

EXHIBIT C

EXTENDED TO MAY 16, 2022

Form **990**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANIMAL CARE AND CONTROL OF NEW YORK CITY INC. Doing business as ANIMAL CARE CENTERS OF NYC Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11 PARK PLACE City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10007 F Name and address of principal officer: RISA WEINSTOCK 11 PARK PLACE, NEW YORK, NY 10007	D Employer identification number 13-3788986 E Telephone number 212-442-2076 G Gross receipts \$ 21,365,036. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NYCACC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1995		M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ANIMAL CARE CENTERS OF NYC'S MISSION IS TO END ANIMAL HOMELESSNESS IN NYC. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 269 6 Total number of volunteers (estimate if necessary) 6 249 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">22,568,063.</td> <td style="text-align: right;">19,983,791.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">725,865.</td> <td style="text-align: right;">429,155.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">806,382.</td> <td style="text-align: right;">681,849.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">413,500.</td> <td style="text-align: right;">246,891.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">24,513,810.</td> <td style="text-align: right;">21,341,686.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	22,568,063.	19,983,791.	9 Program service revenue (Part VIII, line 2g)	725,865.	429,155.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	806,382.	681,849.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	413,500.	246,891.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,513,810.	21,341,686.							
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	22,568,063.	19,983,791.																								
9 Program service revenue (Part VIII, line 2g)	725,865.	429,155.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	806,382.	681,849.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	413,500.	246,891.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,513,810.	21,341,686.																								
Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">16,867,735.</td> <td style="text-align: right;">15,338,592.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 280,637.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">5,584,534.</td> <td style="text-align: right;">4,414,805.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">22,452,269.</td> <td style="text-align: right;">19,753,397.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">2,061,541.</td> <td style="text-align: right;">1,588,289.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,867,735.	15,338,592.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 280,637.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,584,534.	4,414,805.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,452,269.	19,753,397.	19 Revenue less expenses. Subtract line 18 from line 12	2,061,541.	1,588,289.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,867,735.	15,338,592.																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 280,637.																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,584,534.	4,414,805.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,452,269.	19,753,397.																								
19 Revenue less expenses. Subtract line 18 from line 12	2,061,541.	1,588,289.																								
Net Assets or Fund Balances	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Beginning of Current Year</th> <th style="text-align: right;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">83,699,525.</td> <td style="text-align: right;">86,764,105.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">78,884,647.</td> <td style="text-align: right;">80,178,954.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">4,814,878.</td> <td style="text-align: right;">6,585,151.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	83,699,525.	86,764,105.	21 Total liabilities (Part X, line 26)	78,884,647.	80,178,954.	22 Net assets or fund balances. Subtract line 21 from line 20	4,814,878.	6,585,151.													
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	83,699,525.	86,764,105.																								
21 Total liabilities (Part X, line 26)	78,884,647.	80,178,954.																								
22 Net assets or fund balances. Subtract line 21 from line 20	4,814,878.	6,585,151.																								

Part II Signature Block

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

Sign Here	Signature of officer RISA WEINSTOCK, PRESIDENT & CEO Type or print name and title	Date May 10, 2022
------------------	--	-----------------------------

Paid Preparer Use Only	Print/Type preparer's name PHIL ROSENBERG	Preparer's signature 	Date 05/09/22	Check if self-employed <input type="checkbox"/>	PTIN P00221232
	Firm's name ▶ ROSENBERG & MANENTE, PLLC Firm's address ▶ 12 W 32ND STREET, 10TH FL NEW YORK, NY 10001		Firm's EIN ▶ 20-4153538		Phone no. 212-563-2525

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ANIMAL CARE CENTERS OF NYC'S (ACC) MISSION IS TO END ANIMAL HOMELESSNESS IN NYC.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 16,848,286. including grants of \$) (Revenue \$ 429,155.) ACC IS ONE OF THE LARGEST ANIMAL WELFARE ORGANIZATIONS IN THE COUNTRY, TAKING IN APPROXIMATELY 25,000 ANIMALS EACH YEAR. ACC IS A 501(C)(3) NONPROFIT THAT RESCUES, CARES FOR AND FINDS LOVING HOMES FOR ANIMALS THROUGHOUT THE FIVE BOROUGHES OF NYC. ACC HAS AN AGREEMENT WITH THE CITY OF NEW YORK TO BE AN OPEN-ADMISSIONS ORGANIZATION, WHICH MEANS IT NEVER TURNS AWAY ANY HOMELESS, ABANDONED, INJURED OR SICK ANIMALS IN NEED OF HELP, INCLUDING CATS, DOGS, RABBITS, SMALL MAMMALS, REPTILES, BIRDS, FARM ANIMALS AND WILDLIFE. IN ADDITION, ACC FOCUSES ITS SERVICES ON PET RETENTION AND SURRENDER PREVENTION BY ENGAGING UNDERSERVED COMMUNITIES IN NYC, OFFERING SERVICES LIKE FREE VACCINE CLINICS, VOUCHERS FOR MEDICAL SERVICES AND SPAY/NEUTER, A PET FOOD PANTRY AND BASIC OBEDIENCE TRAINING.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,848,286.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 269		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
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 delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
KIWI PARTNERS INC - (212) 532-7171
237 W. 35TH STREET, SUITE 101, NEW YORK, NY 10001

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RISA WEINSTOCK CEO & PRESIDENT	40.00			X			216,923.	0.	26,163.	
(2) ROBIN STUPACK VICE PRESIDENT, ANIMAL HEALTH & WELF	40.00			X			152,046.	0.	8,016.	
(3) ELLEN CURTIS VICE PRESIDENT, CHIEF PROGRAMS OFFIC	40.00					X	129,904.	0.	11,847.	
(4) MICHAEL WELTZ VETERINARIAN	45.00					X	107,580.	0.	24,867.	
(5) PHILLIP REID SR. DIRECTOR, CHIEF INFORMATION OFFI	40.00			X			109,254.	0.	22,597.	
(6) SANDRA REINA DIRECTOR OF FINANCE	40.00					X	108,029.	0.	23,505.	
(7) ALICIA BRUCK VETERINARIAN	45.00					X	109,109.	0.	10,719.	
(8) RACHEL M WARNES FORMER VETERINARIAN	45.00					X	108,206.	0.	7,427.	
(9) SASHA NELSON VETERINARIAN	45.00					X	114,655.	0.	565.	
(10) JENNIFER PIIBE FORMER GENERAL CONSEL	40.00					X	109,039.	0.	3,341.	
(11) HILLARY BRAVERMAN FORMER VETERINARIAN	45.00					X	103,184.	0.	7,336.	
(12) PATRICK NOLAN CHAIR	1.00	X					0.	0.	0.	
(13) DENISE INCANDELA VICE CHAIR	1.00	X					0.	0.	0.	
(14) DR. JAY KUHLMAN SECRETARY	1.00	X					0.	0.	0.	
(15) NEIL ABRAMSON BOARD MEMBER	1.00	X					0.	0.	0.	
(16) YONATON ARONOFF BOARD MEMBER	1.00	X					0.	0.	0.	
(17) SARAH AUCOIN BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAREN FLEIT BOARD MEMBER	1.00	X						0.	0.	0.
(19) DR. DENNIS GROSS BOARD MEMBER	1.00	X						0.	0.	0.
(20) ELAINE KEANE BOARD MEMBER	1.00	X						0.	0.	0.
(21) CORINNE SCHIFF BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,367,929.	0.	146,383.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,367,929.	0.	146,383.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KIWI PARTNERS INC, 237 W. 35TH STREET, SUITE 101, NEW YORK, NY 10001	FINANCE CONSULTANT	383,747.
ZBS LEFFERTS ANIMAL HOSPITAL LLC, 86-37 LEFFERTS BLVD, RICHMOND HILL, NY 11418	OUTSIDE VET SERVICES	250,552.

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

ANIMAL CARE AND CONTROL OF NEW YORK CITY

Form 990 (2020)

INC.

13-3788986

Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	239,790.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	17,077,444.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,666,557.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 28,203.				
	h Total. Add lines 1a-1f		19,983,791.				
	Program Service Revenue	2 a FACILITY REVENUE	Business Code				
		900099	429,155.	429,155.			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		429,155.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		681,849.			681,849.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 239,790. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	23,350.			
		c Net income or (loss) from fundraising events		-23,350.		-23,350.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER MISC INCOME	Business Code					
		900099	173,491.			173,491.	
	b UNREALIZED GAIN	900001	96,750.			96,750.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d		270,241.					
12 Total revenue. See instructions		21,341,686.	429,155.	0.	928,740.		

ANIMAL CARE AND CONTROL OF NEW YORK CITY

INC.

