Form 990

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)

OMB No. 1545-0047

Department of the Tressury-Internal Revenue Service

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

			ng JUN 30, 2	2012	
В	Check applic	ANIMAL CARE AND CONTROL OF NEW YORK CITY	D Employer i	dentifi	cation number
	Add	ireme INC.			
	Na cha	nge Doing Business As		3-3	788986
E	initi retu	m Number and street (or P.O. box if mail is not delivered to street address) Room	/suite E Telephone	numbe	r
	abe	II PARK PLACE	2	12-	442-2076
_	retu	m City or town, state or country, and ZIP + 4	G Gross receipts	<u> </u>	<u>10,590,907.</u>
L	İtləri pen	NEW YORK, NY 10007	H(a) is this a g	roup re	etum
		F Name and address of principal officer:RISA WEINSTOCK	for affillate	38?	Yes X No
		11 PARK PLACE, NEW YORK, NY 10007	H(b) Are all affili	ates inc	luded? Yes No
		xempt status: X 501(c)(3)	527 If "No," at	tach a	list. (see instructions)
		site: > WWW.NYCACC.ORG	H(c) Group exc	emption	n number 🕨
	Form	of organization: X Corporation Trust Association Other ► L Summary	Year of formation: 19	95 N	State of legal domicile: NY
0	1	Briefly describe the organization's mission or most significant activities: TO PROM	OTE AND PRO	TEC'	T THE
Activities & Governance		HEALTH, SAFETY AND WELFARE OF PETS AND PEOP	LE IN NEW Y	ORK	CITY.
Ē	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its	net se	ede .
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	*******************************	4	8
8	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	***********************************	5	202
Ş	6	Total number of volunteers (estimate if necessary)	**************************	6	546
Ct	7 :	Total unrelated business revenue from Part VIII, column (C), line 12	**************************	7a	0.
•	ı	Net unrelated business taxable income from Form 990-T, line 34	*****************************	7b	0.
	T		Prior Year	170	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		72	9,290,339.
Revenue	9	Program service revenue (Part VIII, line 2g)	772,3		1,020,895.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7/2/3	15.	726.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,4		189,485.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,865,7		10,501,445.
-	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,003,7	0.1	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,445,29		7,336,457.
3	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0/113/2	0.	7,330,437.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) > 249, 437.			0.
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,109,44	Ω	3,400,946.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,554,74		10 727 402
	19	Revenue less expenses. Subtract line 18 from line 12	310,99		10,737,403. -235,958.
58	20 21 22		Beginning of Current		
Sets	20	Total assets (Part X, line 16)	2,026,25		End of Year
88	21	Total liabilities (Part X, line 26)	1,135,03		1,460,126. 804,871.
乭	22	Net assets or fund balances. Subtract line 21 from line 20	891,21		655,255.
			071,21	ے.	033,233.
Unde	r pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the heet	of my b	recurred as and ballet it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arar has any knowledge	DI IIIY N	monitoring and belief, if is
		L LIV	En 13	12	. / 2
Sign	1	Signature of officer	Date	120	13
Here	•	RISA WEINSTOCK, INTERIM, EXECUTIVE DIRECT	OR		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date Chec		PTIN
ald		PHIL ROSENBERG	05/09/13 H		P00221232
repa		Firm's name ROSENBERG & MANENTE, PLLC	Firm's EIN		20-4153538
jse C	inly	Firm's address 1 LINDEN PLACE	Filli S EIN		*0-413339
		GREAT NECK, NY 11021	Dhone	516	482-0001
/lav	the IF	S discuss this return with the preparer shown above? (see instructions)	rnone no.	210	
			******************************		X Yes No

Fo	m 990 (2011) INC. 13-3788986 Page 2
F	Statement of Program Service Accomplishments
-	Check if Schedule O contains a response to any question in this Part III
1	briefly describe the organization's mission:
	AC&C'S MISSION IS TO PROMOTE AND PROTECT THE HEALTH, SAFETY AND
	WELFARE OF PETS AND PEOPLE IN NEW YORK CITY.
2	Did the organization undertake any significant program services during the year which were not listed on
	If "Yes," describe these new services on Schedule O.
3	Did the organization coace conducting an advantage of the conducting and the conducting a
	res," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Geetion 30 (c)(3) and 30 (c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
48	(Code:) (Expenses \$ 9,396,429, installed
	ANIMAL CARE & CONTROL OF NEW YORK CITY (ACCC) IC MUR LARGE CONTROL
	OTIONATION IN THE MURIHICASI, HAKING IN MODE WHAT SO OUR STEETS -
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	TOTAL DERVICE CARE CENTERS IN MANHAMMAN BROOF TALL AND COMMENT TOTAL
	THAT I US DUE TO HOMELESSNESS ()R ARTISE OR COTOTO IN MUR. TAXITITE
	WE DO NOT TURN AWAY ANY ANIMAL IN NEED.
	THERE ARE MANY WAVE MUAM YOU CAN COM
	THERE ARE MANY WAYS THAT YOU CAN GET INVOLVED TO HELP AC&C. YOU CAN
4b	ADOPT ONE OF THE HUNDREDS OF CATS, DOGS AND BUNNIES WE HAVE AVAILABLE (Code:) (Expenses \$ including grapts of \$
	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
d	Other program services (Describe in Schedule O.)
-	(Expenses \$
e	Total program service expenses 9,396,429. Revenue \$ Program Progra

Form 990 (2011) INC. Part IV Checklist of Required Schedules

Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 A 19 A 19 A 19 A 19 A 10 A 11 A 12 A 13 A 14 A 14 A 15 A 16 A 18 A 19 A 19 A 10 A 11 A 12 A 13 A 14 A 14 A 15 A 16 A 18 A 19 A 10 A 11 A 12 A 13 A 14 A 14 A 15 A 16 A 18 A 19 A 19 A 10 A 11 A 12 A 13 A 14 A 14 A 15 A 16 A 18 A 19 A 19 A 10 A 11 A 12 A 13 A 14 A 14 A 15 A 16 A 18 A 18 A 19 A 10 A 10 A 11 A 12 A 13 A 14 A 14 A 14 A 14 A 15 A 16 A 17 A 18 A 18 A 19 A 19 A 19 A 10 A 11 A 11 A 12 A 13 A 14 A 14 A 15 A 16 A 17 A 18 A 18 A 19 A 19 A 19 A 10 A 11 A 12 A 13 A 14 A 14 A 14 A 14 A 14 B 14 A 15 A 16 A 18 A 18 A 19 A 19 A 19 A 19 A 19 A 19 A 10 A 10 A 11 A 12 A 13 A 14 A 14 B 14 A 15 A 16 A 18 A 19 A				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributors 1 Did the organization engage in derect or indicect potitical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 2 Section 50 (16/3) organizations. Did the organization engage in lobbying activities, or have a section 50 (16/4) election in effect during the tax year? If "Yes," complete Schedule C, Part II 3 J X 4 Section 50 (16/3) organizations. Did the organization engage in lobbying activities, or have a section 50 (16/4) organization. The organization may be organization as ection 50 (16/4), 50 (16/5), or 50 (16/6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedine 89 19 If "Yes," complete Schedule C, Part II 5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts if If "Yes," complete Schedule D, Part II 5 Id the organization maintain collections of works of art, historical ressures, or other similar assets II "Yes," complete Schedule D, Part IV 6 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not sisted in Part X, or provide control of the organization report of the following questions is "Yes," complete Schedule D, Part IV in Did the organization report an amount for investments of the securities II in It is I	1				
Justice the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? if "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? if "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 8, 97 if "Yes," complete Schedule C, Part II 6 Did the organization meintain any donor advised funds or any similar funds or accounts? if "Yes," complete Schedule D, Part II 7 Did the organization meintain any donor advised funds or any similar funds or accounts? if "Yes," complete Schedule D, Part II 8 Did the organization meintain obsections of voxis of art, historical resaures, or other similar assesset if "Yes," complete Schedule D, Part II 8 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, instinct areas, if yes, a complete Schedule D, Part II 9 Did the organization receive or hold a conservation essement, including easements in similar assesset if "Yes," complete Schedule D, Part II 10 Did the organization and part in the part X, line 21; serve as a custodian for amounts not listed in Part X, or provide order to conseiling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization assesses to any of the following questions is "Yes," then complete Schedule D, Part V, II 11 If the organization report an amount for the individualings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for revestments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for orber absilit	2	Is the organization required to complete Schoolule B. Schoolule of October 1997	1		
public office? If "Yes," complete Schedule C, Part I Section 501(Kg) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year," If "Yes," complete Schedule C, Part II Is the organization as each in 501(kg), 501(kg), or 501(kg), 501(kg), or 50		Did the organization engage in direct or indirect political compaign potivities on ball-16 and a series and a	2	X	
section 30 (top) genizations, or under the complete Schedule C, Part II 5 is the organization a section 501(s)(6), 501(s)(6), or 501(s)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9-19 II "Pies," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investments and the environment, in the		public office? If "Yes," complete Schedule C, Part I	3		х
similar amounts as defined in Revenue Procedure 99.197 if "ves," complete Schedule C, Part III	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in office	1		x
similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III 5	5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	+-	+
b Ut the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part II Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part IVI Did the organization debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IVI Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IVI If the organization in any of the following questions is "Yes," then complete Schedule D, Part IVI Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIIII Did the organization oreport an amount for o		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX per Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X poll the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X poll the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X poll the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X poll the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X poll the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X poll the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X poll the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X, XII, and XIII is optional liability for uncertain tax positions undered financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts X, XII, and XIII is optional liability for uncertainty in the organization answered "No" to line 12a, then completing Schedule D, Parts X, XII, and XIII is optional liability for granization maintain an office, employees, or agents outside of the United States? bid the organization have aggregate revenues	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
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bid the diganization operate one or more hospital facilities? If res, complete Schedule H	.	complete Schedule G, Part III	19		
to the second the organization attach a copy of its audited financial statements to this return?	:va	bid the organization operate one of more hospital facilities? If the res, "complete Schedule H	20a		X
	O	ii res to line ∠ua, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) INC. Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	┼	X
	continuos (A). Em a OO II II (an II anno 11 to O to 1 to 1 to 1 to 1 to 1 to 1			w
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	+	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	X	İ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	 -	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	but the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	T	 -
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		 	
	any tax-exempt bonds?	24c		
d	but the organization act as an "on benair of" issuer for bonds outstanding at any time during the year?	24d		
25a	disgustified parent during the area of (1) (2) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			.,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25h		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
C	rest of a surface of former officer, director, trustee, or key employee? If res, complete Schedule L. Part IV	28b		Х
·	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cosh contributions 0.6 # 1000 i	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	Х	
	contributions? If "Yes," complete Schedule M	_		37
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
	If "Yes," complete Schedule N, Part I	31	1	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	31		
	Schedule N, Part II	32		Х
33	and a separation own room or an entity dislegatured as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	l	X
34	was the organization related to any tax-exempt or taxable entity?			
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
აუa ი	bid the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
IJ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u>X</u>
	If "Yes," complete Schedule R, Part V, line 2	_		X
٠,	bid the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-+	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		Х
36	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 192	" +	-+	
	Note. All Form 990 filers are required to complete Schedule O	38	x	

