds and other accounts
.0	(a) Donor advised funds	(b) runds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all denors and donor advisors in	writing that the assets held in donor ad	ivised funds
are the emenization's property subject to the organization's	s exclusive legal control?	170
Did the emerization informali 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 purpo	ise conferring
iincible private benefit?	***************************************	103 1100
Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990	D, Part IV, line 7.
Purpose(s) of conservation easements heid by the organiza	ition (check all that apply).	
Preservation of land for public use (e.g., recreation or	education) Preservation of an	historically important land area
Protection of natural habitat	Preservation of a c	certified historic structure
Preservation of open space		a state of the least
Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the fo	rm of a conservation easement on the last
day of the tax year.		Held at the End of the Tax Year
1 19 XC		
Total number of conservation easements		
Total acreage restricted by conservation easements		2b
Number of conservation easements on a certified historic s	structure included in (a)	2c
Number of conservation easements included in (c) acquire	d after 8/17/06, and not on a historic str	ucture
listed in the National Register	the state of the s	2d
Number of conservation easements modified, transferred,	released, extinguished, or terminated by	The organization during the tax
year	4.5 A	
Number of states where property subject to conservation of	easement is located	_
Does the organization have a written policy regarding the p	penodic monitoring, inspection, nationing	Yes No
violations, and enforcement of the conservation easement	S IT NOISY	te during the year
Staff and volunteer hours devoted to monitoring, inspecting	g, and emorcing conservation easements du	ring the year > \$
Amount of expenses incurred in conitoring, inspecting, an	d efforcing conservation easements de	170h)(4)(R)(i)
Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section	Yes No
and section 170(h)(4)(B)(ii)?	ation accoments in its revenue and expe	ense statement, and balance sheet, and
In Part XIV, describe how the organization reports conserved include, if applicable, the text of the footnote to the organical control of the organical control of the control of the organical cont	ation easements in its revenue and expe	hes the organization's accounting for
· · · · · · · · · · · · · · · · · · ·		
conservation easements. Crganizations Maintaining Collections	of Art. Historical Treasures, o	r Other Similar Assets.
Complete if the organization answered "Yes" to For	m 990. Part IV. line 8.	<u> </u>
If the organization elected, as permitted under SFAS 116	(ASC 958), not to report in its revenue st	atement and balance sheet works of art,
historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service, provide, in Part XIV,
the text of the footnote to its financial statements that des	cribes these items.	
b If the organization elected, as permitted under SFAS 116	ASC 958), to report in its revenue stater	nent and balance sheet works of art, historical
treasures, or other similar assets held for public exhibition	education, or research in furtherance o	f public service, provide the following amounts
relating to those items:		
(i) Payenues included in Form 990, Part VIII, line 1		> \$
40 Access included in Form 990 Part X		
If the organization received or held works of art, historical	treasures, or other similar assets for fina	ncial gain, provide
the following amounts required to be reported under SFAS	S 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1		> \$
b Assets included in Form 990, Part X		▶ \$
n asseis included in fulli 330, falla	***************************************	

	edule D (Form 990) 2010 INC .					13-3	78898	16 F	age 2
K	Organizations Maintaining	Collections of A	rt, Historical T	reasures, or	Other	Similar As	sets (con	tinuec	1)
3	Using the organization's acquisition, access	sion, and other record	ds, check any of th	e following that a	re a sign	ificant use of	its collecti	on iter	ns
	(check all that apply):								
a	Public exhibition	y .	Loan or ex	change programs	3				
b	Scholarly research	= = 6	Other						
c	Preservation for future generations		====						
4	Provide a description of the organization's of	collections and explai	in how they further	the organization's	s exemp	t purpose in F	Part XIV.		
5	During the year, did the organization solicit	or receive donations	of art, historical tre	asures, or other s	imilar as	sets			
	to be sold to raise funds rather than to be m						Yes] No
Pe	Escrow and Custodial Arrar	igements. Compl	ete if the organizati	on answered "Ye	s" to Fo	rm 990, Part I	V. line 9. o	1	
	reported an amount on Form 990, Pa	art X. line 21.					.,		
1a	Is the organization an agent, trustee, custoo	lian or other intermed	dlary for contribution	ns or other asset	s not inc	luded			
	on Form 990, Part X?		april .				Yes		No
b	if "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:		••••••				_ ,,,
			_			38	Amour	nt	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year			•		10			
f	Ending balance					16			
2a	Did the organization include an amount on F	orm 990, Part X, line	217	***************************************	•••••••		Yes	Ţ	No
b	If "Yes," explain the arrangement in Part XIV	<u></u>							
Fa	Endowment Funds. Complete	if the organization an	swered "Yes" to Fo	orm 990, Part IV,	line 10.				
		(a) Current year	(b) Prior year	(c) Two years ba		Three years bad	k (e) Fou	r vears	back
1a	Beginning of year balance							27.54	
b						A100 P 144			
C	Net investment earnings, gains, and losses				i &		M 10 10	200 TEN	
d	Grants or scholarships								
0	Other expenditures for facilities	200							
	and programs				47 L			C-11 15-	
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	s:	· · · · · · · · · · · · · · · · · · ·	Personal	U. CORRESPONDE DE LA COMPTENZA	and the same of the same of	A CONTRACTOR OF THE PARTY OF TH	
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	-						
C	Term endowment	%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	und administered	for the o	rganization			
	by:					· g	i	Yes	No
	(i) unrelated organizations						3a(i)		-110
	(ii) related organizations			ş	************	••••••	3a(ii)	┈┤	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?	***************************************	************	••••••••	3b	$\neg \neg$	
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds.	***************************************	••••••		<u> 32 </u>		
Fe	Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.			······			
	Description of investment	(a) Cost or ot		or other (d	c) Accun	nulated	(d) Bool	(vahue	_
		basis (investm		(other)	depreci		(-, -00.		
1a	Land			0.00					
b	Buildings		10	1,144.	14	,523.	86	5,62	21.
c	Leasehold improvements	п			-				
	Equipment								
	Other			9,978.	441	,486.	88	3,49	92.
	. Add lines 1a through 1e. (Column (d) must ed							,11	