Form 990 (2020)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	680,119.		680,119.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,676,765.	9,825,843.	695,307.	155,615.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,022,751.	2,685,970.	301,327.	35,454.
10 Payroll taxes	958,957.	827,993.	110,766.	20,198.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	38,925.		38,925.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	549,097.	26,021.	523,076.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	263,871.	231,818.	28,665.	3,388.
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				
22 Depreciation, depletion, and amortization	191,512.	166,556.	22,318.	2,638.
23 Insurance	553,997.	478,489.	66,480.	9,028.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES & SERV	1,407,161.	1,407,161.	0.	0.
b SUPPLIES	328,629.	302,116.	26,473.	40.
c TECHNOLOGY AND EQUIPMEN	240,079.	208,794.	27,978.	3,307.
d FACILITY EXPENSES	197,909.	172,119.	23,064.	2,726.
e All other expenses	643,625.	515,406.	79,976.	48,243.
25 Total functional expenses. Add lines 1 through 24e	19,753,397.	16,848,286.	2,624,474.	280,637.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	953,627.	1	1,520,878.	
	2 Savings and temporary cash investments	50,593,401.	2	41,588,194.	
	3 Pledges and grants receivable, net	109,884.	3	5,378.	
	4 Accounts receivable, net	3,704,799.	4	3,538,160.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	168,919.	9	231,714.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,703,979.			
	b Less: accumulated depreciation	10b 1,270,643.	13,596,402.	10c	13,433,336.
	11 Investments - publicly traded securities		11	267,884.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	14,572,493.	15	26,178,561.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	83,699,525.	16	86,764,105.		
Liabilities	17 Accounts payable and accrued expenses	208,825.	17	155,932.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	78,675,822.	25	80,023,022.	
	26 Total liabilities. Add lines 17 through 25	78,884,647.	26	80,178,954.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	3,094,268.	27	4,646,110.	
	28 Net assets with donor restrictions	1,720,610.	28	1,939,041.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	4,814,878.	32	6,585,151.	
33 Total liabilities and net assets/fund balances	83,699,525.	33	86,764,105.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,341,686.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,753,397.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,588,289.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,814,878.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	181,984.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,585,151.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 on 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.** Employer identification number **13-3788986**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,760,554.	19,043,815.	20,930,463.	22,661,520.	19,800,823.	100,197,175.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	1,324,176.	1,437,345.	1,479,986.	1,409,408.	1,454,973.	7,105,888.
4 Total. Add lines 1 through 3	19,084,730.	20,481,160.	22,410,449.	24,070,928.	21,255,796.	107,303,063.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						107,303,063.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	19,084,730.	20,481,160.	22,410,449.	24,070,928.	21,255,796.	107,303,063.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	313.	326.	18,817.	806,382.	688,175.	1,514,013.
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 VI.)	14,814.	55,809.	40,776.	77,950.	263,915.	453,264.
11 Total support. Add lines 7 through 10						109,270,340.
12 Gross receipts from related activities, etc. (see instructions)					12 3,398,580.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	98.20 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.97 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

ANIMAL CARE AND CONTROL OF NEW YORK CITY

Schedule A (Form 990 or 990-EZ) 2020 INC.

13-3788986 Page 8

Part VI

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

Lined area for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.	Employer identification number 13-3788986
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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 additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ASPCA 520 EIGHTH AVENUE NEW YORK, NY 10018	\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEW YORK CITY DEPARTMENT OF HEALTH 125 WORTH STREET NEW YORK, NY 10013	\$ 17,077,444.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.	Employer identification number 13-3788986
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line 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 info. once.) ▶ \$ _____
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
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.** **Employer identification number** **13-3788986**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,026,750.		13,026,750.
b Buildings				0.
c Leasehold improvements		382,554.	152,343.	230,211.
d Equipment				
e Other		1,294,675.	1,118,300.	176,375.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,433,336.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS ON LEASED AND OTHER PROPERTY	78,758.
(2) CONSTRUCTION IN PROGRESS	23,172,758.
(3) LOAN ACQUISITION COSTS, NET	2,927,045.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	26,178,561.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SALARIES AND PAYROLL TAXES PAYABLE	840,271.
(3) BENEFIT DAYS ACCRUAL	362,411.
(4) ACCRUED EXPENSES	3,550,041.
(5) CUSTOMER DEPOSITS	5,680.
(6) INTEREST PAYABLE	138,438.
(7) MORTGAGE PAYABLE	75,000,000.
(8) DEFERRED RENT PAYABLE	126,181.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	80,023,022.

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

Schedule D (Form 990) 2020

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,876,831.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1,511,795.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	23,350.
e	Add lines 2a through 2d	2e	1,535,145.
3	Subtract line 2e from line 1	3	21,341,686.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,341,686.

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

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

1	Total expenses and losses per audited financial statements	1	21,288,542.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,511,795.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	23,350.
e	Add lines 2a through 2d	2e	1,535,145.
3	Subtract line 2e from line 1	3	19,753,397.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,753,397.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740 ON JANUARY 1, 2009. FASB ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THERE WAS NO IMPACT ON THE TOTAL NET ASSETS AS A RESULT OF THE ADOPTION OF FASB ASC 740.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES PRESENTED NET OF BENEFITS AND SPECIAL

Part XIII Supplemental Information (continued)

EVENTS 23,350.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES PRESENTED NET OF BENEFITS AND SPECIAL

EVENTS 23,350.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-3788986

Part I

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

ANIMAL CARE AND CONTROL OF NEW YORK CITY

Schedule G (Form 990 or 990-EZ) 2020 **INC.**

13-3788986 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	239,790.			239,790.
	2 Less: Contributions	239,790.			239,790.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,350.			23,350.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,350.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-23,350.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____
 Address ► _____

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

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____
 Address ► _____

16 Gaming manager information:

Name ► _____
 Gaming manager compensation ► \$ _____
 Description of services provided ► _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.** Employer identification number **13-3788986**

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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**

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

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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?	4a		X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c Participate in or receive payment from an equity-based compensation arrangement?	4c		X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?	5a		X
b Any related organization?	5b		X

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?	6a		X
b Any related organization?	6b		X

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

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

7			X
----------	--	--	----------

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

8			X
----------	--	--	----------

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

9			
----------	--	--	--

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

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RISA WEINSTOCK CEO & PRESIDENT	(i)	216,923.	0.	0.	0.	26,163.	243,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBIN STUPACK VICE PRESIDENT, ANIMAL HEALTH & WELFARE	(i)	152,046.	0.	0.	0.	8,016.	160,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RACHEL M WARNES FORMER VETERINARIAN	(i)	108,206.	0.	0.	0.	7,427.	115,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER PIIBE FORMER GENERAL CONSEL	(i)	109,039.	0.	0.	0.	3,341.	112,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HILLARY BRAVERMAN FORMER VETERINARIAN	(i)	103,184.	0.	0.	0.	7,336.	110,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

ANIMAL CARE AND CONTROL OF NEW YORK CITY

INC.

Schedule J (Form 990) 2020

13-3788986

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.** Employer identification number **13-3788986**

Part 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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SHELTER DONAT</u>)	X	439	28,203	RETAIL VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether 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:

ACC RECEIVES VARIOUS DONATED ANIMAL CARE SUPPLIES, INCLUDING FOOD, BLANKETS, LEASHES, ETC. AS PART OF ITS ONGOING OPERATIONS. THERE ARE MANY SOURCES OF THESE DONATIONS. THE ESTIMATED AMOUNTS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS ARE AN ESTIMATE OF THE FMV OF THE SUPPLIES RECEIVED FOR THE YEAR AND HAVE BEEN INCLUDED IN IN-KIND DONATIONS IN REVENUE REPORTED ON FORM 990. IN ADDITION, ACC RECEIVED DONATED GIFTS THAT WERE SUPPLIED FOR FUNDRAISING EVENTS FROM VARIOUS SOURCES. THE ESTIMATED AMOUNTS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS ARE AN ESTIMATE OF THE FMV OF THE GIFTS RECEIVED FOR THE YEAR AND HAVE BEEN INCLUDED IN REVENUE REPORTED ON FORM 990.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020Open 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:

THROUGH ITS CONTRACT FOR SERVICES WITH THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE, ACC DOES NOT RELY ON DONOR CONTRIBUTIONS AS A PRIMARY SOURCE FOR STAFF SALARIES OR OTHER ADMINISTRATIVE EXPENSES ASSOCIATED WITH CONTRACT SERVICES. UNDER THIS PUBLIC/PRIVATE FUNDING APPROACH, ACC USES FUNDING FROM ITS DONORS PRIMARILY FOR PROGRAMS AND SERVICES THAT ARE NOT FUNDED BY THE CONTRACT WITH THE CITY TO ENHANCE ANIMAL CARE AND OTHER SERVICES THAT ACC PROVIDES THROUGHOUT THE FIVE BOROUGHES OF NEW YORK CITY.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS PROVIDED TO EACH OF THE TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND SENIOR LEVEL MANAGEMENT ARE REQUESTED TO UPDATE THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR THE PRESIDENT AND CEO COMPENSATION INVOLVES A REVIEW OF THE MARKET FOR COMPARABLE POSITIONS; A BUDGET ANALYSIS AND DISCUSSION AMONG BOARD MEMBERS, AND FINALLY IS APPROVED BY THE BOARD.

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

THE PRESIDENT AND CEO WOULD NEED TO REVIEW ANY INCREASES IN COMPENSATION

FOR KEY EMPLOYEES THAT SIGNIFICANTLY EXCEED CURRENT SALARY RANGES WITH THE

Name of the organization	ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.	Employer identification number	13-3788986
--------------------------	--	--------------------------------	------------

BOARD CHAIR. COMPARABLE POSITIONS AND SALARIES WOULD BE INCLUDED IN THE REVIEW AS WELL REVIEWED BY ACC'S FINANCIAL CONSULTANT IN TERMS OF IMPACT TO THE ORGANIZATION'S BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WITHIN 30 DAYS OF WRITTEN REQUESTS.

FORM 990, PART XI, LINE 8

THE ORGANIZATION HAS RESTATED ITS PREVIOUSLY ISSUED FINANCIAL STATEMENTS FOR JUNE 30, 2020. BASED ON INFORMATION DEVELOPED AS A RESULT OF THE CURRENT PERIOD'S INQUIRY INTO THE ACCOUNTING FOR CERTAIN ACCOUNTS, MANAGEMENT HAS DETERMINED THAT A RESTATEMENT OF THE JUNE 30, 2020 FINANCIAL STATEMENTS IS APPROPRIATE TO CORRECT ACCOUNTING ERRORS IN THE PRIOR YEARS. THE CHANGES WERE A RESULT OF INCORRECT RECOGNITION OF CONTRIBUTIONS REVENUE FROM DONORS AND INCORRECT RECOGNITION OF INVESTMENTS AND RELATED ACTIVITY.