13-3788986

Page 5

2011) INC. Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2011) **Part V** Sta

***************************************	Officer in Schedule O contains a response to any question in this Part V			*******		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	امدا	46		Yes	s No
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a	4 (- 2000		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			
22	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	· i · · · · · i		1c	X	
	filed for the calendar year ending with or within the year approach to the calendar year ending with or within the year approach to the calendar year ending with or within the year approach to the calendar year ending with or within the year approach to the calendar year ending with or within the year approach to the calendar year ending with or within the year approach to the calendar year ending with or within the year approach to the calendar year ending with or within the year approach to the calendar year ending with or within the year approach to the calendar year ending with or within the year approach to the calendar year.		000			
b	filed for the calendar year ending with or within the year covered by this return	2a	202	4		
_	If at least one is reported on line 2a, did the organization file all required federal employment tax retu Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	ıms?	*****************	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 as years at the instruction	s)				1 _
b	If "Ves " has it filed a Form 200 T for this use of "I No " baseline of ", out of more during the year?"			3a	 	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		***************************************	3b	+	4_
	financial account in a foreign country (such as a bank account, securities account, or other financial	autnor	rty over, a		1	١.,
b	If "Yes," enter the name of the foreign country:	accour	1t)?	4a		X
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accour	its.			٠,
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>	┼	X
c				5b	+	X
6a				5c	┿	┼
	any contributions that were not tax deductible?	ne orga	nization solicit	١.		١,,
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			6a	┼	X
	were not tax deductible?	lons or	gins			
7	Organizations that may receive deductible contributions under section 170(c).		************************	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices or	oulded to the normal			
b	If "Yes " did the organization notify the dense of the color of the				X	┼
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		iend	7b	 ^	├-
	to file Form 8282?	as requ	ireu			x
d	If "Yes " indicate the number of Forms 2000 filed denter the	7d	***************************************	<u>7c</u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	2	7.		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	*	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1098-02	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	d the sur	oportina	711		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	ınv time	during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	bid the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	**********		55		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?		12a		20000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	*				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	[-	l4b		

INC. Form 990 (2011) 13-3788986 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Interest the number of voting members of the governing body at the end of the tax year 1 1 1 9 18 18 19 18 18 19 18 19 18 19 19 18 19 19 19 19 19 19 19 19 19 19 19 19 19		X
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body dependence to voting members or the governing body or if the governing body dependence to voting members included in line 1a, above, who are independent Defined, including the process of the governing body, or if the governing body dependence to voting members included in line 1a, above, who are independent Defined, including the process of the governing body or under the direct supervision of officers, directors, or trustees, or key employee have a family relationship or a business relationship with any other officers, directors, or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Defined any officer, director, trustee, or key employee lated or written actions undertaken during the year by the following. The governing body? Defined organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? Defined organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? Defined organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? Defined organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? Defined organization held or the governing body? Defined organization have written, or the process in Schedule O written actions an undertaken during		
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14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 Did the officers or key employees of the organization 16 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Dif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed ▶NY 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 18 Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and finance.	$\frac{x}{x}$	
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16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a 16a 16a 16a 16a 16a 16	Х	
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶NY 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and finance.		
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Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and finance.	е	
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and finance		
atatamenta available to the public during the tay year	cial	
20 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		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz (A)	(B)	Π		(C)			(D)	(E)	(F)
Name and Title	Average	(de	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR. THOMAS FARLEY	1 00	l						_		
CHAIRPERSON	1.00	X	<u> </u>		<u> </u>			0.	0.	0.
(2) ADRIEN BENEPE	1 1 00									_
DIRECTOR (3) BRUCE DONIGER	1.00	X				<u> </u>		0.	0.	0.
(3) BRUCE DONIGER DIRECTOR	1.00	х						1		_
(4) JOHN M.B. O'CONNOR	1.00	_	-		 	 		0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(5) PHILIP BANKS III					 			· ·	•	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(6) PATRICK NOLAN										
DIRECTOR	1.00	X						0.	0.	0.
(7) DR. J KUHLMAN										
DIRECTOR	1.00	X						0.	0.	0.
(8) YONATON ARONOFF	1 00							_		
DIRECTOR	1.00	X						0.	0.	0.
(9) ELAINE KEANE DIRECTOR	1 00	37								_
(10) JULIE BANK	1.00	X	-					0.	0.	0.
EXECUTIVE DIRECTOR	55.00			x				160 000		0 166
(11) RICHARD GENTLES	33.00			ᄼᅴ	_	\vdash		160,000.	0.	9,166.
DIRECTOR OF DEVELOPMENT	55.00		ı			х		116,092.	0.	15 040
(12) RISA WEINSTOCK	33.00		\dashv	\dashv	\dashv			110,002.	V.	15,948.
DIRECTOR OF ADMINISTRATION	55.00		- 1			x		118,800.	0.	15,948.
			7	7	7		\exists			13,720.
		_					\bot			
				ı						
		\dashv	_		\dashv		_			
				1			- 1			
			\dashv	\dashv	\dashv	\dashv	\dashv			
		\dashv	十	\dashv	\dashv	\dashv	\dashv			

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Part VII Section A. Officers, Directors	, Trustees, Key E	mplo	oyee	s, a	nd	High	est	Compensated Employ	<mark>rees</mark> (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck ss pe	c) itior more rson		one han	(D) Reportable	(E) Reportab compensat from relate	le tion		(F) stimated nount of other		
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-M	ons	fr org and	pensation om the anization d related anizations		
The Contractor								394,892.		0.		1,062.		
1b Sub-total c Total from continuation sheets to Pa								394,892.		0.	4	1,062. 0.		
d Total (add lines 1b and 1c)								394,892.	***************************************	0.	4	1,062		
Total number of individuals (including becompensation from the organization)	out not limited to th						no re		,000 of reporta					
3 Did the organization list any former offi		ıstee	e, ke	y en	nplo	vee.	or	highest compensated e	mplovee on			Yes No		
line 1a? If "Yes," complete Schedule J a For any individual listed on line 1a, is the											3	X		
and related organizations greater thanDid any person listed on line 1a receive	or accrue compe	nsati	on f	rom	any	unr					4	Х		
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Scheduk	e J fo	or su	ıch j	oers	on .	****		****************	<u> </u>	5	X		
Complete this table for your five highes	t compensated in	dene	nde	nt c	ontr	acto	rs t	hat received more than	\$100 000 of co	mnene	ation f	rom		
the organization. Report compensation										препа	ation i	OIII		
(A) Name and busin	ess address							(B) Description of s		С	(C omper	s) nsation		
FLOOR, NEW YORK, NY 100		15	TH	I			1	FISCAL CONSU	LTING		24	0,000.		
					**********		_					······································		
					***************************************		4							
							-							
2 Total number of independent contracto		ot lin	nited	to '	_		ted	above) who received m	ore than					
\$100,000 of compensation from the org	jai iization 📂				1	•								

INC.