ANIMAL CARE AND CONTROL OF NEW YORK CITY 13-3788986 Page 3 INC. hedule D (Form 990) 2010 art VIII Investments - Other Securities. See Form 990, Part X, Ilne 12. (c) Method of valuation: (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) Financial derivatives Closely-held equity Interests Other (A) (B) (C) (D) (E) (F) (G) (H) 0 tal. (Col (b) must equal Form 990, Part X, col (B) line 12.) art VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)(10)tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) art IX Other Assets. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2) (3)(4) (5) (6) (7) (8)(9) (10)tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes 284,550. SALARIES AND PAYROLL TAXES PAYABLE 139,134. BENEFIT DAYS ACCRUAL 13,758. CUSTOMER DEPOSITS (4) 60,108. ACCRUED EXPENSES (5) 18,626. OTHER LIABILITIES (6) (7) (8) (9)

xtal. (Column (b) must equal Form 990, Part X, col (B) line 25.)

(10) (11)

516,176.

Part XI Reconciliation of Change in Net Assets from Form 990 to / 1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities		1	9,865,73 9,554,74
3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments			0 554 54
4 Net unrealized gains (losses) on investments			3.774 //
and a second desired (100000) Ott Illinestitlelite			310,99
			020,55
The second of th		5	
		6	
		7	
		8	
		9	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9		310,99
Part XII Reconciliation of Revenue per Audited Financial Statement 1 Total revenue, gains, and other support per audited financial statements			Return
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••		1 10,380,768
a Net unrealized gains on investmente			
wide 301 vices at it 1984 (it 1901iffiae	2a		
	2b 51	5,030	•
d Other (Describe in Part XIV.)	2c		
e Add lines 2a through 2d	2d		
3 Subtract line 2e from line 1			
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3 9,865,738
a Investment expenses not included on Form 900. Book Vill. Book 75			7.5
b Other (Describe in Part XIV.) C Add lines 4a and 4b	4a		
	4b		
5 Total revenue, Add lines 3 and 4a (This must as at 5			4c 0
			5 9,865,738
1 Total expenses and losses per audited financial statements 2 Amounts Included on line 1 but not on Form 900 Root IV line 05	s with Expen	ses pe	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			1 10,069,773
a Donated services and use of facilities	.]	001	
		,031.	
	2b		See .
(= cooling iii i dif Via')	2c		
o rico za mico za micogni za	2d		
e Add lines 2a through 2d Subtract line 2e from line 1			2e 515,031
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3 9,554,742
a Investment expenses not included on Form 990, Part VIII, line 7b	10		
b Other (Describe in Part XIV.)	a		
c Add lines 4a and 4b			
5 Total expenses, Add lines 3 and 4c. (This must equal Form 000, Death if a con-			4c 0.
Capplemental information			5 9,554,742.
omplete this part to provide the descriptions required for Book II. If you are	adam ta =		
line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete to ART X, LINE 2: THE ORGANIZATION HAD NO LIABILITY	s 1a and 4; Part I\ his part to provide	/, iines 1b any a dd	and 2b; Part V, line 4; Part itional information.
THE THE THE PART OF THE PART O	TI FOR UN	CERT	AIN TAX
OSITIONS IN ACCORDANCE WITH FIN 48 (ASC 740).	THE ACCOM	יטאַס	NG FOOTS
O THE ORGANIZATION'S FINACIAL CHARGOS	COM	- end I	TAG FOOTNOTE
THE ORGANIZATION'S FINACIAL STATEMENTS DISCLO	USED THAT	THE	MATTER HAS
EEN ASSESSED AND THAT THERE WAS NO LIABILITY TO) A((()))		
	ACCRUE.		
HE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POS	SITTON THE	ACCC	PDANCE
NANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC		ACCO	RDANCE WITH
ESCRIBES A DECOGNITION TO THE PROPERTY OF THE	740. FASE	ASC	740
ESCRIBES A RECOGNITION THRESHOLD AND MEASUREME	NT PROCES	S FO	R FINANCIAL
i4 -10			hedule D (Form 990) 2010

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open To Fublic: Inspection

Name of the organization

Attach to Form 990 or Form 990-EZ. See separate instructions.

ANIMAL CARE AND CONTROL OF NEW YORK CITY

INC.	100		4-4	2222	13-3788	986
Fundraising Activities. required to complete this part	Complete if the organization answer.	red "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Prob if "Yes," list the ten highest paid Indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	ion of ion of fundra (includ rofess	non-govern ising of ling of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	□ No be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-"				
					1-	
		=				
otal			<u> </u>			
List all states in which the organizatio or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

INC.