EFFECT ON THE OPENING BALANCE WITHOUT DONOR RESTRICTIONS NET ASSETS:

JUNE 30, 2020 INCREASE IN CASH	\$ 5,905
JUNE 30, 2020 INCREASE IN MARKETABLE SECURITIES	176,079

THE OPENING BALANCE NET ASSET ADJUSTMENT TOTAL INCREASE \$181,984.

990 PART XII, LINE 2C

Name of the organization ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.	Employer identification number 13-3788986
--	--

THERE WAS NO CHANGE IN THE PRIOR PROCESS REGARDING OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF INDEPENDENT AUDITOR.

SCHEDULE A, PART II, LINE 3

ACC RECEIVES BOTH UTILITIES AND THE USE OF ITS ADMISSION CENTERS AND ANIMAL SHELTER FACILITIES FROM THE CITY OF NEW YORK FREE OF CHARGE. THE AMOUNT INCLUDED ON LINE 3 REPRESENTS THE VALUE OF THE UTILITIES AND USE OF FACILITIES PAID ON BEHALF OF ACC BY THE CITY OF NEW YORK. THE THREE ANIMAL CARE CENTERS USED BY THE ORGANIZATION ARE OWNED BY THE CITY. PRIOR TO 2015, THE ESTIMATED FAIR MARKET VALUE OF RENTING THESE FACILITIES WAS NOT SHOWN ON LINE 3 DUE TO THE SPECIFIC USE AND DESIGN OF THE FACILITIES MAKING IT EXTREMELY DIFFICULT TO ESTABLISH A REASONABLE VALUE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **ANIMAL CARE AND CONTROL OF NEW YORK CITY
INC.** Employer identification number **13-3788986**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1906 FLUSHING LLC - 83-4684368 11 PARK PLACE SUITE 805 NEW YORK, NY 10007	REAL ESTATE ENTITY	NEW YORK	711,842.	80,717,076.	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NYC DEPARTMENT OF HEALTH 330 WEST 42ND STREET NEW YORK, NY 10036	NYC DOH'S MISSION IS TO PROTECT AND PROMOTE THE HEALTH OF ALL NEW YORKERS	NEW YORK					X

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

Schedule R (Form 990) 2020

ANIMAL CARE AND CONTROL OF NEW YORK CITY

Schedule R (Form 990) 2020 INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

ANIMAL CARE AND CONTROL OF NEW YORK CITY

Schedule R (Form 990) 2020 INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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 and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NYC DEPARTMENT OF HEALTH	C	18,532,417.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

ANIMAL CARE AND CONTROL OF NEW YORK CITY
 INC.

Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property) 990

OMB No. 1545-0172

2020
 Attachment
 Sequence No. 179

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return ANIMAL CARE AND CONTROL OF NEW YORK CITY INC.	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 13-3788986
---	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,040,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	121,601.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	69,912.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	191,513.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

ANIMAL CARE AND CONTROL OF NEW YORK CITY

INC.

Form 4562 (2020)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

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

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

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use 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 use?												

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2020 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
	:				
	:				

43 Amortization of costs that began before your 2020 tax year **43**

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



**ANIMAL CARE AND CONTROL
OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC
AND AFFILIATE
CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2021 AND 2020**

**ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE**

CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR’S REPORT	1
 FINANCIAL STATEMENTS:	
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION	2
CONSOLIDATED STATEMENT OF ACTIVITIES	3
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES	4
CONSOLIDATED STATEMENTS OF CASH FLOWS	5
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS	6-20
 SUPPLEMENTARY SCHEDULES:	
INDEPENDENT AUDITOR’S REPORT ON SUPPLEMENTARY INFORMATION	21
SCHEDULE I: CONSOLIDATING STATEMENT OF FINANCIAL POSITION AT JUNE 30, 2021	22
SCHEDULE II: CONSOLIDATING STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2021	23
SCHEDULE III: CONSOLIDATING STATEMENT OF FINANCIAL POSITION AT JUNE 30, 2020	24
SCHEDULE IV: CONSOLIDATING STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2020	25



12 West 32nd Street, 10th Floor
New York, NY 10001
(212) 563-2525
Fax: 212 563-3549
www.randmcpa.com

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Animal Care and Control of New York City, Inc.
DBA Animal Care Centers of NYC and Affiliate
New York, New York

We have audited the accompanying consolidated financial statements of Animal Care and Control of New York City, Inc., DBA Animal Care Centers of NYC (a nonprofit organization) and Affiliate, which comprises the consolidated statements of financial position as of June 30, 2021, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Animal Care and Control of New York City, Inc., DBA Animal Care Centers of NYC and affiliate as of June 30, 2021, and the changes in its consolidated net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Animal Care and Control of New York City, Inc.'s, DBA Animal Care Centers of NYC and affiliate June 30, 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated June 9, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2020 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Rosenberg + Manente PLLC

Rosenberg and Manente, PLLC
Certified Public Accountants
New York, New York

April 18, 2022

ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2021 AND 2020

	2021	2020
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 1,520,878	\$ 959,532
Restricted - Cash and Cash Equivalents	41,588,194	50,593,401
Marketable Securities	267,884	176,079
Accounts Receivable - The City of New York	3,467,642	3,672,147
Unconditional Promises to Give	5,378	1,245
Grants Receivable	-	108,639
Prepaid Expenses	231,714	168,919
Other Accounts Receivable	70,518	32,652
TOTAL CURRENT ASSETS	47,152,208	55,712,614
FIXED ASSETS		
Property and Equipment, Net	13,433,336	13,596,402
TOTAL FIXED ASSETS	13,433,336	13,596,402
OTHER ASSETS		
Construction in Progress	23,172,758	11,565,673
Loan Acquisition Costs, Net	2,927,045	2,927,045
Deposits on Leased and Other Property	78,758	79,775
TOTAL OTHER ASSETS	26,178,561	14,572,493
TOTAL ASSETS	\$ 86,764,105	\$ 83,881,509
LIABILITIES, NET ASSETS AND MEMBER'S EQUITY		
CURRENT LIABILITIES		
Accounts Payable	\$ 111,100	\$ 164,203
Accrued Expenses	3,430,769	1,574,757
Credit Cards Payable	119,272	55,039
Accounts Payable - The City of New York	44,832	44,622
Salaries, Payroll Taxes and Benefits Payable	840,271	625,523
Vacation and Sick Time Accrual	362,411	206,331
Interest Payable	138,438	138,438
Deferred Rent Payable	126,181	56,301
Line of Credit	-	976,014
Customer Deposits Payable	5,680	43,174
Other Liabilities	-	245
TOTAL CURRENT LIABILITIES	5,178,954	3,884,647
LONG-TERM LIABILITIES		
Mortgage Payable	75,000,000	75,000,000
TOTAL LONG-TERM LIABILITIES	75,000,000	75,000,000
TOTAL LIABILITIES	80,178,954	78,884,647
NET ASSETS AND MEMBER'S EQUITY		
Without Donor Restrictions	4,646,110	3,276,252
With Donor Restrictions	1,939,041	1,720,610
TOTAL NET ASSETS AND MEMBER'S EQUITY	6,585,151	4,996,862
TOTAL LIABILITIES, NET ASSETS AND MEMBER'S EQUITY	\$ 86,764,105	\$ 83,881,509

See Accompanying Notes to Consolidated Financial Statements

ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
 DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE
 CONSOLIDATED STATEMENT OF ACTIVITIES
 FOR THE YEAR ENDED JUNE 30, 2021
 (With Comparative Summarized Totals for the Year Ended June 30, 2020)

	JUNE 30, 2021			JUNE 30, 2020
	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL	TOTAL
REVENUES, GAINS, AND OTHER SUPPORT				
Support from Operations:				
Revenue - The City of New York	\$ 15,921,423	\$ -	\$ 15,921,423	\$ 18,400,953
Shelter Revenue	429,155	-	429,155	725,865
Contributions	1,134,095	1,504,259	2,638,354	3,140,786
In-Kind Contributions	85,025	-	85,025	115,341
Benefit Plan Contributions	1,433,160	-	1,433,160	1,316,080
Donated Use of Facilities	1,177,834	-	1,177,834	1,139,105
Benefits and Special Events	239,790	-	239,790	450,679
Other Miscellaneous Income	173,491	-	173,491	77,950
Interest Income	681,849	-	681,849	806,382
Investment Income/(Loss)	6,326	-	6,326	4,536
Unrealized Gain/(Loss)	90,424	-	90,424	(6,646)
Total Revenues, Gains and Other Support Before the Release of Restricted Net Assets	21,372,572	1,504,259	22,876,831	26,171,031
Net Assets Released From Restrictions:				
Satisfaction of Time and Program Restrictions	1,285,828	(1,285,828)	-	-
TOTAL REVENUES, GAINS, AND OTHER SUPPORT	22,658,400	218,431	22,876,831	26,171,031
EXPENSES				
Program Services:				
Health and Welfare of Animals	18,303,259	-	18,303,259	20,999,875
Total Program Service Expenses	18,303,259	-	18,303,259	20,999,875
Supporting Services:				
Management and General	2,681,296	-	2,681,296	2,540,377
Fundraising	303,987	-	303,987	530,011
Total Supporting Services	2,985,283	-	2,985,283	3,070,388
TOTAL EXPENSES	21,288,542	-	21,288,542	24,070,263
CHANGE IN NET ASSETS	1,369,858	218,431	1,588,289	2,100,768
NET ASSETS AND MEMBERS' EQUITY, BEGINNING OF YEAR				
Prior Year Net Asset Adjustment	3,094,268	1,720,610	4,814,878	2,753,337
	181,984	-	181,984	142,757
ADJUSTED NET ASSETS AND MEMBER'S EQUITY, BEGINNING OF YEAR	3,276,252	1,720,610	4,996,862	2,896,094
NET ASSETS AND MEMBER'S EQUITY, END OF YEAR	\$ 4,646,110	\$ 1,939,041	\$ 6,585,151	\$ 4,996,862

**ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2021**

(With Comparative Summarized Totals for the Year Ended June 30, 2020)

	JUNE 30, 2021				JUNE 30, 2020
	Health and Welfare of Animals	Management and General	Fundraising	Total	Total
Salaries	\$ 9,825,843	\$ 1,316,652	\$ 155,615	\$ 11,298,110	\$ 12,749,444
Payroll Taxes and Fringe Benefits	3,513,963	470,867	55,652	4,040,482	4,118,291
Total Personnel Service Expenses	13,339,806	1,787,519	211,267	15,338,592	16,867,735
Vehicle Expenses	139,974	5,588	-	145,562	299,311
Communications	17,202	3,264	44,929	65,395	158,503
Depreciation	166,556	22,318	2,638	191,512	167,528
Facility Expenses	172,119	23,064	2,726	197,909	317,355
Human Resource	38,690	5,184	612	44,486	54,058
Insurance	478,489	66,480	9,028	553,997	516,256
Interest and Bank Charges	-	48,706	-	48,706	94,599
Supplies and Services, Medical	1,407,161	-	-	1,407,161	1,725,969
Occupancy	1,686,791	28,665	3,388	1,718,844	1,772,761
Other Expenses	9,493	7,209	1,160	17,862	66,339
Professional Fees	26,021	618,823	-	644,844	514,720
Special Events	-	-	23,350	23,350	115,129
Supplies and Services, Operations	302,116	26,473	40	328,629	636,594
Telecommunications	134,944	10,025	1,542	146,511	157,783
Technology and Equipment	208,794	27,978	3,307	240,079	348,518
First Alert Stipends	175,103	-	-	175,103	184,838
Discount and Subsidized	-	-	-	-	69,269
Bad Debt	-	-	-	-	2,998
Total Expenses	\$ 18,303,259	\$ 2,681,296	\$ 303,987	\$ 21,288,542	\$ 24,070,263

See Accompanying Notes to Consolidated Financial Statements

ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

	2021	2020
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in Net Assets	\$ 1,588,289	\$ 2,100,768
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by Operating Activities		
Depreciation and Amortization	191,512	167,528
Decrease (Increase) in:		
Accounts Receivable - The City of New York	204,505	(1,489,435)
Unconditional Promises to Give	(4,133)	4,149
Grant Receivables	108,639	78,259
Prepaid Expenses	(62,795)	78,045
Other Accounts Receivables	(37,866)	(29,955)
Deposits on Leased and Other Property	1,017	(160)
Increase (Decrease) in:		
Accounts Payable	(53,103)	(260,963)
Accrued Expenses	1,856,012	1,049,833
Credit Cards Payable	64,233	-
Accounts Payable - The City of New York	210	886
Salaries, Payroll Taxes and Benefits Payable	214,748	19,510
Vacation and Sick Time Accrual	156,080	(46,155)
Interest Payable	-	49,123
Deferred Rent Payable	69,880	(2,235)
Customer Deposits Payable	(37,494)	35,900
Other Liabilities	(245)	(2,280)
NET CASH PROVIDED BY OPERATING ACTIVITIES	4,259,489	1,752,818
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Fixed Assets	(28,446)	-
Construction in Progress	(11,607,085)	(8,425,032)
Loan Acquisition Costs, Net	-	(17,638)
NET CASH USED IN INVESTING ACTIVITIES	(11,635,531)	(8,442,670)
CASH FLOWS FROM FINANCING ACTIVITIES		
(Gain)/Loss on Investments	(91,805)	(27,417)
(Payments)/Advances from Line of Credit	(976,014)	402,613
NET CASH (USED IN) PROVIDED BY FINANCING ACTIVITIES	(1,067,819)	375,196
NET DECREASE IN CASH, CASH EQUIVALENTS AND RESTRICTED CASH	(8,443,861)	(6,314,656)
CASH, CASH EQUIVALENTS AND RESTRICTED CASH, BEGINNING OF YEAR	51,552,933	57,867,589
CASH, CASH EQUIVALENTS AND RESTRICTED CASH, END OF YEAR	\$ 43,109,072	\$ 51,552,933
SUPPLEMENTAL DISCLOSURE:		
Interest Paid	\$ 6,589,625	\$ 3,267,125
Taxes Paid	\$ -	\$ -

See Accompanying Notes to Consolidated Financial Statements

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

NOTE 1 - NATURE AND PURPOSE OF ORGANIZATION

Founded in 1995, Animal Care and Control of New York City, Inc., DBA Animal Care Centers of NYC (“ACC”), is a non-profit organization with a mission to end animal homelessness in New York City. ACC is a model of a public/private partnership and receives support from the private sector to complement the services it provides pursuant to its 34 year contract with the NYC Department of Health and Mental Hygiene. Under this contract, ACC provides animal related services to over 9 million residents within the five boroughs of New York City. ACC’s services to the community include pet adoption, animal rescue, veterinary care including spay/neuter, lost and found pet assistance and surrender prevention programs. With full-service care centers in Brooklyn, Manhattan and Staten Island ACC provides shelter and care for approximately 25,000 animals every year, and an additional 5,000 animals that are supported throughout the city as part of our community outreach programs. By 2025, ACC will also open two new, state of the art animal care centers in the boroughs of Queens and the Bronx. ACC believes that community engagement and collaboration are the key to solving animal homelessness. Through a network of hundreds of animal rescue partners, volunteers, animal fosters, support from local and national businesses and foundations, and a robust community outreach program (including wellness clinics, humane education, pet food pantries and free vaccine clinics), ACC has become a national leader in animal welfare. ACC is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.

Through its contract for services with the city of New York, ACC does not rely on donor contributions as a primary source for staff salaries or other administrative expenses associated with contract services. Under this public/private funding approach, ACC uses donor contributions primarily for programs and services that are not funded by the city contract in an effort to enhance animal care and further ACC’s mission to end animal homelessness in NYC.

1906 Flushing LLC (“1906 Flushing”) is a limited liability company that owns property in Queens, New York. In 2019, property development for the new Queens Full Service Shelter began at the Queens site and is expected to be completed in 2022. Upon completion and appropriate approvals of the building, ACC will rent the full facility as outlined in the terms of the lease agreement between 1906 Flushing and ACC dated June 21, 2019.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial Statement Presentation and Basis of Accounting

ACC’s policy is to prepare its consolidated financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). Under this method, revenues are recognized in the period in which they are earned. Expenses are recognized in the period in which the related liability is incurred. The statements of financial position and of activities focus on the Organization as a whole and report total assets, liabilities, net assets and changes in net assets in accordance with the FASB ASC 958-205, *Financial Statements of Not-for-Profit Organizations*.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of ACC, and its wholly owned subsidiary, 1906 Flushing. Collectively, the aforementioned are referred to as the “Organization” hereafter. All significant intercompany transactions and balances have been eliminated in consolidation.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of the consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingencies at the date of the consolidated financial statements and revenues and expenses recognized during the reporting period. Significant estimates made in the preparation of the consolidated financial statements include the net realizable value of contributions and grants receivable, donated use of facilities, accrued expenses, prepaid expenses and functional expense allocations. Actual results could differ from those estimates.

Financial Instruments

The Organization's financial instruments are cash and cash equivalents, municipal bonds, stock and contributions receivable. The recorded values of cash and cash equivalents and contributions receivable approximate fair values based on their short-term nature.

Reclassifications

It is the Organization's policy to reclassify, where appropriate, prior year financial statements to conform to the current year presentation.

Measure of Operations

The consolidated statements of activities reports all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to the Organization's ongoing program services. Nonoperating activities are limited to resources that generate return from investments and other activities considered to be of a more unusual or nonrecurring nature. As of June 30, 2021 and 2020, the Organization did not have nonoperating activities.

Comparative Information

The consolidated financial statements include certain 2020 comparative information. With respect to the consolidated statement of activities, such prior year information is not presented by net asset class and, in the consolidated statement of functional expenses, 2020 expenses by natural classification are presented in total rather than by functional category. Accordingly, such information should be read in conjunction with the Organization's 2020 financial statements from which the summarized information was derived.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of three months or less and time deposit accounts with no withdrawal restrictions other than loss of end of term interest to be cash equivalents. At June 30, 2021 and 2020, there was \$41,588,194 and \$50,593,401, respectively, in restricted cash for the property development of the new Queens Full Service Shelter.

Medical Supplies, Medications and Products

Medical supplies, medications and products are purchased on an as needed basis and are expensed upon purchase. The dollar value of the supplies on hand at any given time is not material. It is the Organization's decision not to maintain inventory on its Consolidated Statements of Financial Position.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions Receivable

Unconditional promises to give that are expected to be collected within one year are recorded at their net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at fair value, which is measured as the present value of their future cash flows. The discounts on these amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until conditions are substantially met.

Allowance for Doubtful Accounts

Management determines whether an allowance for doubtful accounts should be provided for accounts receivable. Such estimates are based on management's assessment of the aged basis of its sources, current economic conditions, subsequent receipts and historical information. Accounts receivable are written off against the allowance for doubtful accounts when all reasonable collection efforts have been exhausted. At June 30, 2021 and 2020, management has determined no allowance for doubtful accounts to be necessary.

Property and Equipment

It is the Organization's policy to capitalize property and equipment over \$1,000; lesser amounts are expensed. Fixed assets are recorded at cost. Maintenance and repairs are charged to expenses as incurred; major betterments are capitalized. When items or property and equipment are sold or retired, the related cost and accumulated depreciation is removed from the accounts and any gain or loss is included in the results of operations. Management reviews property and equipment for impairment when events or changes in circumstances indicate that the carrying amounts may not be recoverable. Property and equipment are written off to operations when considered impaired.