Pa	rt VII	Statement of Reven	u e		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above	1b 1c 1d 1d 1e s, and e 1f 1a-1f: \$	20,320. 8663044. 606,975.	9290339.			
Program Service Revenue	2 a b c d	FACILITY REVENU	E	Business Code 900099	1020895.	1020895.		
Prog		All other program service rever Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax	dividends, inter	est, and	1020895.			726.
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8 a	Gross income from fundraising including \$ 20,3 contributions reported on line Part IV, line 18 Less: direct expenses	20 of 1c). See	157400. 89,462.				67.038
)	9 a b c	Net income or (loss) from fund Gross income from gaming act Part IV, line 19 Less: direct expenses Net income or (loss) from gaming Gross sales of inventory, less in	tivities. See a b ing activities)	67,938.			67,938.
	b 	and allowances Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue OTHER MISC INCO	b of inventory		121,547.			121,547.
	е				121,547. 10,501,445.	1020895.	0.	190,211.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	piece columns (b), (c), and (b).				
***************************************	Check if Schedule O contains a respo	onse to any question in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			g	CAPCINGS
2	Grants and other assistance to individuals in	***			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	394,892.		394,892.	
7	Other salaries and wages	4,958,018.	4,802,772.	36,200.	119,046.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	504,302.		40,614.	11,215.
9	Other employee benefits	943,954.		76,021.	20,993.
10	Payroll taxes	535,291.	480,258.	43,109.	11,924.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	28,500.		28,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	276,265.	23,890.	252,375.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	217,227.	101,375.	86,889.	28,963.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	44 310	40 100		
22	Depreciation, depletion, and amortization	44,318. 253,444.	40,108. 227,397.	3,570.	640.
23	Other expenses. Itemize expenses not covered	200,444.	221,391.	20,411.	5,636.
24	above. (List miscellaneous expenses in line 24e. If line				0.00
	24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) MEDICAL SUPPLIES & SERV	876,791.	876,791.		
a h	TECHNOLOGY AND EQUIPMEN	470,165.	421,845.	37 064	10 AEC
	SUPPLIES	356,500.	347,629.	37,864. 8,309.	10,456. 562.
ď	FACILITY EXPENSES	235,938.	211,690.	19,001.	
e	All other expenses	641,798.	563,261.	43,782.	5,247. 34,755.
25	Total functional expenses. Add lines 1 through 24e	10,737,403.	9,396,429.	1,091,537.	249,437.
26	Joint costs. Complete this line only if the organization		7,370,3230	1,001,007.	447,431.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
132010	01-23-12			L	Form 990 (2011)

Form 990 (2011)
Part X Balance Sheet

, a	<u> </u>	balance Sheet			(A)		(B)
	т		***************************************		Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing		***********	1,269,118.	1	961,377.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	************************	323,902.	3	5,240.	
	4	Accounts receivable, net	46,282.	4	38,878.		
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe	es. Com	plete Part II	A SECTION AND ADDRESS OF THE PARTY OF THE PA		
		of Schedule L		5			
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
93		employees' beneficiary organizations (see instru		6			
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use	*********			8	
	9				132,897.	9	244,759.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	631,122.			
	b	Less: accumulated depreciation	10b	500,326.	175,113.	10c	130,796.
	11	Investments - publicly traded securities	*********			11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			78,938.	15	79,076.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,026,250.	16	1,460,126.
	17	Accounts payable and accrued expenses	608,972.	17	285,161.		
	18	Grants payable		18			
	19	Deferred revenue			9,889.	19	8,242.
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
pili	22	Payables to current and former officers, director					
Lia		highest compensated employees, and disqualifi	-				
		of Schedule L				22	
	23 24	Secured mortgages and notes payable to unrela				23	
	25	Unsecured notes and loans payable to unrelated				24	
	23	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
		0-11-1-5		· ·	516,176.		E11 4C0
	26	Total liabilities. Add lines 17 through 25			1,135,037.	25	511,468.
	20	Organizations that follow SFAS 117, check he		X and complete	1,133,037.	26	804,871.
s		lines 27 through 29, and lines 33 and 34.	31 E	and complete	5.00		The state of the s
Net Assets or Fund Balances	27	Unrestricted net assets			633,577.		E9E 0E0
퍨	28	Temporarily restricted net assets			257,636.	27	585,959. 69,296.
8	29				237,030.	28	03,430.
Š		Organizations that do not follow SFAS 117, cl		29			
5		complete lines 30 through 34.	TOOK TIGE	e 🕨 📖 and			
ş	30	Capital stock or trust principal, or current funds				20	
SSE	31	Paid-in or capital surplus, or land, building, or eq	fund		30 31		
ا <u>پ</u> ا	32	Retained earnings, endowment, accumulated inc				32	
ž	33	Total net assets or fund balances	, OI		891,213.	33	655,255.
-	34	Total liabilities and net assets/fund balances			2,026,250.	34	1,460,126.
					=, == 0, 230 • 1	<u>~</u>	Form 990 (2011)

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INC. 13-3788986 Page 12 Form 990 (2011) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 10,501,445. Total revenue (must equal Part VIII, column (A), line 12) 1 10,737,403. 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 -235,958. 3 3 891,213. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Other changes in net assets or fund balances (explain in Schedule O) 5 0. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 655.255. 6 Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a Were the organization's financial statements audited by an independent accountant? X 2b If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public

Inspection Employer identification number

Name of t	he organization	on ANIMAL	CARE	AND (CONI	rrol	OF N	JEW	YOR	K CIT	Y	Employer id			mber
		INC.											-3788	<u>986</u>	
Part I	Reason f	or Public Char	ty Stat	us (All or	ganiza	itions mu	ist comp	olete t	his part	.) See inst	ructions	l.			
The organ	ization is not a	private foundation I	because	it is: (For I	ines 1	through	11, che	ck on	ly one b	ox.)					
1	A church, con	vention of churches	s, or asso	ociation of	church	hes desc	ribed in	secti	ion 170(b)(1)(A)(i)	•				
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attac	ch Sch	edule E.))								
з 🔲		a cooperative hospit													
4	A medical res	earch organization o	perated	in conjun	ction w	vith a hos	spital de	scrib	ed in se	ction 170	(b)(1)(A)	(iii). Enter th	ie hospital'	s nam	ie,
	city, and state														
5	An organization	on operated for the	benefit o	f a college	or uni	iversity o	wned o	r oper	ated by	a governi	nental u	nit describe	d in		
	section 170(b)(1)(A)(iv). (Comple	ete Part II	l.)											
6	A federal, stat	te, or local governm	ent or go	vernment	al unit	describe	d in sec	tion	170(b)(1)(A)(v).					
7 X	An organization	on that normally rec	eives a si	ubstantial	part of	of its supp	ort fron	n a go	vernme	ntal unit c	r from th	ne general p	ublic desci	ribed i	in
	section 170(I	o)(1)(A)(vi). (Comple	te Part II.	.)											
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)														
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from														
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment														
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.														
	See section 509(a)(2). (Complete Part III.)														
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).														
11	An organization organized and operated exclusively to test for public safety. See section 335(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	organiza	tion and c	comple										
	a Type I		_ Type Ⅱ		C				-	egrated			Type III - C		
е		this box, I certify tha													
		anagers and other t										09(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten dete	mination	from th	he IRS th	at it is a	Туре	I, Type	II, or Type	e III				Γ
		ganization, check th													
g	Since August	17, 2006, has the o	organizati	ion accept	ted any	y gift or c	contribu	tion fr	om any	of the foll	owing pe	ersons?			Г
		n who directly or ind											44-65	Yes	No
		erning body of the s													
		member of a persor													
	• •	controlled entity of a											11g(iii)		<u> </u>
h	Provide the fo	ollowing information	about th	e support	ed org	janization	n(s).								
			1 78	ii) Type of	T	P. 3.1 - U			A D: J		T (vi)	Is the			
٠.	of supported	(ii) EIN		ganization		(IV) IS THE In col. (i) I				i notify the ion in col.	Lorganiza	ation in col. I	(vii) Am)Ť
org	anization			oed on lines	s 1-9					support?	(i) organ U	nized in the LS.?	sup	port	
				or IRC section		Yes	No	-+	Yes	No	Yes	No			
			+ (500		"	103	+	-	100			++			
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					- 1										