Schedule G (Form 990 or 990-EZ) 2010

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through VARIOUS col. (c)) (event type) (event type) (total number) **Pevenue** 66,808. 66,808. 1 Gross receipts 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 66,808. 66,808. 4 Cash prizes 5 Noncash prizes Rent/facility costs 7 Food and beverages 8 Entertainment 10,532. Other direct expenses 10,532. 10 Direct expense summary. Add lines 4 through 9 in column (d) 10,5324 11 Net income summary. Combine line 3, column (d), and line 10...... 56,276. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Blngo (c) Other gaming bingo/progressive bingo coi. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net garning income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate garning activities in each of these states? 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:

13-3788986 Page 2

3	1 3	_379(0004	5 Page
1	2	-3760	_	
12			Yes	L N
	to administer charitable gaming? Indicate the percentage of gaming activity operated in:			_
13	Indicate the percentage of gaming activity operated in:	┈ ╻└┴	Yes	L No
	a The organization's facility b An outside facility			
	b An outside facility	. 13a		
14	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b	<u> </u>	9
	Name >			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Van	□ No
			103	NO
	b If "Yes," enter the amount of gaming revenue received by the organization > and the amount			
	s. Saming 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			
	Description of services provided			
	Director/officer Employee Independent contractor		i	
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to the		_	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. └ 	s L	No
	System station of own exempt activities during the tax year - \$			
ar	Supplemental Information. Complete this part to provide the explanations required by David to David the			
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ana (v), a	and Pa	øt III,
	The state of the s	(200 11131	ructio	<u>ns).</u>
10.75				
			74	
				
				
			·	
83 0	01-13-11			

CHEDULE J form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, Ilne 23.

OMB No. 1545-0047

Open to Public. Inspection

partment of the Treasury ernal Revenue Service ame of the organization ANIMAL CARE AND CONTROL OF NEW YORK CITY

INC.

Employer identification number 13-3788986

7a	Questions Regarding Compensation	TY	es No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
		······ · 12 	
2			
_	Did the organization require substantiation prior to familiarising or allowing the trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Independent compensation consultant Form 990 of other organizations Written employment contract Compensation survey or study Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	Lance E	
			X
_	an above of control navment from the organization of a related organization:	4a	X
			$\frac{x}{x}$
D	an equity-based compensation arrangement from an equity-based compensation arrangement.	4c	CONTRACTOR OF THE PARTY OF THE
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in the control of the control		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5	Only section 501(c)(3) and 50 (c)(4) of gamzations must be obtained by the organization pay or accrue any compensation For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	contingent on the revenues of:	5a	X
=	The organization?	5b	X
,	Any related organization?	- Charles	
•	and the Second by deposition in Part III		
	Town 000 Part VII. Section A line 1a, did the organization pay or accrue any compensation		
6	continuent on the net earnings of		X
	The organization?	6a	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
•	Orași de la compania del la compania de la compania	6b	A SECURIOR SECURIOR
	and the state of the describe in Part III		
-	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, dld the organization provide any non-fixed payments		1
7	For persons listed in Form 990, Part VII, Section A, line 12, did the organization of Section 11		X
	not described in lines 5 and 6? If "Yes," describe in Part III		
8	not described in lines 5 and 67 if "Yes," describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8	X
	will a second avecation described in Regulations section 53.49004(a)(5) ii 183, 4000 iii 183, 4000 ii 183, 4000 iii 183, 4000 ii		
g	A lift "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	اما	
	Description 53 4958-6(c)?	chedule J (Form	990) 2010
u	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Silverio o fi com	. 555, 25 15

THE CONTROL OF NEW YORK CITY

Schedule J (Form 990) 2010

13-3788986

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Refile Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part ViI, line 1a.

			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C)	(Q)	(E)	9
3	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(P-(D)	Compensation reported in prior Form 990 or
-		8							rom 350-EZ
		3 8							
7							_		
	(\$).	8			1				
7		(1)							
4		8							
		3 5							
2		_ <u> </u> 3							
		ε							
9									
		(E)							
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	9								
16									
								,	

032112 12-21-10

Schedule J (Form 990) 2010

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

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spartment of the Treasury ternal Revenue Service

ame of the organization

INC.

► Attach to Form 990. ANIMAL CARE AND CONTROL OF NEW YORK CITY

Employer Identification number 13-3788986

: File	Types of Property	100 E-100		(0)	(d)	-
	one of the second of the secon	(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	Method of determining noncash contribution amount	nts
1	Art - Works of art				Language of the second	
	Art - Historical treasures					-
_	Art - Fractional Interests					
_	Books and publications		一次是建筑的大学。			
	Clothing and household goods		STATE AND			
	Cars and other vehicles					
-	Boats and planes					
8	Intellectual property	50- 00				
9	Securitles - Publicly traded	152 0 13				
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
• •	trust interests	100				
12	Securities - Miscellaneous					
13	Qualified conservation contribution -	1 100				
	Historic structures		l		<u> </u>	
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial	3				
17	Real estate - Other					
18	Collectibles					
19	Food inventory	1				
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts		- 20	176 701	RETAIL VALUE	
 25	Other (VARIOUS SUPPL)	X	609	1/6,/91	RETAIL VALUE	
26	Other ()					
27	Other ()					
28	Other (
29	Number of Forms 8283 received by the organ	nization duri	ng the tax year for	contributions		
	for which the organization completed Form 8	283, Part IV	, Donee Acknowle	dgement	Tv	s No
					period at the Long Company and the Long Company of the Long Compan	
30a	During the year, did the organization receive	by contribut	tion any property r	eported in Part I, lines 1:28	that it must find for	
	at least three years from the date of the initia	al contributio	n, and which is no	t required to be used for ex	empt purposes for	X
	the entire holding period?				COURT TAKE	
b	If "Yes," describe the arrangement in Part II.			ddamdaaad	ributions? 31	X
24	Does the organization have a gift acceptance	e policy that	requires the review	w of any non-standard com	noutions?31	
32a	Does the organization hire or use third partie	s or related	organizations to so	olicit, process, or sell nonca	sn 32a	x
	contributions?		•••••	•••••	328	
b	If "Yes," describe in Part II.					
33	If the organization did not report an amount	in column (c) for a type of prop	erty for which column (a) is	CNeCKOG,	9 3.4
	describe in Part II.				Schedule M (Form 99	M) (2010)
LHA	For Paperwork Reduction Act Notice, se	e the Instru	ections for Form 9	90.	Schedule W (Form 98	~) (20 iO)

ANIMAL CARE AND CONTROL OF NEW YORK CITY Schedule M (Form 990) (2010) INC. 13-3788986 Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Partil Page 2 SCHEDULE M, LINE 33: AC&C RECIEVES VARIOUS DONATED ANIMAL CARE SUPPLIES, INCLUDING FOOD, BLANKETS, LEASHES, ECT. 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 VII AND VIII. THESE AMOUNTS HAVE NOT BEEN INCLUDED IN REVENUE REPORTED ON FORM 990.