Depreciation is provided on the straight-line method over the estimated useful lives of the assets. Amortization of leasehold improvements is provided on the straight-line method over the remaining term of the lease or the useful life of the improvements, whichever is shorter.

Leasehold Improvements	39 years
Furniture and Fixtures	7 years
Machinery and Equipment	3 to 7 years
Vehicles	7 years
Software	3 to 5 years

Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as without donor restriction contributions unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent of donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclasses with donor restricted net assets to without donor restricted net assets at that time.

Certain property and equipment used by the Organization is owned by New York City under a funding agreement. The Organization is responsible for acquiring items needed in order to run the facility; however, title will not pass to the Organization upon termination of the funding agreement. Therefore, most capital items are expensed within the year that the City funds the purchase.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Basis of Presentation

Net assets, revenues, gains and losses are classified on the absence or the existence and nature of donor imposed restrictions as follows:

(1) Net Assets Without Donor Restrictions:

Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets are available for use at the discretion of the Board of Directors and management. The Board can designate a portion of these net assets for specific purposes, which makes them unavailable for use at management's discretion.

(2) Net Assets With Donor Restrictions:

Net assets subject to stipulations imposed by donors, and grantors. The Organization reports gifts of cash and other assets as revenue with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, the net assets are reclassified as net assets without donor restriction and reported in the statements of activities as net assets released from restrictions. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity. As of June 30, 2021 and 2020, the Organization did not have any donor-restricted contributions that were perpetual in nature.

Advertising Costs

Advertising costs, including donated advertising, are generally charged to operations in the year incurred. For the years ended June 30, 2021 and 2020, total advertising costs were \$8,011 and \$52,046, respectively. For the years ended June 30, 2021 and 2020, donated advertising was valued at \$0 and \$5,378, respectively. Advertising costs are reflected in communications on the Consolidated Statement of Functional Expenses.

Loan Acquisition Costs

Loan acquisition costs are amortized on a straight-line method over the life of the underlying debt, which will begin when the asset is put in service.

Donated Services

Donated services are recognized as contributions if the services (a) create or enhance non-financial assets or (b) require special skills, and are performed by people with those skills and would otherwise be purchased by the Organization.

A number of volunteers have made a contribution of their time to the Organization to perform a variety of tasks that assist the Organization at the shelter facilities and at fundraising events. The value of this contributed time is not reflected in these consolidated financial statements since it does not meet the criteria for recognition under Financial Accounting Standards Board (FASB) ASC 958. The Organization received approximately 15,000 and 29,000 volunteer hours for the fiscal year ending June 30, 2021 and 2020, respectively.

Rent Expense

The Organization records rent expense associated with its office lease on a straight-line basis over the life of the lease. The difference between the straight-line amount and the amount actually paid during the year is recorded as a liability and an expense in the accompanying consolidated financial statements.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition

The Organization recognizes revenue from contributions in accordance with Accounting Standards Update (“ASU”) 2018-08, Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. In accordance with ASU 2018-08, the Organization evaluates whether a transfer of assets is (1) an exchange transaction in which a resource provider is receiving commensurate value in return for the resources transferred or (2) a contribution. If the transfer of assets is determined to be an exchange transaction, the Organization records the transactions as allowable costs are incurred in accordance with ASC 958-605. If the transfer of assets is determined to be a contribution, the Organization evaluates whether the contribution is conditional based upon whether the agreement includes both (1) one or more barriers that must be overcome before the Organization is entitled to the assets transferred and promised and (2) a right of return of assets transferred or a right of release of a promisor’s obligation to transfer assets.

The Organization recognizes contributions received and made, including unconditional promises to give, as revenue in the period received or made. Contributions received are reported as either revenues without donor restrictions or revenues with donor restrictions. Contributions with donor restrictions that are used for the purpose specified by the donor in the same year as the contribution is received are recognized as revenues with donor restrictions and are reclassified as net assets released from restrictions in the same year. Promises to give that stipulate conditions to be met before the contributions is made are not recorded until the conditions are met. For the years ended June 30, 2021 and 2020, there were no conditional promises to give.

Functional Allocation of Expenses

Expenses that can be directly identified with the program or supporting service to which they relate are charged accordingly. Other expenses by function have been allocated among program and supporting services classifications based upon benefits received.

The expenses that are allocated include the following:

<u>Expense</u>	<u>Method of Allocation</u>
Salaries, Payroll Taxes and Benefits	Time and Effort
Vehicle Expenses	Direct
Communications	Direct and Head Count
Depreciation and Amortization	Direct
Facility Expenses	Direct and Head Count
Human Resources	Direct and Head Count
Insurance	Direct and Head Count
Interest and Bank Charges	Direct and Head Count
Occupancy	Direct and Head Count
Professional Services	Direct
Supplies and Services, Operations	Direct
Telecommunications	Direct and Head Count
Technology and Equipment	Direct and Head Count

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c) (3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation. 1906 Flushing is a single member limited liability company that has elected to be treated as a disregarded entity. As such, 1906 Flushing is not subject to Federal and State income tax, but rather, its income or loss inures to the Organization.

The Organization is subject to routine audits by various federal, state and local taxing authorities; however, there are currently no audits for any tax periods in progress. The Organization believes it is no longer subject to income tax examinations for years prior to 2018.

The consolidated financial statements effect of a tax position taken or expected to be taken are recognized in the consolidated financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the Statement of Activities. Management does not believe its consolidated financial statements include any uncertain tax positions.

Pensions and Benefits

The Organization provides a range of benefits to eligible employees, including pensions, 401(k) Savings, and Group Life and Welfare Benefits. The Organization records annual amounts relating to these plans based on calculations, which include various actuarial assumptions such as discount rates, expected rates of return on plan assets, compensation increases, and turnover rates.

NOTE 3 - FAIR VALUE MEASUREMENT

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The Organization held no financial instruments that were valued using Level 3 measurements as of June 30, 2021 and 2020. The Levels 1 and 2 of fair value hierarchy are as follows:

Level 1 Inputs: Valuation based on quoted prices in active markets for identical assets or liabilities that a reporting entity has the ability to access at the measurement date, and where transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 Inputs: Valuation based on inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, that is, markets in which there are few transactions, prices are not current, or prices vary substantially over time.

The asset’s or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Case 1:23-cv-08906 Document 1-3 Filed 10/10/23 Page 63 of 77
ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 3 - FAIR VALUE MEASUREMENT (CONTINUED)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at June 30, 2021.

Mutual Funds: Valued at the net asset value (“NAV”) of shares held by the Company at year-end.

Common Stock, Exchange-Traded Funds, and U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Company believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Company’s securities at fair value as of June 30, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total Level 3</u>	<u>Investment</u>
Municipal Bonds	\$ --	\$ 53,281	\$ --	\$ 53,281
Common Stocks	<u>214,603</u>	<u>--</u>	<u>--</u>	<u>214,603</u>
Total	<u>\$ 214,603</u>	<u>\$ 53,281</u>	<u>\$ --</u>	<u>\$ 267,884</u>

The following table sets forth by level, within the fair value hierarchy, the Company’s securities at fair value as of June 30, 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Investment</u>
Municipal Bonds	\$ --	\$ 32,859	\$ --	\$ 32,859
Common Stocks	<u>143,220</u>	<u>--</u>	<u>--</u>	<u>143,220</u>
Total	<u>\$ 143,220</u>	<u>\$ 32,859</u>	<u>\$ --</u>	<u>\$ 176,079</u>

The total cost of the securities listed in the above fair value hierarchy is \$171,898. For the period ended June 30, 2021, the Company reported \$90,424 in unrealized gains.

NOTE 4 - DONATIONS IN-KIND

The Organization receives donations in-kind from various individuals and organizations. These donations are comprised predominantly of services and supplies, such as food, blankets, leashes, and toys, used in shelter operations, legal and media. For the years ended June 30, 2021 and 2020, management estimated the value of these items received to be \$85,025 and \$115,341, respectively.

NOTE 5 - CONCENTRATION OF CREDIT RISK

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of cash and cash equivalents in financial institutions, which from time to time may exceed the Federal Depository Insurance Coverage limit. In assessing their risk, the Organization’s policy is to maintain funds only with reputable financial institutions and management believes the risk of loss is minimal. At June 30, 2021 and 2020, cash and cash equivalents exceeding federally insured limits totaled approximately \$43,110,000 and \$50,343,000, respectively.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 5 - CONCENTRATION OF CREDIT RISK (CONTINUED)

The Company maintains investment accounts with licensed brokers valued at \$267,884, plus \$12,230 in cash, as of June 30, 2021. The cash and the securities in the account are insured by the Securities Investor Protection Corporation (“SIPC”) up to \$250,000 and \$500,000, respectively. The broker also carries excess SIPC insurance that insures the net equity of investor accounts. The coverage covers losses of cash or securities from customer accounts if the broker were to fail and be unable to meet its obligations to its customers. The coverage does not cover any losses from changes in the market value of investments. Although created by Congress, SIPC is not a government agency. It is a non-profit membership corporation, which receives its revenue from those brokers and dealers that are required by law to be SIPC members and from its own investments.

For the years ended June 30, 2021 and 2020, the contract with the City of New York accounted for more than 74% of the Organization revenues.

NOTE 6 - RELATED PARTY

During the years ended June 30, 2021 and 2020, various members of the board of directors pledged donations totaling approximately \$54,900 and \$79,000, respectively.

On July 21, 2019, a lease agreement between ACC and 1906 Flushing was executed for what will be the new Queens Full Service Shelter. The commencement date is anticipated to be July 15, 2022, which is the projected project completion date. The lease is due to expire no earlier than July 1, 2052. Under the lease agreement, the lease payments are tied directly to the monthly loan amortization payments of \$376,901 a month (See Note 13 – Property Loans). Any differences from the lease agreement payments and the lease’s fair market value will be adjusted accordingly. Lease payments will be paid directly by the City, in accordance with their agreement with ACC (See Note 11 – New York City Funding). In addition, for years ended June 30, 2021 and 2020, ACC made investments of approximately \$805,000 in 1906 Flushing. The balance was eliminated during consolidation.