13-3788986 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				**************************************		
	membership fees received. (Do not						
	include any "unusual grants.")	9,253,032.	9,896,944.	10,133,661.	9,310,052.	9,507,832.	48,101,521.
2	Tax revenues levied for the organ-						***************************************
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		251,616.	289,290.	309,709.	317,452.	1,168,067.
4	Total. Add lines 1 through 3	9,253,032.	10,148,560.	10,422,951.	9,619,761.	9,825,284.	49,269,588.
	The portion of total contributions				8 75		
	by each person (other than a					155.00	
	governmental unit or publicly						
	supported organization) included		0.00		100 mg		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.				100 400 100 200		49,269,588.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	9,253,032.	10,148,560.	10,422,951.	9,619,761.	9,825,284.	49,269,588.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	18,572.	6,694.	2,587.	915.	726.	29,494.
9	Net income from unrelated business						·
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	80,210.	80,739.	16,246.	92,084.	209,806.	479,085.
11	Total support. Add lines 7 through 10	2.00			76 E	9.90	49,778,167.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	042,142.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					>
	ction C. Computation of Publ						
	Public support percentage for 2011 (I					14	98.98 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14	• • • • • • • • • • • • • • • • • • • •		15	98.99 _%
16a	33 1/3% support test - 2011. If the c	•		•		•	
	stop here. The organization qualifies						
þ	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						-
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization	***************************************	▶□
b	10% -facts-and-circumstances test	_					0% or
	more, and if the organization meets th						***************************************
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	>
					Scho	dule A (Form 990)	~ 000 E7\ 0011

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

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

Sec	tion A. Public Support					<u> </u>		
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
7	ization's benefit and either paid to							
	or expended on its behalf							
E	The value of services or facilities							
Э	furnished by a governmental unit to	1						
	the organization without charge							
_								
	Total. Add lines 1 through 5							
/ 8	Amounts included on lines 1, 2, and							
	3 received from disqualified persons Amounts included on lines 2 and 3 received							
E	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
-	Public support (Subtract line 7c from line 6.)		L					
	ction B. Total Support	T / \ 0.000	(h) 0000	T (=) 2000	(d) 2010	(e) 2011	(f) Total	
	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(a) 2010	(6) 2011	W) Total	
	Amounts from line 6							
10	a Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources		<u> </u>	-				
ı	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	c Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support (Add lines 9, 10c, 11, and 12.)			<u> </u>			<u> </u>	
14	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,	
	check this box and stop here						<u> </u>	
Se	ction C. Computation of Pub	lic Support Pe	ercentage					
15	Public support percentage for 2011	(line 8, column (f)	divided by line 13,	column (f))		15	%	
16	Public support percentage from 201	0 Schedule A, Par	t III, line 15			16	%	
Se	ction D. Computation of Inve	estment Incom	ne Percentage)				
17	Investment income percentage for 2	.011 (line 10c, colu	mn (f) divided by	ine 13, column (f))		17	%	
18	Investment income percentage from	2010 Schedule A	Part III, line 17		*********	18	<u>%</u>	
19	a 33 1/3% support tests - 2011. If the	e organization did	not check the box	on line 14, and lir	ne 15 is more than	$33\ 1/3\%,$ and line	17 is not	
	more than 33 1/3%, check this box	and stop here. Th	e organization qua	alifies as a publicly	supported organi	zation	P	
	b 33 1/3% support tests - 2010. If the	e organization did	not check a box of	n line 14 or line 19	9a, and line 16 is n	nore than 33 1/3%,	and	
	line 18 is not more than 33 1/3%. ch	eck this box and	stop here. The org	ganization qualifies	s as a publicly sup	ported organizatior	ı ▶∐	
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							

Schedule B (Form 990, 990-EZ, or 990-PF)

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

13-3788986

Organiz	ation type (check or	ne):
Filers of	f:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule.
Note. O	nly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special	Rules	
X	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% o) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is checked purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., simplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions of \$5,000 or more during the year.
but it mi	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

Employer identification number

13-3788986

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ASPCA 520 8TH AVE., 7TH FLOOR NEW YORK, NY 10018	\$ <u>255,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW YORK CITY DEPARTMENT OF HEALTH 330 WEST 42ND STREET NEW YORK, NY 10036	\$8,663,0 44.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total contributions	(d) Type of contribution
		- - \$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

Employer identification number

13-3788986

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
•		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization **Employer identification number** ANIMAL CARE AND CONTROL OF NEW YORK CITY INC. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) 13-3788986 Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part 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 (a) No. from Part 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 (a) No. from Part 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 (a) No. from Part 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

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

Employer identification number 13-3788986

Pai	tI	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6 .	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)		
3		egate grants from (during year)		
4		egate value at end of year		
5		ne organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
-		ne organization's property, subject to the organization's		
6		ne organization inform all grantees, donors, and donor a		
		naritable purposes and not for the benefit of the donor o		
		rmissible private benefit?		
Pai	t II			
1	Purp	ose(s) of conservation easements held by the organizati	on (check all that apply).	
		Preservation of land for public use (e.g., recreation or e		storically important land area
		Protection of natural habitat		tified historic structure
		Preservation of open space		
2	Com	plete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day c	of the tax year.		
	_	•		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
C	Numl	ber of conservation easements on a certified historic str	ucture included in (a)	2c
d	Num	ber of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed	I in the National Register		2d
3	Num	ber of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year	Name of the second seco		
4	Num	ber of states where property subject to conservation eas	sement is located	
5		the organization have a written policy regarding the per		t
		ions, and enforcement of the conservation easements it		_
6		and volunteer hours devoted to monitoring, inspecting,		The state of the s
7		unt of expenses incurred in monitoring, inspecting, and		
8		each conservation easement reported on line 2(d) above	-	
		section 170(h)(4)(B)(ii)?		
9		rt XIV, describe how the organization reports conservati		
		de, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	s the organization's accounting for
Da	cons	ervation easements. Organizations Maintaining Collections or	Art Historical Treasures or (thar Similar Assets
Га	I L 1111	Complete if the organization answered "Yes" to Form		Assets.
	م ملم عا	organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art
ıa		rical treasures, or other similar assets held for public ext		
		ext of the footnote to its financial statements that descri		arice or public service, provide, in rait XIV,
h		organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical
J		ures, or other similar assets held for public exhibition, ed	·	
		ng to these items:	deation, or research in furtherance of pe	able service, provide the following amounts
		Revenues included in Form 990, Part VIII, line 1		> \$
2		organization received or held works of art, historical trea		
E.		ollowing amounts required to be reported under SFAS 1		g, p. 0
9		nues included in Form 990, Part VIII, line 1		> \$
d -		te included in Form 990. Part Y		*

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC. 13-3788986 Page 2 Schedule D (Form 990) 2011 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): а Public exhibition Loan or exchange programs Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table: **Amount** c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings 101,144. 84,801. 16,343. c Leasehold improvements d Equipment 529,978. 483,983. 45.995 Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Describe in Part XIV the intended uses of the organization's endowment funds