1EDULE 0 n 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Publications

Iment of the Treasury
Il Revenue Service
e of the organization

ANIMAL CARE AND CONTROL OF NEW YORK CITY

Employer identification number 13-3788986

INC.
RM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO
CH OF THE TRUSTEES PRIOR TO FILING.
RM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUESTED TO
DATE THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST ON AN
NUAL BASIS.
RM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR THE ED COMPENSATION
VOLVES A REVIEW OF THE MARKET FOR COMPARABLE POSITIONS (USUALLY BY A
LIRD PARTY CONSULTANT); A BUDGET ANALYSIS AND DISCUSSION AMONG BOARD
EMBERS, PARTICULARLY THE CHAIRMAN AND THE TREASURER; AND FINALLY IS
PROVED BY THE BOARD.
HE BOARD HAS A GENERAL UNDERSTANDING OF SALARIES PAID TO KEY EMPLOYEES.
HE EXECUTIVE DIRECTOR WOULD NEED TO REVIEW ANY INCREASES IN COMPENSATION
OR KEY EMPLOYEES THAT SIGNIFICANTLY EXCEEDS CURRENT SALARY RANGES WITH THE
DARD CHAIR. COMPARABLE POSITIONS AND SALARIES WOULD BE INCLUDED IN THE
EVIEW AS WELL REVIEW BY THE FINANCIAL CONSULTANT IN TERMS OF IMPACT TO THE
RGANIZATION® BUDGET
NOATI Zana Zana Zana Zana Zana Zana Zana Zan
ORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
OVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
VAILABLE TO THE PUBLIC WITHIN 30 DAYS OF WRITTEN REQUESTS.
CHEDULE A, PART II, LINE 3

ANIMAL CARE AND COMBOT OF VICTOR	Page 2
Name of the organization ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.	Employer identification number 13-3788986
AC&C RECEIVES BOTH UTILITIES AND THE USE OF ITS SHELTER FA	ACILITIES 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&C BY THE
CITY OF NEW YORK. THE FACILITIES USED BY THE ORGANIZATION	ARE ANIMAL
SHELTERS WHICH ARE OWNED BY THE CITY. BECAUSE OF THE SPECI	
DESIGN OF THE FACILITIES THERE IS NO REASONABLE METHOD TO	
ESTIMATED FMV OF RENTING THE PROPERTY. ACCORDINGLY SUCH AN	
NOT INCLUDED.	
Λ 79	

Department of the Treasury Internal Revenue Service SCHEDULE R Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

► See separate instructions. ► Attach to Form 990.

CONTROL OF NEW YORK CITY

ANIMAL CARE AND

INC.

Name of the organization

Bartil

2010 Open to Public Inspection OMB No. 1545-0047

Employer identification number 13-3788986

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) entity End-of-year assets ◉ Total income 1 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

Schedule R (Form 990) 2010 (g) Section 512(b)(13) £ × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) NEW YORK HEALTH OF ALL NEW YORKERS TYC DOH'S MISSION IS TO PROTECT AND PROMOTE THE Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization NYC DEPARTMENT OF HEALTH 330 WEST 42ND STREET 10036 NEW YORK, NY

032161 12-21-10 LHA

13-3788986

Page 2

ANIMAL CARE AND CONTROL OF NEW YORK CITY

INC. Schedule R (Form 990) 2010

Percentage ownership Seneral or Percentage managing ownership partner? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ 3 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) YesiNo Share of end-of-year assets 9 3 Code V-UBi amount in box 20 of Schedule K-1 (Form 1065) Share of total income te allocations? Disproportionž Ξ Yes Type of entity (C corp., S corp., or trust) Share of end-of-year assets **e** 9 (d)
(Direct controlling entity Share of total income Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) 3 • Primary activity Direct controlling entity 3 ϳ (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Partil

Schedule R (Form 990) 2010

032162 12-21-10

Schedule R (Form 990) 2010 INC.

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Page 3

13-3788986

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Vac	1
Dufing the tax year, did the organization engage in any of the following transaction Receipt of (ii) interest (ii) annuities (iii) annuities (iii)	ans with one or more	transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?		stem	,
b Gift, grant, or capital contribution to other accommendation.				1a	X	
C Giff, grant or capital contribution from the				4	×	
d Loans or han augmentage to a feet the				2	×	1
		***************************************		2	×	١.
coming or roan gradient rees by other organization(s)				.	×	1
f Sale of assets to other organization(e)						計
a Purchase of assate from other ownerings.				=	×	1.
				t of	×	1
				ŧ	×	L
e de la company de la comer assets to other organization(s)				¥	×	l
i Lease of facilities, equipment or other assets from other seconds						200
k Performance of services or membership or functions.				Ţ	×	ı
i Performance of services or membership or fundamining colling in the organization(s)	nization(s)			¥	×	L
m Sharing of facilities, equipment, mailing lists, or other contains.	nization(s)			=	×	L
n Sharing of paid employees		T.	4	重	×	ı
				Ę	×	1
o Reimbursement paid to other organization for expenses						淵敦
p Reimbursement paid by other organization for expenses				10	X	1
				1p	X	8 8
:				19	×	3/16
2 If the answer to any of the above is "Yes" see the instruction for its					×	1
to the first complete this line, including covered relationships and transaction thresholds.	Who must complete t	nis line, including covered	relationships and transaction thresho	yds.		ı
Name of other organization	(b) Transaction Trappe (a-t)	(c) Amount involved	(d) Method of determining amount involved	mining		1
(1) NYC DEPARTMENT OF HEALTH	υ	o				1
(2)						ı
(6)						1
(4)						1
(9)						1
(9)		5 27				ı
032163 12-21-10						

Schedule R (Form 990) 2010

13-3788986 Page 4

ANIMAL CARE AND CONTROL OF NEW YORK CITY

Schedule R (Form 990) 2010 INC.