NOTE 7 - COMMITMENTS AND CONTINGENCIES

The contract with the City of New York is subject to audit by the City (See Note 11).

Certain grants and contracts may be subject to audit by funding sources. Such audits may result in disallowance of costs submitted for reimbursement. Management is of the opinion that such cost disallowances, if any, will not have a material effect on the accompanying consolidated financial statements. Accordingly, no amounts have been provided in the accompanying consolidated financial statements for such potential claims.

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The United States and global markets experienced significant declines in value resulting from uncertainty caused by the pandemic. The Organization is closely monitoring its business operations and is working to minimize the impact on its operations. The extent of the impact of COVID-19 on the Organization’s operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Organization’s donors, employees, and vendors, all of which at present, cannot be determined. Accordingly, the extent to which COVID-19 may

Case 1:23-cv-08906 Document 1-3 Filed 10/10/23 Page 65 of 77
ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 7 - COMMITMENTS AND CONTINGENCIES (CONTINUED)

impact the Organization’s financial position and results of its operations and cash flows is uncertain and the accompanying financial statements include no adjustments relating to the effects of this pandemic.

The Organization may be involved in legal actions arising in the ordinary course of its business. It is the opinion of management that such actions will be resolved without material effect on the Organization’s financial position.

NOTE 8 - BAD DEBT

At June 30, 2021 and 2020, there was \$0 and \$2,998 bad debt expense, respectively.

NOTE 9 - PROPERTY AND EQUIPMENT, NET

Property and equipment at June 30th by major classification is summarized as follows:

	<u>2021</u>	<u>2020</u>
Land	\$ 13,026,750	\$ 13,026,750
Leasehold Improvements	382,554	382,554
Furniture and Fixtures	112,034	112,034
Machinery and Equipment	740,717	735,292
Vehicles	363,597	340,577
Software	<u>78,327</u>	<u>78,327</u>
	14,703,979	14,675,534
Accumulated Depreciation and Amortization	<u>1,270,643</u>	<u>1,079,132</u>
Property and Equipment, Net	<u>\$ 13,433,336</u>	<u>\$ 13,596,402</u>

Depreciation and amortization expense for the years ended June 30, 2021 and 2020 was \$191,512 and \$167,528, respectively.

The cost of certain equipment and facilities, which are used by the Organization in connection with its Shelter Operations, are not reflected in the consolidated statements of financial position because the assets’ titles remain with the City of New York.

Land, included in the above schedule, is the site for the new Queens Full Service Shelter. The costs incurred in association with constructing the new Queens Full Service Shelter are included in the consolidated statements of financial position as a non-current asset, Construction in Progress. Upon completion of the facility, and when the facility is operational and in service, these costs will be reclassified to the appropriate asset class. As of June 30, 2021 and 2020, construction in progress totaled approximately \$23,173,000 and \$11,566,000, respectively.

NOTE 10 - LINE OF CREDIT

Pursuant to an agreement with their Financial Institution, the Organization may borrow up to \$3,000,000 under a renewable line of credit. The interest on such borrowings is payable monthly at an annual rate equal to the LIBOR rate plus 3.00%. The line is secured by substantially all of the Organization’s assets. As of June 30, 2021 and 2020, the Organization had drawn down on its available line of credit approximately \$0 and \$976,000, respectively. This credit facility is due to mature in September 2022.

Case 1:23-cv-08906 Document 1-3 Filed 10/10/23 Page 66 of 77
ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 11 - NEW YORK CITY FUNDING

The Organization has a cost reimbursement contract with the City of New York (the "City"), which runs through June 30, 2052, which engages the Organization to assist the City in carrying out its animal and care control responsibilities. The total maximum amount for all payments shall not exceed \$1,487,966,471 for the entire term of the agreement. Under the agreement, the Organization has a license to use and occupy three City owned buildings as animal care facilities: Manhattan Animal Care Facility, Brooklyn Animal Care Facility and Staten Island Animal Care Facility and two receiving centers: Queens Animal Receiving Facility and the Bronx Animal Receiving Center.

In addition, the City provided funds to allow the Organization to acquire land, build, develop and operate a new full service Queens Animal Care Center, financed and equipped as provided for under the agreement (See Note 13 - Property Loans). The City can terminate the contract with or without cause with no less than ten days from the date of notice personally delivered or fifteen days from the date of the notice via mail. Upon the opening of the new Queens Animal Care Center, the Organization will cease to utilize the Queens Animal Resource Center that is currently provided by the City of New York.

For the years ended June 30, 2021 and 2020, the value of the donated use of facilities by the City on behalf of the Organization has been included in the Consolidated Statement of Activities in Donated Use of Facilities in the amounts of approximately \$1,178,000 and \$1,139,000, respectively. To the extent funding is provided for in the agreement, the Organization is responsible for general repairs, insurance and maintenance of the premises.

Effective July 1, 2006, the City assumed responsibility for the payment of the Organization's utilities, for locations owned or leased by the City. Accordingly, for the years ended June 30, 2021 and 2020 the value of the utilities paid by the City on behalf of the Organization has been included in the accompanying consolidated financial statements in both Revenue from the City of New York and Occupancy Expense in the amounts of approximately \$277,000 and \$270,000, respectively.

At June 30, 2021 and 2020, the Organization was due from the City approximately \$3,468,000 and \$3,672,000, respectively. For the years ended June 30, 2021 and 2020, benefit plan contributions and expenses made on behalf of the Organization totaled approximately \$1,433,000 and \$1,316,000, respectively. In addition to the above, for the years ended June 30, 2021 and 2020, revenue recognized under the City contract was approximately \$15,921,000 and \$18,401,000, respectively. At June 30, 2021 and 2020, the Organization owes the City under the current contract approximately \$45,000 in interest for both years.

NOTE 12 - LEASE COMMITMENTS AND RENTAL EXPENSE

On November 1, 2020, the Organization re-negotiated their office space lease in Manhattan. The term of the lease was extended through August 31, 2023.

Minimum future rental payments under this lease are as follows:

Year ending June 30,	
2022	\$ 263,026
2023	314,670
2024	<u>52,686</u>
	<u>\$ 630,382</u>

Rent included in occupancy expense for years ended June 30, 2021 and 2020 was \$234,773 and \$275,389, respectively.

Case 1:23-cv-08906 Document 1-3 Filed 10/10/23 Page 67 of 77
ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 13 - PROPERTY LOANS

On June 21, 2019, 1906 Flushing acquired property located in Queens, New York, which is being developed for the new Queens Full Service Shelter (the "Project"). On that same date, the following notes were executed:

<u>Lender</u>	<u>Loan Amount</u>	<u>Interest Payments</u>	<u>Interest Rate</u>
Acquisition Loan	\$ 12,233,503	\$ 45,162	4.43%
Building Loan	33,882,687	125,084	4.43%
Project Loan	<u>28,883,810</u>	<u>106,629</u>	4.43%
Total Property Loans	<u>\$ 75,000,000</u>	<u>\$ 276,875</u>	

Interest on all three loans are due monthly at a rate 4.43% until the completion of the project, which is anticipated to be July 15, 2022. At such time, the amortization start date, principal and interest of \$376,901 will be payable monthly. The interest rate of 4.43% is in effect throughout the life of the loan, and all three property loans mature July 15, 2052. The loans are secured by, among other things, (i) a Mortgage, Security Agreement, Assignment of Leases and Rents and Fixture Filing from Company for the benefit of Purchaser, creating a valid and perfected first mortgage lien on the Mortgaged Property, including, without limitation, the buildings, structures and improvements now or hereafter located thereon, and assigning Company's right, title and interest in and to the Lease therein described, (ii) an Assignment of Leases and Rents dated as of the date hereof from Company to Purchaser assigning Company's right, title and interest in and to the Lease and any other leases and rents, (iii) a lien on all funds held pursuant to the Cash Management Agreement and the Construction

Escrow Agreement, (iv) the Collateral Assignment of Contracts, and (v) the Surety Bond.

Aggregate maturities of long-term debt are summarized as follows:

June 30, 2023	\$ 1,224,985
June 30, 2024	1,280,367
June 30, 2025	1,338,253
June 30, 2026	1,398,757
June 30, 2027	1,461,995
June 30, 2028 and Thereafter	<u>68,295,643</u>
Total Long-Term Debt	<u>\$ 75,000,000</u>

As of June 30, 2021 and 2020, interest of \$6,728,063 and \$3,405,563 was capitalized to construction in progress.

NOTE 14 - EMPLOYEE BENEFIT PLANS

All eligible employees of the Organization are members of the Cultural Institutions Retirement System's (CIRS) Pension, Savings Plan and Group Life and Welfare Benefits plans. The CIRS Pension Plan is a multiemployer defined benefit plan. Pension and Group Life and Welfare Benefit contributions are funded by the City of New York in accordance with their contract with the Organization. The employer match to the Savings Plan, in accordance with the Collective Bargaining Agreement, remains suspended.

The risk of participating in these multiemployer plans is different from single-employer plans in the following aspects:

Case 1:23-cv-08906 Document 1-3 Filed 10/10/23 Page 68 of 77
ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 14 - EMPLOYEE BENEFIT PLANS (CONTINUED)

- a) Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- b) If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- c) If the Organization chooses to stop participating in some of its multiemployer plans, the Organization may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Organization’s participation in this plan for the fiscal year ended June 30, 2021 and 2020 is outlined in the table below. The “EIN/Pension Plan number” column provides the Employer Identification Number (EIN) and the three-digit plan number, if applicable. The zone status is based on information that the Company received from the plan and is certified by the plan’s actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded. A plan is in the green zone if it has a current funded percentage greater than 80 percent. Unless otherwise noted, the most recent PPA zone status available in 2021 and 2020 is for the plan’s year-end at June 30, 2020 and 2019, respectively. The “FIP/RP Status Pending/Implemented” column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The last column lists the expiration dates(s) of the collective bargaining agreements(s) to which the plans are subject. The period-to-period comparability fluctuates based upon the Organization’s growth. The Company was not identified in its plan’s 2020 Forms 5500 as providing more than 5% of total plan contributions.