Schedule D (Form 990) 2011

Part VII Investments - Other Securities.	See Form 990, Part X, lin	2 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation	on:
		(Cost or end-of-year marke	t value
Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
()				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	•			
Part VIII Investments - Program Related.	See Form 990, Part X, lin	∍ 13.		
(a) Description of investment type	(b) Book value		(c) Method of valuation ost or end-of-year market	n: value
(1)				
(2)			**************************************	
(3)				· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
}	e 15.			
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) > Part IX Other Assets. See Form 990, Part X, lin (a	le 15.			(b) Book value
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) > Part IX Other Assets. See Form 990, Part X, lin				(b) Book value
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) > Part IX Other Assets. See Form 990, Part X, lin (a				
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) > art IX Other Assets. See Form 990, Part X, lin (a				
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) > Part IX Other Assets. See Form 990, Part X, lin (a) SECURITY DEPOSIT (2) (3) (4)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin (a (1) SECURITY DEPOSIT (2) (3) (4) (5)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) rart IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4)				
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tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) > art IX Other Assets. See Form 990, Part X, lin (a (1) SECURITY DEPOSIT (2) (3) (4) (5)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► art IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► art IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9)	1) Description			
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.)	Description			79,076
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X,	Description			79,076
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► art IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line al. (Column (b) must equal Form 990, Part X, col (B) line 13.) ►	Description	(b) Book value		79,076
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tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Tart IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line (a) Description of liability (1) Federal income taxes (2) SALARIES AND PAYROLL TAXE (3) BENEFIT DAYS ACCRUAL (4) CUSTOMER DEPOSITS	e 15.)	122,072. 127,776. 13,849.		79,076
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Tart IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line tart X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) SALARIES AND PAYROLL TAXE (3) BENEFIT DAYS ACCRUAL (4) CUSTOMER DEPOSITS (5) ACCRUED EXPENSES	e 15.)	122,072. 127,776. 13,849. 210,349.		79,076
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) art IX Other Assets. See Form 990, Part X, lin (a) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) SALARIES AND PAYROLL TAXE (3) BENEFIT DAYS ACCRUAL (4) CUSTOMER DEPOSITS (5) ACCRUED EXPENSES (6) OTHER LIABILITIES	e 15.)	122,072. 127,776. 13,849.		79,076
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tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) SALARIES AND PAYROLL TAXE (3) BENEFIT DAYS ACCRUAL (4) CUSTOMER DEPOSITS (5) ACCRUED EXPENSES (6) OTHER LIABILITIES (7) (8)	e 15.)	122,072. 127,776. 13,849. 210,349.		79,076
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Tart IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line tart X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) SALARIES AND PAYROLL TAXE (3) BENEFIT DAYS ACCRUAL (4) CUSTOMER DEPOSITS (5) ACCRUED EXPENSES (6) OTHER LIABILITIES (7) (8) (9)	e 15.)	122,072. 127,776. 13,849. 210,349.		79,076
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) SALARIES AND PAYROLL TAXE (3) BENEFIT DAYS ACCRUAL (4) CUSTOMER DEPOSITS (5) ACCRUED EXPENSES (6) OTHER LIABILITIES (7) (8) (9) (9) (1)	e 15.)	122,072. 127,776. 13,849. 210,349.		(b) Book value 79,076
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Tart IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) SALARIES AND PAYROLL TAXE (3) BENEFIT DAYS ACCRUAL (4) CUSTOMER DEPOSITS (5) ACCRUED EXPENSES (6) OTHER LIABILITIES (7) (8) (9) 0) 1)	e 15.) LES PAYABLE	122,072. 127,776. 13,849. 210,349. 37,422.		79,076
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin (a) (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) SALARIES AND PAYROLL TAXE (3) BENEFIT DAYS ACCRUAL (4) CUSTOMER DEPOSITS (5) ACCRUED EXPENSES (6) OTHER LIABILITIES (7) (8) (9) (9) (1)	e 15.) LES PAYABLE	122,072. 127,776. 13,849. 210,349. 37,422.		79,076

	dule D (Form 990) 2011 INC.			13-	3788986 F	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financial Stat	emen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	***************************************	10,501,4	145.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	***************************************	10,737,4	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-235,9	
4	Net unrealized gains (losses) on investments		4		***************************************	
5	Donated services and use of facilities		5			***************************************
6	Investment expenses		6	*****************	*************************************	*******
7	Prior period adjustments		7	***************************************		
8	Other (Describe in Part XIV.)	***********	8	***		-
9	Total adjustments (net). Add lines 4 through 8		9	***************************************		***************************************
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statements.	d 9	10		-235,9	58.
1	Total revenue gains and other support per guidited financial statement	SIICS VVII	in Revenue per i			
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	************	***********	1	11,346,2	33.
		1 - 1				
b	Net unrealized gains on investments	2a	011 700	-		
	Donated services and use of facilities	2b	844,788.	4		
c d	Recoveries of prior year grants Other (Describe in Part VIV.)	2c		-		
u	Other (Describe in Part XIV.)	2d		4	044	
е 3	Add lines 2a through 2d			2e	844,7	88.
4	Subtract line 2e from line 1		************************	3	10,501,4	45.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1		
	Other (Describe in Part XIV.)			-		_
	Add lines 4a and 4b		************	4c		0.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **EXIII Reconciliation of Expenses per Audited Financial Statement	ents Wi	th Expenses per	5 Retu	10,501,4	45.
	Total expenses and losses per audited financial statements			1	11,582,1	01
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		X * * * * * * * * * * * * * * * * * * *		11,302,1	91.
	Donated services and use of facilities	2a	844,788.			
b	Prior year adjustments	2b	032,700.	- 1		
c	Other losses	2c		-		
d	Other (Describe in Part XIV.)	2d		1		
	Add lines 2a through 2d			1	911 7	00
				2e	844,7	00.
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		***********	3	10,737,4	03.
	Investment expenses not included on Form 990, Part VIII, line 7b	1401				
	Other (Describe in Part XIV.)	4a 4b		1		
	Add lines 4a and 4b	40				Λ
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		***************************************	4c	10,737,40	0.
Parl	XIV Supplemental Information		4********	5	10,737,40	03.
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	linge 1a	and 4: Part IV lines 1	b and 0	No. Doubly the de C	
X, line	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	lata this n	and 4, mart IV, intestit	Dano.	:D; Part V, line 4; F	art
PAR	T X, LINE 2: THE ORGANIZATION HAD NO LIABI	LITY	FOR UNCERT	AIN	TAX	
POS	ITIONS IN ACCORDANCE WITH FIN 48 (ASC 740)	. THE	3 ACCOMPANY	ING	FOOTNOTE	
TO	THE ORGANIZATION'S FINACIAL STATEMENTS DIS	CLOSE	D THAT THE	MAT	TER HAS	***************************************
BEE	N ASSESSED AND THAT THERE WAS NO LIABILITY	TO A	ACCRUE.			

"TH	E ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX	POSIT	ION IN ACC	ORDA	NCE WITH	
FIN	ANCIAL ACCOUNTING STANDARDS BOARD (FASB) A	SC 74	0. FASB AS	C 74	0	***************************************
PRE	SCRIBES A RECOGNITION THRESHOLD AND MEASUR	EMENT	PROCESS FO	OR F	INANCIAL	

INC. 13-3788986 Page 5 Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740 ON JANUARY 1, 2009. THERE WAS NO IMPACT ON THE TOTAL NET ASSETS AS A RESULT OF THE ADOPTION OF FASB ASC 740."

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.

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

2011

Open To Public Inspection

Name of the organization

ANIMAL CARE AND CONTROL OF NEW YORK CITY

Employer identification number

INC.					13-3788	986								
rodened to complete this pa					line 17. Form 990-Ez	Z filers are not								
 1 Indicate whether the organization rate a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) pursi	tion of tion of fundra (inclu- irofess	non-g gover aising ding o	povernment grants riment grants events officers, directors, tru fundraising services:	stees or	No be								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		or control of		or control of		or control 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											
				MITTER AND AND AND AND AND AND AND AND AND AND										
List all states in which the organizatio or licensing.	n is registered or licensed to solicit co	ontribu	utions	or has been notified	it is exempt from re	gistration								

		le G (Form 990 or 990-EZ) 2011 INC.			13-	-3788986 Page 2
Pa	ırt	9				
	r	of fundraising event contributions and gr		_		pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			VARIOUS		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			(event type)	(event type)	(total ridiliber)	
Revenue	1	Gross receipts	177,720.			177,720.
ď	Ċ	Circus roccipto				
	2	Less: Charitable contributions	20,320.			20,320.