Bart Mi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(a)	(Q)	(0)	9	(0)	ω	(B)		
Name, address, and EiN	Primary activity	nicile oreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or menaging partner?	o ping
Company of the Compan		i	Yes No			(Form 1065)	Yes	2
					1			1
							1	
					1			
Fig. 19 Sept. 19 Sept						-		
			_		+			
H H					1975			
					+			
							-	
## ## ## ## ## ## ## ## ## ## ## ## ##								
(9)						Schedule H (Form 980) 2010		3

ANIMAL CARE AND CONTROL OF NEW YORK CITY Schedule R (Form 990) 2010 INC. Part VIII Supplemental Information INC. 13-3788986 Page 5 Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

	• 6 5				o d			* NO.	
Current Year Deduction	0	13,378.	1,538	1,679	730	731.	1,222	7,189.	5,670.
Current Sec 179					9.7				
Accumulated Depreciation	9,054.	129,507.	6,153. 6,341,	13,561.	3,782.	5,892.	8,900.	52,352.	41,287.
Basis For Depreciation	9,054.	150,000.	60,000. 8,192,	17,520. 5,837,	7,611.	7,630. 35,403,	12,963. 4,035.	76,025. 1,844.	60,133. 2,881.
Reduction In Basis									5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Bus % Excl									
Unadjusted Cost Or Basis	9,054.	150,000.	60,000.	17,520.	7,611.	7,630.	12,963. 4,035,	76,025. 1.844.	60,133. 2,881 .
S. G.	16 16	17	01.6	17	17	17	1.7 1.7	1.7	12
Life	3.00	7.00		14366		7.00		7.00	0 0
Method		200DB SL	SL 200be	200DB 200DB	200DB	200DB	200DE	200DB 200DB	200DB
Date Acquired	042303SL 101002SL	EQUIP110804200DB7.00	120505SL 39.0	122705200DB7.00	080305200DB7.00	060606200DB7.00	030106200DB7.0C	010107200DB7.0C	070106200DB7.00
Description	1COMPUTER EQUIPMENT 2VEHICLES	Y AND	LEASHOLD IMPROVEMENT COMPUTER FOIT PMENT	7X-RAY EQUIPMENT SSURGICAL TABLES	9EQUIPMENT	11MEDICAL EQUIPMENT	13Kennels 14Ruise Montifors	15KENNELS 16COMPUMER SOUTPMENT	17kennels 18exam pabliss
Asset No.	н «	W 8	2		6 <u>6</u>	a 2	H E	1 4	17

01-10

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	S. S.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
7	LEASHOLD 19IMPROVEMENT	070106SL		39.0017	17	29,694.			29,694.	3,080.		781.
i.	20 ROUTBARNE	OTOLO78E	17	7.00 16	9	57,778,			57,778.	39.731.		7,219,
22	22COMPUTER EQUIPMENT	070107SL		3.00	16	22,870.	The transfer of the transfer o		22,870.	.850,61		3,812.
2.	23 COMPUMER BOUTPMENT	070108SL		3~00	91	18,256,			18,256,	9,128.		6.085.
24	24FURNITURE	070108SL	SL	7.00	16	12,034.			12,034.	2,851.		1,719.
- 23	25 COMPUMER BOUTBMENT	070109ST		3.00	9	7,364	Sec.		7.364	2.455		1 841
TO MAKE A MAKE DESIGNATION OF	* TOTAL 990 PAGE 10 DEPR					631,124.		0	631,124.	407.	0	61

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

028102 05-01-10

Form 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return. ➤ See separate instructions. Business or activity to which this form relates

990

OMB No. 1545-0172

Attachment Sequence No. 67

ANIMAL CARE AND CONTROL OF NEW YORK CITY

2788986

NC.				4 990 PA		/ h -/	μ3-3700300
Part	Election To Expense Certain Prope						500,000.
1 Max	imum amount (see instructions)				•••••	. 1	300,000.
2 Tota	I cost of section 179 property place	ed in service (see i	nstructions)				2,000,000.
3 Thre	shold cost of section 179 property	before reduction i	n Ilmitation			. 3	2,000,000.
4 Red	uction in limitation, Subtract line 3	from line 2. If zero	or less, enter -0			-	
5 Dolla	r limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter -	0 If married filing separately, see	instructions	(a) Floated		
6	(a) Description of p		(b) Cost (busine	iss use only)	(c) Elected	COST	
							45 4 7 6 7 6
							