The Organization currently has no intention of withdrawing from the multiemployer pension plan in

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status		FIP/RP Status	Contributions of Company			Surcharge Imposed	Expiration Date of Collective-Bargaining Agreement
		2019	2018		2021	2020	2019		
(1) CIRS	11-2001170	Green	Green	NA	\$1.25m	\$1.14k	\$904k	No	NA*

which is participates.

(1) Cultural Institutions Retirement System

* The Collective Bargaining Agreement is currently on extension.

Group Life and Welfare Benefits plans and administrative fees for the years ended June 30, 2021 and 2020 were as follows:

	<u>2021</u>	<u>2020</u>
Group Life and Welfare Benefits	\$ 24,787	\$ 25,625
Administration Fees	<u>157,738</u>	<u>152,723</u>
	<u>\$ 182,525</u>	<u>\$ 178,348</u>

For the years ending June 30, 2021 and 2020, the Organization made no contributions to the 401(k) Savings Plan.

Case 1:23-cv-08906 Document 1-3 Filed 10/10/23 Page 69 of 77
ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 15 - NET ASSETS WITHOUT DONOR RESTRICTIONS

The Organization's net assets without donor restrictions is comprised of undesignated and board designated amounts for the following purposes for the years ending June 30, 2021 and 2020.

	2021	2020
Undesignated	<u>\$ 4,646,110</u>	<u>\$ 3,276,252</u>

For the years ending June 30, 2021 and 2020, the undesignated amounts above include \$1,387,976 and \$717,996 in member equity from 1906 Flushing Avenue LLC, respectively.

NOTE 16 - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted for the following as of June 30, 2021:

Restriction Type	Beginning of Fiscal Year	Contributions	Released	End of Fiscal Year
Time Restricted:				
Within a One Year Time Period	\$ --	\$ --	(\$ --)	\$ --
Purpose Restricted:				
Program Services	<u>1,720,610</u>	<u>1,504,259</u>	<u>(1,285,828)</u>	<u>1,939,041</u>
Total	<u>\$ 1,720,610</u>	<u>\$ 1,504,259</u>	<u>(\$ 1,285,828)</u>	<u>\$ 1,939,041</u>

Net assets with donor restrictions are restricted for the following as of June 30, 2020:

Restriction Type	Beginning of Fiscal Year	Contributions	Released	End of Fiscal Year
Time Restricted:				
Within a One Year Time Period	\$ --	\$ --	(\$ --)	\$ --
Purpose Restricted:				
Program Services	<u>986,830</u>	<u>2,346,882</u>	<u>(1,613,102)</u>	<u>1,720,610</u>
Total	<u>\$ 986,830</u>	<u>\$ 2,346,882</u>	<u>(\$ 1,613,102)</u>	<u>\$ 1,720,610</u>

Purpose restrictions are expected to be released from restrictions within one year.

NOTE 17 - RECEIVABLES

Receivables consist of grants and contributions from the government, foundations, institutions, corporations and individuals. For the years ended June 30, 2021 and 2020, receivables consisted of the following:

	2021	2020
Amount Due In:		
Less Than One Year	<u>\$ 3,543,538</u>	<u>\$ 3,814,683</u>

NOTE 18 - CREDIT ACCOUNTS

As of June 30, 2021 and 2020, the Organization had drawn down \$119,272 and \$55,039 on various open unsecured credit accounts.

Case 1:23-cv-08906 Document 1-3 Filed 10/10/23 Page 70 of 77
ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

NOTE 19 - LIQUIDITY AND AVAILABILITY OF RESOURCES

The Organization's financial assets available within one year of the consolidated statements of financial position date for general expenditure for the years ending June 30, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Cash and Cash Equivalents	\$ 1,520,878	\$ 959,532
Marketable Securities	267,884	176,079
Receivables	<u>3,543,538</u>	<u>3,814,683</u>
Total Financial Assets Available	<u>5,332,300</u>	<u>4,950,294</u>
Less:		
Amounts Unavailable for General Expenditures Within One Year, at Net Present Value, Due To:		
Restricted by Donors with Purpose Restrictions	1,939,041	1,720,610
Restricted by Donors with Timing Restrictions	<u> --</u>	<u> --</u>
Total Amounts Unavailable for General Expenditures Within One Year	<u>1,939,041</u>	<u>1,720,610</u>
Total Financial Assets Available to Management for General Expenditure Within One Year	<u>\$ 3,393,259</u>	<u>\$ 3,229,684</u>

The Organization's goal is generally to maintain financial assets to meet four to six months of supporting service expenses (approximately \$1.5 million) and one to two months of total expenses (approximately \$4 million). As part of its liquidity plan, the Organization has a line of credit for \$3,000,000 and has the ability to scale-back and reduce non-essential support services.

NOTE 20 - NET ASSETS ADJUSTMENT

The Organization has restated its previously issued financial statements for June 30, 2020. Based on information developed as a result of the current period's inquiry into the accounting for certain accounts, management has determined that a restatement of the June 30, 2020 financial statements is appropriate to correct accounting errors in the prior years. The changes were a result of (1) incorrect recognition of contributions revenue from donors and (2) incorrect recognition of investments and related activity.

<u>June 30, 2020</u>	<u>As Previously Stated</u>	<u>As Restated</u>	<u>Effect on Without Donor Restrictions Net Assets</u>	<u>Effect on With Donor Restrictions Net Assets</u>
Cash	\$ 953,627	\$ 959,532	\$ 5,905	--
Marketable Securities	--	176,079	<u>176,079</u>	<u> --</u>
Net Adjustment from Restatement			181,984	--
Net Assets, as Previously Stated			<u>3,094,268</u>	<u>1,720,610</u>
Net Assets, as Restated			<u>\$ 3,276,252</u>	<u>\$ 1,720,610</u>

The opening balance net asset adjustment prior to June 30, 2020 totaled \$142,757.

Case 1:23-cv-08906 Document 1-3 Filed 10/10/23 Page 71 of 77
**ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC AND AFFILIATE**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

NOTE 21 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through April 18, 2022, which is the date the consolidated financial statements were available to be issued and determined no adjustments to the financial statements or additional disclosures are necessary.

**ANIMAL CARE AND CONTROL
OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC
AND AFFILIATE
SUPPLEMENARTY SCHEDULES
YEARS ENDED JUNE 30, 2021AND 2020**



12 West 32nd Street, 10th Floor
New York, NY 10001
(212) 563-2525
Fax: 212 563-3549
www.randmcpa.com

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

Animal Care and Control of New York City, Inc.
DBA Animal Care Centers of NYC
New York, New York

We have audited the consolidated financial statements of Animal Care and Control of New York City, Inc., DBA Animal Care Centers of NYC and Affiliate, (the "Organization") as of and for the year ended June 30, 2021, and have issued our report thereon dated April 18, 2022 which expressed an unmodified opinion on those consolidated financial statements. Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statement of financial position and consolidating statement of activities are presented for the purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Rosenberg + Manente PLLC

Rosenberg and Manente, PLLC
Certified Public Accountants
New York, NY

April 18, 2022

ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC
SCHEDULE I: CONSOLIDATING STATEMENT OF FINANCIAL POSITION
AT JUNE 30, 2021

	ANIMAL CARE & CONTROL OF NEW YORK CITY, INC.	1906 FLUSHING AVE LLC	ELIMINATIONS	TOTAL
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents	\$ 1,520,025	\$ 853	\$ -	\$ 1,520,878
Restricted - Cash and Cash Equivalents	-	41,588,194	-	41,588,194
Marketable Securities	267,884	-	-	267,884
Accounts Receivable - The City of New York	3,467,642	-	-	3,467,642
Unconditional Promises to Give	5,378	-	-	5,378
Prepaid Expenses	231,714	-	-	231,714
Other Accounts Receivable	76,904	1,476	(7,862)	70,518
TOTAL CURRENT ASSETS	5,569,547	41,590,523	(7,862)	47,152,208
FIXED ASSETS				
Property and Equipment, Net	406,586	13,026,750	-	13,433,336
TOTAL FIXED ASSETS	406,586	13,026,750	-	13,433,336
OTHER ASSETS				
Construction in Progress	-	23,172,758	-	23,172,758
Loan Acquisition Costs, Net	-	2,927,045	-	2,927,045
Investment in Subsidiary	805,251	-	(805,251)	-
Deposits on Leased and Other Property	78,758	-	-	78,758
TOTAL OTHER ASSETS	884,009	26,099,803	(805,251)	26,178,561
TOTAL ASSETS	\$ 6,860,142	\$ 80,717,076	\$ (813,113)	\$ 86,764,105
LIABILITIES, NET ASSETS AND MEMBER'S EQUITY				
CURRENT LIABILITIES				
Accounts Payable	\$ 111,100	\$ -	\$ -	\$ 111,100
Accrued Expenses	53,220	3,385,411	(7,862)	3,430,769
Credit Cards	119,272	-	-	119,272
Accounts Payable - The City of New York	44,832	-	-	44,832
Salaries, Payroll Taxes and Benefits Payable	840,271	-	-	840,271
Vacation and Sick Time Accrual	362,411	-	-	362,411
Interest Payable	-	138,438	-	138,438
Deferred Rent Payable	126,181	-	-	126,181
Customer Deposits Payable	5,680	-	-	5,680
TOTAL CURRENT LIABILITIES	1,662,967	3,523,849	(7,862)	5,178,954
LONG-TERM LIABILITIES				
Mortgage Payable	-	75,000,000	-	75,000,000
TOTAL LONG-TERM LIABILITIES	-	75,000,000	-	75,000,000
TOTAL LIABILITIES	1,662,967	78,523,849	(7,862)	80,178,954
NET ASSETS AND MEMBER'S EQUITY				
Without Donor Restrictions	3,258,134	-	-	3,258,134
With Donor Restrictions	1,939,041	-	-	1,939,041
Member's Equity	-	2,193,227	(805,251)	1,387,976
TOTAL NET ASSETS AND MEMBER'S EQUITY	5,197,175	2,193,227	(805,251)	6,585,151
TOTAL LIABILITIES, NET ASSETS AND MEMBER'S EQUITY	\$ 6,860,142	\$ 80,717,076	\$ (813,113)	\$ 86,764,105

See Accompanying Notes to Consolidated Financial Statements

**ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC
SCHEDULE II: CONSOLIDATING STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2021**

	ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.	1906 FLUSHING AVE LLC	ELIMINATIONS	TOTAL
REVENUES, GAINS, AND OTHER SUPPORT				
Support from Operations:				
Revenue - The City of New York	\$ 15,921,423	\$ -	\$ -	\$ 15,921,423
Shelter Revenue	429,155	-	-	429,155
Contributions	2,638,354	-	-	2,638,354
In-Kind Contributions	85,025	-	-	85,025
Benefit Plan Contributions	1,433,160	-	-	1,433,160
Donated Use of Facilities	1,177,834	-	-	1,177,834
Benefits and Special Events	239,790	-	-	239,790
Other Miscellaneous Income	143,498	29,993	-	173,491
Interest Income	-	681,849	-	681,849
Investment Income/(Loss)	6,326	-	-	6,326
Unrealized Gain/(Loss)	90,424	-	-	90,424
TOTAL REVENUES, GAINS, AND OTHER SUPPORT	22,164,989	711,842	-	22,876,831
EXPENSES				
Salaries	11,298,110	-	-	11,298,110
Payroll Taxes and Fringe Benefits	4,040,482	-	-	4,040,482
Vehicle Expenses	145,562	-	-	145,562
Communications	65,395	-	-	65,395
Depreciation	191,512	-	-	191,512
Facility Expenses	197,909	-	-	197,909
Human Resource	44,486	-	-	44,486
Insurance	553,997	-	-	553,997
Interest and Bank Charges	41,923	6,783	-	48,706
Supplies and Services, Medical	1,407,161	-	-	1,407,161
Occupancy	1,718,844	-	-	1,718,844
Other Expenses	17,783	79	-	17,862
Professional Fees	609,844	35,000	-	644,844
Special Events	23,350	-	-	23,350
Supplies and Services, Operations	328,629	-	-	328,629
Telecommunications	146,511	-	-	146,511
Technology and Equipment	240,079	-	-	240,079
First Alert Stipends	175,103	-	-	175,103
TOTAL EXPENSES	21,246,680	41,862	-	21,288,542
CHANGE IN NET ASSETS	918,309	669,980	-	1,588,289
NET ASSETS AND MEMBER'S EQUITY,				
BEGINNING OF YEAR	4,096,882	1,523,247	(805,251)	4,814,878
Prior Year Net Asset Adjustment	181,984	-	-	181,984
ADJUSTED NET ASSETS AND MEMBER'S EQUITY,				
BEGINNING OF YEAR	4,278,866	1,523,247	(805,251)	4,996,862
NET ASSETS AND MEMBER'S EQUITY, END OF YEAR	\$ 5,197,175	\$ 2,193,227	\$ (805,251)	\$ 6,585,151

See Accompanying Notes to Consolidated Financial Statements

ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC
SCHEDULE III: CONSOLIDATING STATEMENT OF FINANCIAL POSITION
AT JUNE 30, 2020

	ANIMAL CARE & CONTROL OF NEW YORK CITY, INC.	1906 FLUSHING AVE LLC	ELIMINATIONS	TOTAL
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents	\$ 959,287	\$ 245	\$ -	\$ 959,532
Restricted - Cash and Cash Equivalents	-	50,593,401	-	50,593,401
Marketable Securities	176,079	-	-	176,079
Accounts Receivable - The City of New York	3,672,147	-	-	3,672,147
Unconditional Promises to Give	1,245	-	-	1,245
Grants Receivable	108,639	-	-	108,639
Prepaid Expenses	168,919	-	-	168,919
Other Accounts Receivable	32,652	-	-	32,652
TOTAL CURRENT ASSETS	5,118,968	50,593,646	-	55,712,614
FIXED ASSETS				
Property and Equipment, Net	569,652	13,026,750	-	13,596,402
TOTAL FIXED ASSETS	569,652	13,026,750	-	13,596,402
OTHER ASSETS				
Construction in Progress	-	11,565,673	-	11,565,673
Loan Acquisition Costs, Net	-	2,927,045	-	2,927,045
Investment in Subsidiary	805,251	-	(805,251)	-
Deposits on Leased and Other Property	79,775	-	-	79,775
TOTAL OTHER ASSETS	885,026	14,492,718	(805,251)	14,572,493
TOTAL ASSETS	\$ 6,573,646	\$ 78,113,114	\$ (805,251)	\$ 83,881,509
LIABILITIES, NET ASSETS AND MEMBER'S EQUITY				
CURRENT LIABILITIES				
Accounts Payable	\$ 164,203	\$ -	\$ -	\$ 164,203
Accrued Expenses	123,328	1,451,429	-	1,574,757
Credit Cards Payable	55,039	-	-	55,039
Accounts Payable - The City of New York	44,622	-	-	44,622
Salaries, Payroll Taxes and Benefits Payable	625,523	-	-	625,523
Vacation and Sick Time Accrual	206,331	-	-	206,331
Interest Payable	-	138,438	-	138,438
Deferred Rent Payable	56,301	-	-	56,301
Line of Credit	976,014	-	-	976,014
Customer Deposits Payable	43,174	-	-	43,174
Other Liabilities	245	-	-	245
TOTAL CURRENT LIABILITIES	2,294,780	1,589,867	-	3,884,647
LONG-TERM LIABILITIES				
Mortgage Payable	-	75,000,000	-	75,000,000
TOTAL LONG-TERM LIABILITIES	-	75,000,000	-	75,000,000
TOTAL LIABILITIES	2,294,780	76,589,867	-	78,884,647
NET ASSETS AND MEMBER'S EQUITY				
Without Donor Restrictions	2,558,256	-	-	2,558,256
With Donor Restrictions	1,720,610	-	-	1,720,610
Member's Equity	-	1,523,247	(805,251)	717,996
TOTAL NET ASSETS AND MEMBER'S EQUITY	4,278,866	1,523,247	(805,251)	4,996,862
TOTAL LIABILITIES, NET ASSETS AND MEMBER'S EQUITY	\$ 6,573,646	\$ 78,113,114	\$ (805,251)	\$ 83,881,509

See Accompanying Notes to Consolidated Financial Statements

**ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.
DBA ANIMAL CARE CENTERS OF NYC
SCHEDULE IV: CONSOLIDATING STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2020**

	ANIMAL CARE AND CONTROL OF NEW YORK CITY, INC.	1906 FLUSHING AVE LLC	ELIMINATIONS	TOTAL
REVENUES, GAINS, AND OTHER SUPPORT				
Support from Operations:				
Revenue - The City of New York	\$ 18,400,953	\$ -	\$ -	\$ 18,400,953
Shelter Revenue	725,865	-	-	725,865
Contributions	3,140,786	-	-	3,140,786
In-Kind Contributions	115,341	-	-	115,341
Benefit Plan Contributions	1,316,080	-	-	1,316,080
Donated Use of Facilities	1,139,105	-	-	1,139,105
Benefits and Special Events	450,679	-	-	450,679
Other Miscellaneous Income	77,950	-	-	77,950
Investment Income	259	806,123	-	806,382
Investment Income/(Loss)	4,536	-	-	4,536
Unrealized Gain/(Loss)	(6,646)	-	-	(6,646)
TOTAL REVENUES, GAINS, AND OTHER SUPPORT	25,364,908	806,123	-	26,171,031
EXPENSES				
Salaries	12,749,444	-	-	12,749,444
Payroll Taxes and Fringe Benefits	4,118,291	-	-	4,118,291
Vehicle Expenses	299,311	-	-	299,311
Communications	158,503	-	-	158,503
Depreciation	167,528	-	-	167,528
Facility Expenses	317,355	-	-	317,355
Human Resource	54,058	-	-	54,058
Insurance	516,256	-	-	516,256
Interest and Bank Charges	70,994	23,605	-	94,599
Supplies and Services, Medical	1,725,969	-	-	1,725,969
Occupancy	1,700,212	72,549	-	1,772,761
Other Expenses	66,339	-	-	66,339
Professional Fees	514,720	-	-	514,720
Special Events	115,129	-	-	115,129
Supplies and Services, Operations	636,594	-	-	636,594
Telecommunications	157,783	-	-	157,783
Technology and Equipment	348,518	-	-	348,518
First Alert Stipends	184,838	-	-	184,838
Discount and Subsidized	69,269	-	-	69,269
Bad Debt	2,998	-	-	2,998
TOTAL EXPENSES	23,974,109	96,154	-	24,070,263
CHANGE IN NET ASSETS	1,390,799	709,969	-	2,100,768
NET ASSETS AND MEMBER'S EQUITY, BEGINNING OF YEAR	2,888,067	813,278	(805,251)	2,896,094
NET ASSETS AND MEMBER'S EQUITY, END OF YEAR	\$ 4,278,866	\$ 1,523,247	\$ (805,251)	\$ 4,996,862

See Accompanying Notes to Consolidated Financial Statements