	3	Gross income (line 1 minus line 2)	157,400.			157,400.
	4	Cash prizes			, , , , , , , , , , , , , , , , , , , ,	
ses	5	Noncash prizes				
eus		Dant/famility anata				
Ä	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	'	1 ood and beverages			***************************************	
	8	Entertainment				
	9	Other direct expenses	00 460			89,462.
	10					(89,462)
	11		n (d), and line 10	***********************)	67,938.
Pa	ırt	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, o	r reported more than	
	r	\$15,000 on Form 990-EZ, line 6a.	Ţ	T 5 W	·	·
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Singo/progressive cingo		cor. (a) imoagir cor. (c)
æ		Gross revenue				
	r <u>.</u>	Gloss revenue				
Ø	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
rect Expenses						
Dire	4	Rent/facility costs				
L-J						
	5	Other direct expenses				
		Voluntaar lahar	Yes%	l— — — · · ·		
	0	Volunteer labor	No No	L No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	1,

	8	Net gaming income summary. Combine line	1, column d, and line 7			
		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming a	ctivities in each of these s	states?	***************************************	. Yes No
b	lf "	No," explain:		**************************************		
10-	\^/-	ere any of the organization's gaming licenses re	avokad auspopdad a-t-	minated during the to-	voor?	Yes No
		ere any of the organization's gaming licenses ri Yes," explain:			kyearr	, LITES LINO
Ü	11	163, CAPIGIT.				

Schedule G (Form 990 or 990-EZ) 2011 LNC.					13-3788	3986	Page
11 Does the organization operate gaming activ	ities with nonmember	s?				Yes	L N
in the organization a grantor, beneficiary or	trustee of a trust or a	member of a part	nership or other	entity formed			November 2 T
to administer charitable gaming?	*********************	*******		,	[]	Yes	
indicate the percentage of garring activity of	perated in:					1	I T
a The organization's facility	******				120		
D / 41 Outside facility					1401		
14 Enter the name and address of the person v	vho prepares the orga	nization's gamino	1/special events	hooks and record	13b		•
		ganning	p opeoidi events	books and record	S.		
Name >							
				***************************************			***************************************
Address >		****					
15a Does the organization have a contract with a	third party from who	m the organization	n manisar		r		[*************************************
						Yes	∟ No
b If "Yes," enter the amount of gaming revenu	e received by the orga	anization > \$		and the amou	n.t		
of gaming revenue retained by the third part	y ▶ \$			and the amoun	ıı		
c If "Yes," enter name and address of the third	party:	*					
Name ►					-		
Address ►							
16 Gaming manager information:							
Name							
Gaming manager compensation > \$							
	NAME OF THE PROPERTY OF THE PR						
Description of services provided							
						-	
						-	
Director/officer Emplo						***************************************	
Emplo	yee	Independent con	itractor				
17 Mandatory distributions:							
a Is the organization required under state law to	make charitable dist	ributions from the	amina proces	ida ta			
retain the state gaming license?					\Box	,	— ,.
b Enter the amount of distributions required und	der state law to be dis	tributed to other	evemnt organize	ations or spent in t	\ Y	es L	No
organization's own exempt activities during the	ne tax year ▶ \$	and to other t	exempt organiza	tions or spent in t	ne		
Part IV Supplemental Information. Comple	te this part to provide	the explanations	required by Par	t Lline 2b. column	o (iii) and (A		
lines 9, 9b, 10b, 15b, 15c, 16, and 1	7b, as applicable. Also	complete this pa	art to provide an	v additional inform	is (iii) and (v),	and P	art III,
			are to provide an	y additional imoni	ation (see in:	structio	ons).
							·

SCHEDULE J (Form 990)

Department of the Treasury

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

2011

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

Employer identification number 13-3788986

			Yes	No
ia	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	10	+	
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_		_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Description of the state of the	4-		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a	 	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		
	The supplied and supplied and are the captured in a captur			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			100000000000000000000000000000000000000
	not described in lines 5 and 6? If "Yes," describe in Part III	7	l	Х
8	were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?		- 1	

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

Schedule J (Form 990) 2011

13-3788986

INC.

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2011

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). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	(B)(f)-(D)	reported as deferred in prior Form 990
	9	160.000.	0	0	0	9,166.	169,166.	
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16	(iii)							
							Schedu	Schedule J (Form 990) 2011

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

Employer identification number 13-3788986

Par	t I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	letermining
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					<u></u>
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					<u></u>
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
• •	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies		<u> </u>			<u></u>
21	Taxidermy					
22	Historical artifacts		<u> </u>			
23	Scientific specimens					
24	Archeological artifacts					
25	Other > (VARIOUS SUPPL)	X	609	0.	RETAIL VAL	UE
26	Other • ()		<u> </u>			
27	Other		<u> </u>			
28	Other ()		<u> </u>			
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions		
	for which the organization completed Form 82			1 1		
	· ·					Yes No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1-28 tha	at it must hold for	
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exem	pt purposes for	
	the entire holding period?					30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	utions?	31 X
32a	Does the organization hire or use third parties					
	contributions?		-			32a X
b	If "Yes," describe in Part II.					
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is ch	ecked,	1000
	describe in Part II.					

Schedule M (Form 990) (2011) INC. Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 33: AC&C RECEIVES 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 XII AND XIII. THESE AMOUNTS HAVE NOT BEEN INCLUDED IN REVENUE REPORTED ON FORM 990.

13-3788986

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.

Employer identification number 13-3788986

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

FOR ADOPTION EACH DAY. YOU CAN VOLUNTEER AT ONE OF OUR CARE CENTERS

AND WALK DOGS, SOCIALIZE CATS, HELP WITH ADOPTIONS, TAKE PHOTOS,

FOSTER, ASSIST WITH ADMINISTRATIVE DUTIES OR FUNDRAISING ACTIVITIES.

YOU CAN ALSO DONATE ON LINE TO ONE OF OUR FUNDS - ANIMAL CARE, STAR

(SPECIAL TREATMENT AND RECOVERY), EDUCATION OR SUBSIDY, DONATE A

VEHICLE OR INCLUDE AC&C IN YOUR WILL AND ESTATE PLANNING. YOU CAN ALSO

DONATE ITEMS FROM OUR WISH LIST THAT INCLUDES DOG AND CAT TOYS, TREATS,

BLANKETS, TOWELS, AND CANNED FOOD. FOR MORE INFORMATION PLEASE VISIT

OUR WEBSITE AT: WWW.NYCACC.ORG

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO EACH OF THE TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUESTED TO

UPDATE THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST ON AN

ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR THE ED COMPENSATION

INVOLVES A REVIEW OF THE MARKET FOR COMPARABLE POSITIONS (USUALLY BY A

THIRD PARTY CONSULTANT); A BUDGET ANALYSIS AND DISCUSSION AMONG BOARD

MEMBERS, PARTICULARLY THE CHAIRMAN AND THE TREASURER; AND FINALLY IS

APPROVED BY THE BOARD.

THE BOARD HAS A GENERAL UNDERSTANDING OF SALARIES PAID TO KEY EMPLOYEES.

THE EXECUTIVE DIRECTOR WOULD NEED TO REVIEW ANY INCREASES IN COMPENSATION

Name of the organization ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.	Employer identification number 13-3788986
FOR KEY EMPLOYEES THAT SIGNIFICANTLY EXCEEDS CURRENT SAL	ARY RANGES WITH THE
BOARD CHAIR. COMPARABLE POSITIONS AND SALARIES WOULD BE	INCLUDED IN THE
REVIEW AS WELL REVIEW BY THE FINANCIAL CONSULTANT IN TER	MS OF IMPACT TO THE
ORGANIZATION® BUDGET	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FIN	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC WITHIN 30 DAYS OF WRITTEN REQUES	rs.
SCHEDULE A, PART II, LINE 3	
ESTIMATE OF FMV	
AC&C RECEIVES BOTH UTILITIES AND THE USE OF ITS SHELTER	FACILITIES FROM
THE CITY OF NEW YORK FREE OF CHARGE. THE AMOUNT INCLUDED	ON LINE 3
REPRESENTS THE VALUE OF THE UTILITIES PAID ON BEHALF OF	AC&C BY THE
CITY OF NEW YORK. THE FACILITIES USED BY THE ORGANIZATION	N ARE ANIMAL
SHELTERS WHICH ARE OWNED BY THE CITY. BECAUSE OF THE SPEC	CIFIC USE AND
DESIGN OF THE FACILITIES THERE IS NO REASONABLE METHOD TO	D DETERMINE THE
ESTIMATED FMV OF RENTING THE PROPERTY. ACCORDINGLY SUCH	AN ESTIMATE IS
NOT INCLUDED.	
	Distance

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

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

ANIMAL CARE AND CONTROL OF NEW YORK CITY

INC.

OMB No. 1545-0047

2011 Open to Public Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ See separate instructions. ▶ Attach to Form 990.