- 100						—	
7 List	ed property. Enter the amount from	n iine 29					
8 Tota	al elected cost of section 179 prop	erty. Add amounts	in column (c), lines 6 and	7		8	
9 Ten	tative deduction. Enter the smalle	r of iine 5 or line 8		•••••		9	
O Car	ryover of disallowed deduction from	m line 13 of your 20	009 Form 4562			10	ec.
1 Bus	siness income limitation. Enter the	smaller of business	income (not less than zer	o) or line 5		11	
2 Sec	tion 179 expense deduction. Add	lines 9 and 10, but	do not enter more than lir	16 11		12	
3 Car	ryover of disallowed deduction to	2011. Add lines 9 a	nd 10, iess line 12	13		1183 - 59	
Note: [o not use Part II or Part III below fo	or listed property. II	nstead, use Part V.	de lieted arone	orto a N		
Part	Special Depreciation Allow	ance and Other De	epreciation (Do not include	de listed prope	rty.j		
14 Sp	ecial depreciation allowance for qu	alified property (oth	er than listed property) pl	aced in service	auning	14	
the	tax year			••••••			
15 Pro	perty subject to section 168(f)(1) e	lection	••••••		•••••		22,522.
16 Oth	er depreciation (including ACRS)			١		10	
Per	MACRS Depreciation (Do n	iot include listed pr					
			Section A	<u> </u>		17	38,609.
17 MA	CRS deductions for assets placed	l in service in tax ye	ears beginning before 201	O	▶ □	17	38,609.
17 MA	I standard many conete placed in st	wice during the tax year	pars beginning before 2010	ounts, check here	 $ htarrow$ $ htarrow$		
17 MA 18 If yo	I standard many conete placed in st	ervice during the tax year s Placed in Servic (b) Month and	pars beginning before 2010 into one or more general asset acc During 2010 Tax Year (c) Basis for depreciation	ounts, check here Using the Gen	eral Deprecia	ntion Syst	em
17 MA 18 If yo	I standard many conete placed in st	ervice during the tax year is Placed in Servic	pars beginning before 2010 into one or more general asset acc e During 2010 Tax Year	ounts, check here	 $ htarrow$ $ htarrow$		
18 If yo	u are electing to group any assets placed in a Section B - Asset (a) Classification of property	ervice during the tax year as Placed in Servic (b) Month and year placed	ears beginning before 2010 into one or more general asset acc Buring 2010 Tax Year (c) Basis for depreciation (business/investment use	ounts, check here Using the Gen (d) Recovery	eral Deprecia	ntion Syst	em
18 If yo	u are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property	ervice during the tax year as Placed in Servic (b) Month and year placed	ears beginning before 2010 into one or more general asset acc Buring 2010 Tax Year (c) Basis for depreciation (business/investment use	ounts, check here Using the Gen (d) Recovery	eral Deprecia	ntion Syst	em
18 if yo	u are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property 5-year property	ervice during the tax year as Placed in Servic (b) Month and year placed	ears beginning before 2010 into one or more general asset acc Buring 2010 Tax Year (c) Basis for depreciation (business/investment use	ounts, check here Using the Gen (d) Recovery	eral Deprecia	ntion Syst	em
18 If you	u are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property	ervice during the tax year as Placed in Servic (b) Month and year placed	ears beginning before 2010 into one or more general asset acc Buring 2010 Tax Year (c) Basis for depreciation (business/investment use	ounts, check here Using the Gen (d) Recovery	eral Deprecia	ntion Syst	em
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18 If your 19a b c	u are electing to group any assets placed in a Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	ervice during the tax year as Placed in Servic (b) Month and year placed	ears beginning before 2010 into one or more general asset acc Buring 2010 Tax Year (c) Basis for depreciation (business/investment use	ounts, check here Using the Gen (d) Recovery	eral Deprecia	ntion Syst	em
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19a b c d e f g	u are electing to group any assets placed in a Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	crvice during the tax year as Placed in Service (b) Month and year placed in service / / / /	ears beginning before 2010 into one or more general asset acc Buring 2010 Tax Year (c) Basis for depreciation (business/investment use	counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention	(f) Method S/L S/L	em
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19a b c d e f g h	are electing to group any assets placed in a Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	ervice during the tax year as Placed in Servic (b) Month and year placed in service / / / / / / / / /	ears beginning before 2010 into one or more general asset acc e During 2010 Tax Year (c) Basia for depreciation (business/investment use only - see instructions)	counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L	erm (g) Depreciation deduction
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19a b c d e f g h i 20a b c	are electing to group any assets placed in as Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	service during the tax year as Placed in Service (b) Month and year placed in service // // // // // // // // // // // // /	ears beginning before 2010 into one or more general asset acc e During 2010 Tax Year (c) Basia for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern	MM MM MM MM MM MM MM	S/L	erm (g) Depreciation deduction
19a b c d e f g h i	are electing to group any assets placed in as Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Summary (See instructions.	service during the tax year as Placed in Service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service (e) Month and year placed in service (f) Month and year placed in Service (g) Month and year placed in Service	pars beginning before 2010 into one or more general asset acce e During 2010 Tax Year (c) Basia for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern	MM MM MM MM MM MM MM	S/L	erm (g) Depreciation deduction
19a b c d e f g h i	are electing to group any assets placed in as Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Summary (See instructions.	service during the tax year as Placed in Service (b) Month and year placed in service // // // // // // // // // // // // /	pars beginning before 2010 into one or more general asset acce e During 2010 Tax Year (c) Basis for depreciation (business/investment use only - see Instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MM MM MM MM MM MM MM	S/L	erm (g) Depreciation deduction stem
19a b c d e f g h i	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Summary (See instructions, sted property. Enter amount from life 12, line	service during the tax year as Placed in Service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service (e) Month and year placed in service (f) Month and year placed in service (g) Month and year placed in service	pars beginning before 2010 into one or more general asset acce Buring 2010 Tax Year (c) Basis for depreciation (business/investment use only - see Instructions) During 2010 Tax Year U	counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MM	S/L	erm (g) Depreciation deduction
19a b c d e f g h i 20a b c Part 21 Lis 22 To	a are electing to group any assets placed in a Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Summary (See instructions. sted property. Enter amount from line tal. Add amounts from line 12, line ter here and on the appropriate line ter here and on the appropriate line section B.	Placed in Service (b) Month and year placed in service in service (b) Month and year placed in service // // // // // // // Placed in Service // // // s Placed in Service	into one or more general asset acc e During 2010 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2010 Tax Year U es 19 and 20 in column (c) artnerships and S corpora	counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MM	S/L	erm (g) Depreciation deduction stem
9a b c d e f g h i	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Summary (See instructions, sted property. Enter amount from life 12, line	Placed in Service (b) Month and year placed in service in service (c) Month and year placed in service (c) Pla	into one or more general asset acce e During 2010 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2010 Tax Year U es 19 and 20 in column (c) artnerships and S corpora e current year, enter the	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 39 yrs. 40 yrs.	MM	S/L	erm (g) Depreciation deduction stem

ANIMAL CARE AND CONTROL OF NEW YORK CITY

Form 4562 (2010) INC. 13-3788986 Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or ParkV Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b if "Yes," is the evidence written? Yes No (b) Date (a)
Type of property
(ilst vehicles first) (e) (d) (1) (g) (I) Business/ Basis for depreciation Cost or Recovery Elected Method/ placed in Depreciation investment (business/investment other basis period Convention deduction section 179 use percentage service use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % 96 27 Property used 50% or less in a qualified business use: S/L · % S/L -96 S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (I), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) **(f)** 30 Total business/investment miles driven during the Vehicle **Vehicle** Vehicle Vehicle **Vehicle** Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven_____ 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 16 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Inswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% wners or related persons. 7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No 8 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 9 Do you treat all use of vehicles by employees as personal use? 0 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? 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 (a) Description of costs (b) (c) (d) Code section (e) **(f)** Date amortization begins Amortization of costs that begins during your 2010 tax year:

Amortization of costs that began before your 2010 tax year

43

44

Form 8868 (Rev. 1-2011)		***************************************			Page 2
• if you are filing for an Additional (Not Automatic) 3-Month I	Extension,	complete only Part II and check this I	box	•••••	▶ \X
Note. Only complete Part II if you have already been granted ar	n automatic	3-month extension on a previously file	d Form	n 8868.	
If you are filing for an Automatic 3-Month Extension, compared to the second seco			42.00		2 <u>22</u> 2000 September 2
Part III Additional (Not Automatic) 3-Month	Extensio	on of Time. Only file the original (no	coples	needed).	
Name of exempt organization			Em	pioyer ident	ification number
Type or ANIMAL CARE AND CONTROL OF	NEW Y	ORK CITY		•	
print INC.				13-3788	3986
File by the extended Number, street, and room or suite no. if a P.O. box,	see instruc	ctions.	-		
due date for 11 PARK PLACE					
filing your return. See City, town or post office, state, and ZIP code. For a	foreign add	dress, see instructions.	this.		
instructions. NEW YORK, NY 10007					
		asia ana asia asia asia asia asia asia a			
Enter the Return code for the return that this application is for (file a separa	ate application for each return)		2.50	01
81			••••••		
Application	Return	Application			Return
is For	Code	Is For			Code
Form 990	01		400		
Form 990-BL	02	Form 1041-A		CONTRACTOR	08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOPI Do not complete Part II if you were not already grante	ed an autor		usiv fil	ed Form 88	
BTQ FINANCIAL					
 The books are in the care of ► 80 BROAD STREE 	T 15T	H FLOOR - NEW YORK,	NY	10004	
Teiephone No. ► 212-901-2500		FAX No.			·····
If the organization does not have an office or place of busine	ss in the Ur				
If this is for a Group Return, enter the organization's four digi	t Group Exe	emption Number (GEN) If t	his is fo	or the whole	aroup, check this
box . If it is for part of the group, check this box		ich a list with the names and EiNs of a			
4 I request an additional 3-month extension of time until		15, 2012			7.0.0.1.0.1011
5 For calendar year, or other tax year beginning	JUL 1	, 2010 , and ending	JUN	7 30, 2	011
6 If the tax year entered in line 5 is for less than 12 months,	check reas		7	return	·
Change in accounting period					
7 State in detail why you need the extension					
AWAITING PERTINENT THIRD PART	Y INFO	ORMATION IN ORDER TO) FI	LE A C	OMPLETE
AND ACCURATE RETURN.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.		•	8a	s	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment a					
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your p	ayment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See inst			8c	\$	0.
Sign	ature an	d Verification			la san sono
Under penalties of perjury, I declare that I have examined this form, inclu	ding accomp	anying schedules and statements, and to th	e best o	of my knowledg	ge and belief,
t is true, correct, and complete, and that I am authorized to prepare this I	form.	·		-	7
Signature ▶ Title ▶	EXECUI	TIVE DIRECTOR	Date	•	

Form 8868 (Rev. 1-2011)

OMB No. 1545-1878 iRS e-file Signature Authorization ... 8879-EO for an Exempt Organization Do not send to the IRS. Keep for your records. epartment of the Treasury ➤ See instructions. itemai Revenue Service **Employer Identification number** ame of exempt organization ANIMAL CARE AND CONTROL OF NEW YORK CITY 13-3788986 INC. ame and title of officer JULIE BANK EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) heck the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box in line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, vhichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more han 1 line in Part I. a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ b Total revenue, if any (Form 990-EZ, line 9) _____ 2b ____ 'a Form 990-EZ check here ▶ la Form 1120-POL check here b Total tax (Form 1120-POL, line 22) ______ 3b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b la Form 990-PF check here ia Form 8868 check here Declaration and Signature Authorization of Officer Inder penalties of periury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 lectronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I urther declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my ntermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) he date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct lebit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this eturn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at -888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the rocessing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the ayment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the rganization's consent to electronic funds withdrawal. Officer's PIN: check one box only X Lauthorize ROSENBERG & MANENTE, PLLC 12321 to enter my PIN **ERO firm name** Enter five numbers, but do not enter ali zeros as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, i will enter my PIN on the return's disclosure consent screen. Ifficer's signature Certification and Authentication :RO's EFIN/PIN. Enter your six-digit electronic filing identification 11778412321 do not enter all zeros

rumber (EFIN) followed by your five-digit self-selected PIN.

certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I onfirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS -file Providers for Business Returns.