Employer identification number 13-3788986

(g) Section 512(b)(13) Ŷ × entity? Direct controlling Yes 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.) $\boldsymbol{\varepsilon}$ Direct controlling entity $\boldsymbol{\varepsilon}$ End-of-year assets **(e)** status (if section Public charity 501(c)(3)) (e) Total income ত্র Exempt Code section T Legal domicile (state or foreign country) Legal domicile (state or foreign country) 9 NEW YORK HEALTH OF ALL NEW YORKERS NYC DOH'S MISSION IS TO PROTECT AND PROMOTE THE Primary activity Primary activity <u>@</u> Name, address, and EIN Name, address, and EIN of disregarded entity of related organization NYC DEPARTMENT OF HEALTH 330 WEST 42ND STREET 10036 NEW YORK, NY Part

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

Schedule R (Form 990) 2011

132161 01-23-12 LHA

INC. Schedule R (Form 990) 2011

Page 2 Part III organizations treated as a partnership during the tax year.) 13-3788986

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership
									3	
Part IV 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.)	lanizations Taxable as poration or trust during	a Corpo the tax y	r ation or Trust (Con ear.)	nplete if the organ	zation answered "Y	es" to Form 990, Pa	r IV, line 34	because it had or	ne or mor	e related
(a) Name, address, and EIN of related organization	Z _		(b) Primary activity	ty Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)	(f) Share of total income	f total Share of end-of-year assets		(h) Percentage ownership
132162 01-23-12								Schedule R (Form 990) 2011	R (Form	990) 2011

Schedule R (Form 990) 2011

Part V 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.				Yes	°N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				4	×
c Gift, grant, or capital contribution from related organization(s)				×	
d Loans or loan guarantees to or for related organization(s)					×
e Loans or loan guarantees by related organization(s)					×
A CALL OF THE PARTY OF THE PART					
I sale of assets to related organization(s)				#	×
g Purchase of assets from related organization(s)	***************************************	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		19	×
h Exchange of assets with related organization(s)					×
i Lease of facilities, equipment, or other assets to related organization(s)					×
j Lease of facilities, equipment, or other assets from related organization(s)	***************************************	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		7	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥	×
 Performance of services or membership or fundraising solicitations by related organization(s) 	anization(s)				×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę	×
n Sharing of paid employees with related organization(s)	6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				×
o Reimbursement paid to related organization(s) for expenses				10	×
p Reimbursement paid by related organization(s) for expenses		表面 可用用 电电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子			×
q Other transfer of cash or property to related organization(s)		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		10	×
		***************************************			×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	who must complete the	nis line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1) NYC DEPARTMENT OF HEALTH	ບ	0			
(2)					
(8)					l
(4)					
(5)					1
(9)					1
132163 01-23-12			Schedule	Schedule R (Form 990) 2011	ΙΞ

13-3788986

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ANIMAL CARE AND CONTROL OF NEW YORK CITY

Schedule R (Form 990) 2011

INC.

Part VI 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.

1-7			1						
(a)	<u>Q</u>	<u></u>	(a)		(b)	ϵ	8	9	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	Dispropor Code V-UBI General or Percentage Blonaite amount in box 20 managing ownership	General or managing	Percentage ownership
		country)	under section 512-514) Yes No		assets	Yes	(Form 1065)	N NO	
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Schedule R (Form 990) 2011

Schedule R (Form 990)	2011 INC.	13-3788986 Page 5
Part VII Supplen	nental Information	
Complete	this part to provide additional information for responses to questions on Schedule R (see in	etructions)
Complete	this part to provide additional information for responses to questions on estretule 11 (see in	istactions.

Schedule R (Form 990) 2011

132165 01-23-12

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1COMPUTER EQUIPMENT	042303SL		3.00	16	9,054.			9,054.	9,054.		0
Y AND	EQUIP110804200DB7	200DB7	00.		0			1 0	142,885.		7,115.
4IMPROVEMENT LEASHOLD 5IMPROVEMENT	041105SL 120505SL	5SL 3	9.001	9 9	12,000.			12,000.	2,154.		308.
6COMPUTER EQUIPMENT	080105200DB7.0	200DB7	0	17	8,192.			8,192.	7,126.		711.
7x-RAY EQUIPMENT SURGICAL TABLES	122705200DB7.0	22705200DB7.0 60606200DB7.0	0 0	17	17,520.			17,520.	15,240.		1,520.
9EQUIPMENT	080305200DB7.0	200DB7	7.00 1	12	•			, 61	4,512.		2,066.
11MEDICAL EQUIPMENT	060606200DB7.0	200DB7		18 . 2004	7,630.			7,630.	, 62		
12VEHICLES 13KENNELS	100905200DB5.0 030106200DB7.0	00905200DB5.0 30106200DB7.0	90. 00.	2 2	35,403.			35,403.	32,875.		1,894.
14PULSE MONITORS	080106200DB7.0	200DB7	0	.7	7			4,035.	3,152.		353.
15KENNELS 16COMPUTER EQUIPMENT	010107200DB7.0 070106200DB3.0	2000B7	00.	.7	76,025.			76,025.	59,541.		6,594.
17KENNELS 18EXAM TABLES	070106200DB7.0	200DB7	.00 1	7	60,133.			60,133.	46,957.		5,270.

(D) - Asset disposed

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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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
15	LEASHOLD 19IMPROVEMENT	070106SL		39.0017	17	29,694.		PO NOTICE CONTROL CONT	29,694.	3,861.		761.
2(20EQUIPMENT	070107SL		7.00	16	57,778.			57,778.	46,950.		8,254.
22	22COMPUTER EQUIPMENT	070107SL		3.00	16	22,870.			22,870.	22,870.		.0
23	23COMPUTER EQUIPMENT	070108SL		3.00	16	18,256.			18,256.	15,213.		0.
77	24FURNITURE	070108SL		7.00	16	12,034.			12,034.	4,570.		1,719.
ζ. 2,	25COMPUTER EQUIPMENT * TOTAL 990 PAGE 10	070109SL		3.00	T 6	7,364.			7,364.	4,296.	Est.	2,455.
	DEPR					631,124.		0	631,124.	468,628.	0	41,987.
						77						
128102 05-01-11					(D) - As	(D) - Asset disposed		* ITC.	* ITC. Section 179. Salvage. Bonus. Commercial Revitalization Deducation	age Bonus Comp	nercial Revitali	zation Deduction

(D) - Asset disposed

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

4562 Form

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

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

2011

Attachment Sequence No. 179

ANIMAL CARE AND CONTROL OF NEW YORK CITY

990

Identifying number

Production	C.			FORM	1 990 F	AGE 10		13-3788986
	art I Election To Expense	Certain Property Under Se	ection 179 Note: If you	have any liste	d property,	complete Par	V before	you complete Part I.
	Maximum amount (see ins	structions)	**************************				1	500,000
2	Total cost of section 179 p	property placed in service	ce (see instructions)				2	
3	Threshold cost of section	179 property before rec	luction in limitation				3	2,000,000
4	Reduction in limitation. Su	btract line 3 from line 2.	If zero or less, enter-	0-			4	
5	Dollar limitation for tax year. Subtra	act line 4 from line 1. If zero or le	ss, enter -0 If married filing	separately, see in	structions		5	
6	(a)	Description of property		(b) Cost (busines:	s use only)	(c) Electe	d cost	

				·				
	Listed property. Enter the		*****************	************	7	·		
8	Total elected cost of section	on 179 property. Add ar	nounts in column (c),	lines 6 and 7			8	
40	Tentative deduction. Enter	the smaller of line 5 or	line 8	************	************		9	
10	Carryover of disallowed de	eduction from line 13 of	your 2010 Form 4562	***********	**************		10	
10	Business income limitation	i. Enter the smaller of bu	isiness income (not le	ss than zero)	or line 5	***************	11	
12	Section 179 expense dedu	action. Add lines 9 and	0, but do not enter m	ore than line	11		12	
Note	Carryover of disallowed de e: Do not use Part II or Par	t III below for listed pror	nes 9 and 10, less line	12	▶ 13			1972
Pa		ation Allowance and O			U.A. al a			
-	Special depreciation allowa	ance for qualified prope	ty (other than listed a	o not include	iistea prope	erty.)		
	Property subject to section	168(f)(1) election	******************************				14	
16 (Other depreciation (including							14 274
		ation (Do not include lis	ted property.) (See in	structions.)		**************	16	14,274.

			Secti	On A				
17 1	MACRS deductions for ass	sets placed in service in					17	27 713
17 I	MACRS deductions for ass	sets placed in service in	tax years beginning b	pefore 2011	ts, check here	>	17	27,713.
17 M	fyou are electing to group any asse	ets placed in service during the t	tax years beginning bax year into one or more gen	Defore 2011	ts, check here	>]	Selection of the select
17 M	fyou are electing to group any asse	nts placed in service during the to the B - Assets Placed in Service (b) Month year place	tax years beginning bax year into one or more gen Service During 2011 and (c) Basis for de, ded (business/inves	perfore 2011 eral asset account Tax Year Usi preciation	ts, check here ng the Gen (d) Recovery	eral Deprecia	ntion Syst	em
17 M	f you are electing to group any asse Section (a) Classification of proper	ets placed in service during the to B - Assets Placed in S (b) Month	tax years beginning bax year into one or more gen Service During 2011 and (c) Basis for de, ded (business/inves	pefore 2011 eral asset account Tax Year Usi preciation tment use	ts, check here ng the Gen	>	ition Syst	Selection of the select
18 H	f you are electing to group any asse Section (a) Classification of proper 3-year property	nts placed in service during the to the B - Assets Placed in Service (b) Month year place	tax years beginning to ax year into one or more gen Service During 2011 and (c) Basis or de do (business/inves	pefore 2011 eral asset account Tax Year Usi preciation tment use	ts, check here ng the Gen (d) Recovery	eral Deprecia	ntion Syst	em
19a b	f you are electing to group any asse Section (a) Classification of proper 3-year property 5-year property	nts placed in service during the to the B - Assets Placed in Service (b) Month year place	tax years beginning to ax year into one or more gen Service During 2011 and (c) Basis or de do (business/inves	pefore 2011 eral asset account Tax Year Usi preciation tment use	ts, check here ng the Gen (d) Recovery	eral Deprecia	ntion Syst	em
19a b c	f you are electing to group any asse Section (a) Classification of proper 3-year property 5-year property 7-year property	nts placed in service during the to the B - Assets Placed in Service (b) Month year place	tax years beginning to ax year into one or more gen Service During 2011 and (c) Basis or de do (business/inves	pefore 2011 eral asset account Tax Year Usi preciation tment use	ts, check here ng the Gen (d) Recovery	eral Deprecia	ntion Syst	em
19a b c	f you are electing to group any asse Section (a) Classification of proper 3-year property 5-year property 7-year property 10-year property	nts placed in service during the to the B - Assets Placed in Service (b) Month year place	tax years beginning to ax year into one or more gen Service During 2011 and (c) Basis or de do (business/inves	pefore 2011 eral asset account Tax Year Usi preciation tment use	ts, check here ng the Gen (d) Recovery	eral Deprecia	ntion Syst	em
19a b c d	f you are electing to group any assesection (a) Classification of proper 3-year property 5-year property 7-year property 10-year property 15-year property	nts placed in service during the to the B - Assets Placed in Service (b) Month year place	tax years beginning to ax year into one or more gen Service During 2011 and (c) Basis or de do (business/inves	pefore 2011 eral asset account Tax Year Usi preciation tment use	ts, check here ng the Gen (d) Recovery	eral Deprecia	ntion Syst	em
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Form 4562 (2011)

INC.

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

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.) 24b If "Yes," is the evidence written? 24a Do you have evidence to support the business/investment use claimed? Yes Yes No (i) (e) (b) (c) **(f)** (g) Elected Date Business Depreciation Recovery Method/ Cost or Type of property section 179 (business/investment placed in investment period Convention deduction other basis (list vehicles first) cost use percentage use only) service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use S/L % S/L S/L % 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (c) (d) (e) **(f)** (b) (a) Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the 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 No Yes No Yes No Yes No Yes Yes No Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI | Amortization (f) (e) (b) (c) (a) Description of costs Amortization period or percentage Date amortization 42 Amortization of costs that begins during your 2011 tax year: 43 43 Amortization of costs that began before your 2011 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

	Current Year Deduction	0.	G	7,115.	308	1,538.	711.	1,520.		2,066.	•			1.894.	•) o		5,270.	252.
CITY	Current Sec 179																		
NEW YORK	Accumulated Depreciation	9,054.	12,000.	142,885.	2,154.	7,691.	7,126.	15,240.	5,078.	4,512.	2,168.	6,623.	32,875.	10,122.	3,152.	a .	1,440.	46,957.	2,250.
CONTROL OF	Basis For Depreciation	9,054.	12,000.	150,000.	12,000.	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.
CARE AND CO	* Reduction In Basis																		
	Bus % Excl																		
- ANIMAL INC.	Unadjusted Cost Or Basis	9,054.	12,000.	150,000.	12,000.	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.
DERAL	Line No.	16	16	17	970	9 0 0	17	17	17	17	91	17	17	17	17	17	17	17	17
표	Life	3.00	5.00	7.00	39.00	39.0	7.00	7.00	7.00	7.00	000.	00.7	2.00	00.7	00.	00.	00.	00.	00.
YEAR	Method	3SL	TS	200DB	SL	SL	200DB	200DB	200DB	305200DB7.0C		300DB	05200DB5.00	300DB	1000E	100DB	000B	00DB7	00DB7
CURRENT	Date Acquired	042303	101002SL	EQUIP110804200DB7.0	041105SL	120505SL	080105200DB7.00	122705200DB7.0	060606200DB7.0	080305		060606200DB7.00	100905	030106200DB7.00	080106200DB7.00	010107200DB7.00	070106200DB3.00	070106200DB7.00	010107200DB7.00
0 -	Description	COMPUTER EQUIPMENT	2VEHICLES	Q.	4TMPROVEMENT LEASHOLD	OO 200000	6COMPUTER EQUIPMENT	7X-RAY EQUIPMENT	SSURGICAL TABLES	9 E QUI PMENT		MEDICAL EQUIPMENT	12VEHICLES	13KENNELS	14PULSE MONITORS	15KENNELS C	16COMPUTER EQUIPMENT 0	ILS	18EXAM TABLES 0
	Asset No.		C4	ω	4	5	9	7	œ		01	11	12	13	14	15	160	178	18 102

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

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL

ANIMAL CARE AND CONTROL OF NEW YORK CITY ŀ

<u>.</u> 2,455. 8,254, 761 0 1,719. Current Year Deduction 41,987 0 Current Sec 179 46,950. 22,870 3,861 15,213 4,296. 4,570 Accumulated Depreciation 468,628 22,870. 18,256. 631,124. 7,364. 29,694 57,778 Basis For Depreciation 12,034 0 Reduction In Basis Bus % Excl INC. 57,778. 29,694. 22,870. 18,256. 12,034. Unadjusted Cost Or Basis 7,364. 631,124 No. 91 9月 9 39.0017 91 91 7.00 3.00 3.00 7.00 3.00 Life Method 0.710.110.7SL 070106SL 07/01/07/SL 07/01/08<u>S</u>L 070108SL 070109SL Date Acquired 25COMPUTER EQUIPMENT * TOTAL 990 PAGE 10 22COMPUTER EQUIPMENT 23COMPUTER EQUIPMENT Description 19TMPROVEMENT 20EQUIPMENT 24FURNITURE LEASHOLD DEPR Asset No. 128102 05-01-11

(D) - Asset disposed

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

- NEXT YEAR FEDERAL -

1COMPUTER EQUIPMENT 2VEHICLES 3MACHINERY AND EQUIP 4LRASHOLD IMPROVEMENT 5LRASHOLD IMPROVEMENT 6COMPUTER EQUIPMENT 7X-RAY EQUIPMENT 7X-RAY EQUIPMENT 10 10 11MEDICAL TABLES 9EQUIPMENT 10 11MEDICAL EQUIPMENT	Date Acquired 423038 4110028 4110052 4	33.33.33.33.33.33.33.33.33.33.33.33.33.	Life Life 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Unadjusted Cost Or Basis 9,054. 12,000. 12,000. 12,000. 8,192. 17,520. 5,837. 7,611. 7,630. 35,403. 12,963. 4,035. 7,611. 29,694. 57,778. 22,881. 22,870. 18,256. 12,034. 7,364.	Basis	Basis For Depreciation 9,054 12,000 12,000 12,000 8,192 17,520 7,611 7,611 7,630 35,403 12,963 12,963 12,963 12,963 12,963 12,963 12,963 12,963 12,963 12,963 12,963 12,963 133 22,870 18,256 12,034	Accumulated Depreciation 9,054. 12,000. 150,000. 2,462. 9,229. 7,837. 16,760. 5,584. 6,578. 2,168. 7,294. 32,875. 12,016. 32,875. 1440. 52,227. 2,502. 4,622. 55,204. 22,870. 15,213. 6,289. 6,289.	Amount Of Depreciation 0.00.00.308.1,538.355.760.253.1,033.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.6,593.253.6,593.253.6,593.253.6,593.253.253.6,593.253.6,593.253.6,593.253.6,593.233.6,593.25

(D) - Asset disposed

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