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the iRS Unless Requested To Do So

Date > 05/10/12

RO's signature

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL

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ANIMAL	INC
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Asset No.	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
100 mg/s	1COMPUTER EQUIPMENT 2VEHICLES	042303SL		3.00	16	9,054.			9,054.	9,054.		0
	3MACHINERY AND EQUIP LEASHOLD AIMPROVEMENT	EQUIP110804200DB7.00	200DE		17	150,000.			150,000.	129,507.		13,378.
	LEASHOLD SIMPROVEMENT GCOMPUTER EQUIPMENT	120505SL 39.0	ado	39.00 7.00	910	60,000.			60,000.	6,153. 6,341.	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	1,538.
	7X-RAY EQUIPMENT SCURGICAL TABLES	122705200DB7.00 060606200DB7.00	122705200DB7.00	TVC/ATS THE	17	17,520.			17,520.	13,561.		1,679.
و 1	9EQUIPMENT	080305	080305200DB7.00	7.00	7 9	7,611.		13 23 3	7,611.	3,782.		730. f
	11MEDICAL EQUIPMENT	060606200DB7.00	060606200DB7.00	7.00	2 4	7,630.			7,630.	5,892. 27,817.	(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	731. 5,058,
H	13KENNELS 14PULSE MONTHORS	030106	030106200DB7.00	7.00	11	12,963.			12,963.	8,900.		1,222.
a a	15kennels 16computer boutement	0.00.0000000000	010107200DB7.00	3.00	5 5	76,025. 1,844.		e se e s	76,025. 1,844.	52,352.		7,189.
1.	17kennels 18exam varles	THE PARTY NAMED IN COLUMN	070106200DB7.00 010107200DB7.00	7.00	17	60,133.			60,133.	41,287.		5,670.
05-01-10					<u>.</u>	(D) - Asset disposed		□ •	, Section 179, Sal	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	umercial Revita	lization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT

— CURRENT YEAR FEDERAL —

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

						TINC			200	200		
Asset No.	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
4 4	LEASHOLD 19IMPROVEMENT 26EGUIPMENT	070106SL 970107SL		39.00	017	29,694. ET,778,	4		29,694.	3,080.		781.
N	22COMPUTER EQUIPMENT 23COMPUTER FOUTPMENT	070107SL 070108SL		3.00	16 16	22,870.			22,870.	19,058.	-12	3,812.
N N	RE R EQUIPMENT	070108SL 070109SL		7.00	16	12,034.		155-100	12,034.	2,851.	90.4 9	1,719.
	TOTAL 990 PAGE 10		T.			631,124.		0	631,124.	407,497.	0	61,131.
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		11. 42. 00 11. 44. 00										
	7 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1	ф (2)						4 4				n ng
028102 05-01-10		-			A-(0)	(D) - Asset disposed		. ITC	* ITC Section 179 Salvace			

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL -

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

						1			-
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	QUIPMENT	23	ZIS	3.00	9,054.		730	o c	0
4 0			17.5	70.5				74-11) (國
7		2 9	ECOOZ	7.00	150,000.	CONTRACTOR OF STREET	- 10	142,885.	7,115.
	THE STORY OF THE S		50	0 6	47.00		27.0	4.154.	100
Company September		0 20 5	SL	39.00			.000,09		1,538.
9	BNT		200E	00-1		对金属	MC 65		NY ST
T. Company of the Com		2705	200DE			-			1,520.
œ	8SITRGIT CANI DABLIPS	9090			5,837.		5,897,		506.
<u>თ</u>	EQUIPMENT	0305	200DB	7.00	9		7,611.		2,066.
10				.000					
11	EQUIPMENT	909	200DB	7.00	7,630.		, 63		671.
12	12VEHTCDES	905	200DB		1453		40		D.
13		106	200DB					10,122.	1,894.
A	1.4Putise Montuors	106	200DB		250		施品		
15		107	200DB		76,025.		76,025.		6,594.
16	R ROUTPMENT	106	200DE				概法	100	0.
17		106	200DB		60,133.		١.		5,270.
CQ	18exam tables	107	ZOODE	2.00	州族。	Application of the latest	11201	March 1981	252.
19		070106	SI	39.00			29,694.	3,861.	761.
32	2 DECUTEMENT	- 1	31.	00-2			ERG OF	serior to the	8,254.
22		\mathbf{H}		3.00	22,870.			-	0
4.3	23 COMPUDER ROUTDMENT	-	715	3.00	18,256.		64		3,0043
24		070108	SL	7.00	12,034.			,57	6
	TEMENT	070109	91	00-6	7,364				
TO THE PERSON NAMED IN	* TOTAL 990 PAGE 10 DEPR				631,124.		631,124.	468,628.	45,030.
						A STATE OF THE PARTY OF THE PAR			
						2000年 1000 1000 1000 1000 1000 1000 1000	は、日本の日本の日本の人でいる。	OF STREET, STR	
						de Name Land Street Services	And the state of the state of the state of	Allegan and particular of	The second section is the second
								(A)	
		4		经产业			一次是基本的	新工作工作	

(D) - Asset disposed

028103 05-01-10

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone