EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

4 F	or the	2016 calendar year, or tax year beginning and	ending				
3 Ct	neck if	C Name of organization	B.T.	D Employer identific	cation number		
ap		THE NEW YORK SOCIETY FOR THE TREVENTION	N				
	Addres change	OF CRUELTY TO CHILDREN		12.1	624134		
	Name change	Doing business as					
	Initial return	NUMBER AND STORE (OF 1:0: BOX II Main to Not delivered to extend and	Room/suite	E Telephone number			
	Final return/	TOT WIRBIIM BIREET	9ТН	212 233-5500 G Gross receipts 10,218,875.			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code					
<u></u>	Amend	IVEW TORK, IVI TOOSO		H(a) Is this a group re	? Yes X No		
	Applica tion pending			H(b) Are all subordinates in			
91 578	The Section	SAME AS C ABOVE	or 527		list. (see instructions)		
<u>I</u> T	ax-oxe	mpt states. [22] se nent and	01 321	H(c) Group exemptio			
J N	/ebsit	e: WWW.NYSPCC.ORG	1 Year		A State of legal domicile; NY		
		organization; X Corporation Trust Association Other ► Summary	Lioui	Or Harmation, 20 - Of h	T Child Ci Todan		
Pa	1:1:11	Briefly describe the organization's mission or most significant activities:	ENTION	OF CRUELTY	TO		
<u>, 8</u>		CHILDREN					
Governance		Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
Jerr				3	17		
છી	4	Number of independent voting members of the governing body (Part VI, line 1b)		CONTRACTOR	17		
		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			46		
ties		Total number of volunteers (estimate if necessary)			0_		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.		
Revenue			_	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)	*****	1,524,163.	1,648,922.		
		Program service revenue (Part VIII, line 2g)		225,027.	365,536.		
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,086,158.	316,677.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2,331,135.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,835,348.	2,331,133.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		2,222,875.	2,435,301.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 463,7	25.				
Ϋ́				1,070,315.	1,105,916.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,293,190.			
		Revenue less expenses. Subtract line 18 from line 12		-457,842.	-1,210,082.		
	19	nevertible 1656 experience, oderrate line 19 from 1870 12	Ве	eginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		23,429,582.	23,212,278.		
ASS	21	Total liabilities (Part X, line 26)		1,641,652.	2,261,193.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		21,787,930.	20,951,085.		
Pa	art II	Signature Block					
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	7		
		Marlo K. Flank			<i>†</i>		
Sig	n	Signature of officer		Date			
Her	e	DAVID R. STACK, PRESIDENT					
		Type or print name and title		Date Check	PTIN		
_		Print/Type preparer's name Preparer's signature		. Lasten II			
Paid			€	Firm's EIN	13-2688836		
	Darer	Firm's name ROGOFF & COMPANY, P.C. Firm's address 355 LEXINGTON AVENUE, 6TH FLOOR		FILLS CIN	1000000		
use	Only	NEW YORK, NY 10017-6603		Phone no 21	.2-557-5666		
h A	, the f	3S discuss this return with the preparer shown above? (see instructions)		17 110/10/10:20	X Yes No		
(VICI)	v tries li	TO MIGRADO IL 110 TOTALLI WILLIAM DE PROPERTO CITOTAL MASSES TO TOTAL STATE OF THE PROPERTOR OF THE PROPERTO					

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FOUNDED IN 1875, THE NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO
	CHILDREN (NYSPCC) IS THE FIRST CHILD PROTECTIVE AGENCY IN THE WORLD.
	THROUGHOUT ITS 140-YEAR HISTORY, THE NYSPCC HAS SOUGHT, THROUGH THE
	DEVELOPMENT OF NEW AND INNOVATIVE PROGRAMS, TO MEET THE URGENT NEEDS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 773,584. including grants of \$) (Revenue \$] TRAUMA RECOVERY - FOCUSES ON THE MENTAL HEALTH CARE NEEDS BY PROVIDING TRAUMA COUNSELING TO CHILDREN AND FAMILIES
	TROTA COMBINE TO SITEMAN THE TAIL
	(Country) (Expanses \$ 746.046 • including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ 746,046. Including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$
	TRAINING INSTITUTE - PROVIDES TRAINING TO CHILD-WELFARE PROFESSIONALS, PARENTS, AND CHILDREN.
	9
4d	Other program services (Describe in Schedule O.) A 9.0 5.3.6 (Bevenue S. 7.25.)
_	(Expenses \$ 430,330 including grants of \$
_4e	Total program service expenses ► 2,548,039.

Form 990 (2016) OF CRUELTY T
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			ESC
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_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 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 167 If "Yes," complete Schedule D, Part IX	11d	X	_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		7.7	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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			٦,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا ۔ ا		v
	or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17	-	_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ـ ا		v
-	complete Schedule G. Part III	19	990	X
		Form	990	(2016)

Part IV | Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 2? |f "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 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 X 24a Schedule K. If "No", go to line 25a 24b 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 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? /f "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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 Form 990 (2016)

Yes No No No No No No No N	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				П				
b Enter the number of Forms W.2G included in line 1s. Enter 0- if not applicable 1b 0 Did the organization comply with backing rules for reportable payments to vendors and reportable gaming (gamibing) withings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendary year ending with or within the year covered by this return 2 46 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, if the sum of lines 1 and 15d, you may be required to e-file cell enstructions) 3b 3 At any time during the calendar year, did the organization file all required federal employment tax returns? 3b X At any time during the calendar year, did the organization for some an expensation in Schedule O 3b X 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 accounts (FBAR) X If "Yes," enter the name of the foreign country be a seen structions for filing requirements for FioCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X If "Yes," enter the name of the foreign country be a prohibited tax shelter transaction at any time during the tax year? Sa X B Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Se B D D D D D D D D D D D D D D D D D D					Yes	No				
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize winners? 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 If at least one is reported on line 28, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bid the organization have unreated business gross income of \$10,000 or more during the year? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bid the organization have unreated business gross income of \$10,000 or more during the year? 3a X If Yes, * the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If Yes, * did using the calendary earl, 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 If Yes, * did the organization file Form \$14. Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, * do the organization file Form \$886817? 5c If Yes, * do the organization have organization file Form \$886817? 5c If Yes, * do the organization have unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If Yes, * do the organization necessor \$75 made party as a contribution and barty for goods and services provided to the payor? 5c If Yes, * do the organization necessor \$75 made party as a contribution and barty for goods and services provided to the payor? 5d If Yes, * do the organization have	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3							
Garanbling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return Note, if the sum of lines 1 and 22 is greater than 250, you may be required to e-night gee instructions? Note, if the sum of lines 1 and 22 is greater than 250, you may be required to e-nigh gee instructions? Note, if the sum of lines 1 and 22 is greater than 250, you may be required to e-nigh gee instructions? Note, if the sum of lines 1 and 25 is greater than 250, you may be required to e-nigh gee instructions? Note, if the sum of lines 1 and 250 is greater than 250, you may be required to e-nigh gee instructions? Note 1 free 1 field a form 950 Tof this year? "I "have, 1 file not your dear explanation in Schedule 0 Note 1 free 1 files a form 950 Tof this year? "I "have, 1 file not your dear explanation in Schedule 0 Note 1 free 1 files 1 files 2 fi			19	1000	107.31					
28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 19 If at least one is reported on line 28, did the organization file all required federal employment tax returns? 20 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 31 Did the organization have unrelated business gross income of \$1.000 or more during the year? 32 A 18 If Yes, * has it filed a form 990-T for this year? If Y-No, * to line 3b, provide an explanation in Schedule O 33 A 14 A tany time during the calendar year, did the organization have an explanation in Schedule O 34 A tany 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 accountly? 35 Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 36 If Yes, * enter the name of the foreign country (such as a bank account, securities account, or other financial account); file and the properties of the propertie	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming	192	LE COM	11111				
field for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) A did the organization have unrelated business gross income of \$1,000 or more during the year? A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (a the a so bank account, securities account, or other financial account?) 4a A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (but has a bank account, securities account, or other financial account?) 4a X bit If Yes, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid. 6c Was the very solid the organization that it was or is a party to a prohibited tax shelter transaction? 6c Was the Yes, of the organization include with every solicitation an express statement that such contributions or gitts were not tax deductibles a charitable contributions? 6c Was the organization shall we way solicitation an express statement that such contributions or gitts were not tax deductibles as charitable contributions and the organization shall we way solicitation and express statement that such contributions or gitts were not tax deductibles as charitable contribution and early for goods and services provided? 6c Was if Yes, did the organization notify the donor of the value of the goods or services provided? 6d Was if Yes, and the organization orbity the donor of the value of the goods or services provided? 6d Was if Y			pap	1c						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		136	7 100	TE:				
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? 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) over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) over, a financial account in factor in the foreign country. ▶ 5a Was the organization or by the organization that it was or is a party to a prohibited tax shefter transaction? 5b X b X or if 'ves', it one Sar of Shi, did the organization that it was or is a party to a prohibited tax shefter transaction? 5b X b X or if 'ves', it old 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 a charitable contributions? 6a X if 'ves', id did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b If 'ves', id the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 7c If If we organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If 'ves', idle the organization notify the donor of the value of the popods or services provided to the payor? 7d If 'ves' of the organization notify the donor of the value of the popods or services provided to th					1950	350				
38	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X					
b If "Yes," has it filed a Form 990-T for this year? f"No," to line 3b, provide an explanation in Schedule 0 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)? 4b If "Yes," enter the name of the foreign country: ▶ 5e instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Uses the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Dest 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 6b X 6c If "Yes," id 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). 8 Did the organization receive a payment in exass of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 Did the organization notify the donor of the value of the goods or sentices provided? 9 Did the organization notify the donor of the value of the goods or sentices provided? 9 Did the organization notify the donor of the value of the goods or sentices provided? 9 Did the organization received a contribution of oras, boats, airplanes, or other velocies, did the organization notified? 9 Did the organization received a contribution of acres, boats, airplanes, or other velocies, did the organization for Form \$890 as required? 9 Did the organization received an contribution of acres, boats, airplanes, or other velocies, did the organization the Form \$890 as required? 9 Did the organization received an contributi			3)	20		193				
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 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 13b 13b 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	•		9a						
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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.) 12 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 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 13b 13c 14a X 14b 15 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a		No.					
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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 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 13b 13b 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against		75.		338				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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 13c 14a X b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b				S AG	18551	Jan XIII				
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 13c 14a X b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b				12a	173 miles	Carl Work Co				
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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 13c 14a X b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b	13			51.41	WINE S					
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 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а			13a	III II ON ON	1000				
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b		DOMESTICAL CO. N. S. 1990 S. S. A.		4	100-41					
b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			***************************************	140		X				
Form 990 (2016)										
	b	ii res, has it lied a rorm 720 to report these payments? If "No," provide an explanation in Schedule			990	(2016)				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Λ
Sec	tion A. Governing Body and Management		_	trans.
	f = T		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1000	1657	
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	Die.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	0.75	SVIII	
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	- 0		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		I.,	
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1	MEN.	N. Gara
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	
	II I		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	_	_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?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	50		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	_
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	No.		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1950	CHI	6175
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Ufen.	H32.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	Billy	27
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Section.	III E	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	dear	Marie B	1 1
	exempt status with respect to such arrangements?	16b		-
Sec	tion C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filed ▶NY		_	-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	al	
	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:			
	THE SOCIETY - (212)233-5500			
	161 WILLIAM STREET, NEW YORK, NY 10038	_	000	(0010)
633006	11.11.16	⊦orm	990	(2016)

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Form 990 (2016) 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

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

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

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

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	ition	than c	ne.	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of	
	week	_	cer an	Q A Q	recto	rrusi	99)	from	from related organizations	other compensation
	(list any	ndividual trustee or director						the organization	(W-2/1099-MISC)	from the
	hours for related	e or d	lee			sated		(W-2/1099-MISC)	(** 2, 100000,	organization
	organizations	ruste	nstitutional trustee		yee	шрег		(** = / / ******************************		and related
	below	dual	utions	<u>_</u>	Key employee	est co dyee	e.			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) DAVID R STACK	3.00								_	
PRESIDENT		X		X				0.	0.	0.
(2) ELIZABETH MAYHEW	1.00									_
V. PRESIDENT		X	_	X	_			0.	0.	0.
(3) TATIANA G P PERKIN	1.00									_
DIRECTOR		X			_	_		0.	0.	0.
(4) KARL WELLNER	1.00							0	0.	0.
V. PRESIDENT		Х		X		<u> </u>		0.	0.	0,
(5) FEDERICO MENNELLA	1.00							0	0.	0,
DIRECTOR		X		_		-	_	0.	0.	- 0
(6) NEIL FRIEDMAN	1.00							0	0.	0,
DIRECTOR		X			_	┢	_	0.	0.	0,
(7) LINCOLN E FRANK	2.00							_	0.	0,
TREASURER		Х	_	X	_	_	_	0.	0.	0,
(8) PETER W ESPY	1.00	ļ						0.	0.	0
DIRECTOR		X		<u> </u>	-		_	0.	0.	0
(9) FRANK SOMMERFILED	2.00	١		١				0.	0.	0
SECRETARY	1 00	X	-	X	\vdash	-	_	0.	0.	-
(10) MARK S. WEISS	1.00	١.,						0.	0.	0
DIRECTOR	1 00	X		-	⊢	-	_	0.	· ·	-
(11) JOAN GRANLUND	1.00	$ _{\mathbf{x}}$						0.	0.	0
DIRECTOR	1.00	╀≏	-	┢	\vdash	+-	\vdash	· .	•	
(12) VALESCA GUERRAND-HERMES	1.00	$ _{\mathbf{x}}$					1	0.	0.	0
DIRECTOR	1.00	┼≏	\vdash	\vdash	╁	+	\vdash	· ·	<u> </u>	
(13) HOLLY M KELLY	1.00	$ _{\mathbf{x}}$		1	1			0.	0.	0
DIRECTOR	1.00	╬	-	-	\vdash	1	1			
(14) ALEXANDRA PAPANICOLAOU	1.00	$ _{\mathbf{x}}$						0.	0.	0
DIRECTOR	1.00	1	\vdash	\vdash	1		\vdash			
(15) PENNY GRANT	1.00	$ _{\mathbf{x}}$						0.	0.	0
DIRECTOR CONTGLIG	1.00	121	\vdash	1	\vdash		\vdash			
(16) ROSARIO CONIGLIO	1.00	$ _{\mathbf{x}}$						0.	0.	0
DIRECTOR (17) MAARIT GLOCER	1.00	1-7		1	\top	1				
(I/) MARKIT GLOCER	1.00	$ _{\mathbf{x}}$		1	1			0.	0.	0

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than o		Reportable	Reportable				
	hours per week					s both or/trus		compensation	compensation from related	1		ount	of
	(list any	clor						the	organizations	,		oensa	tion
	hours for	ndividual trustee or director				ted		organization	(W-2/1099-MIS	C)		om th	
	related organizations	stee o	Iruste			pensa		(W-2/1099-MISC)			_	anizat	
	below	ual tru	lional		ploye	st com						l relat nizati	
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				o, gu		
(18) MARY PULIDO	40.00			Ť									
EXEC DIR				Х				178,711.		0.	19	0,0	89.
													
***			Щ										_
#			_		_		_			-			-
		-				_	-			-			
		_											
7													
						<u> </u>				_			
		-	\vdash	-	-	H		-		\dashv			
1b Sub-total					-		—	178,711.		0.	19	0,0	89.
c Total from continuation sheets to Part VII								0.		0.		•	0.
d Total (add lines 1b and 1c)								178,711.		0.	19	, 01	89.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable				
compensation from the organization			_										1
										r	t de la contraction de la cont	Yes	No
3 Did the organization list any former officer,										- 1	100	Name of	X
line 1a? If "Yes," complete Schedule J for st 4 For any individual listed on line 1a, is the su											3	CENT.	E E E
and related organizations greater than \$150										- 1	4	х	-
5 Did any person listed on line 1a receive or a												PI SI	15/19
rendered to the organization? If "Yes," com					-						5		Х
Section B. Independent Contractors			3004-4										
1 Complete this table for your five highest cor										∍nsati	ion fro	m	
the organization. Report compensation for t	he calendar ye	ar e	ndin	g wi	ith o	r wit	hin		ear.				
(A) Name and business	address							(B) Description of se	ervices	C	(C ompen		n
BEL AIR INVESTMENT ADVISO		1	99	9			+	INVESTMENT					
AVENUE OF THE STARS SUITE							- 1	MANAGEMENT			136	, 9:	39.
							7						
							4						
		_			_	_	-					-	
2 Total number of independent contractors (ir	cludina but no	t lin	nited	l to t	hos	e list	ted	above) who received mo	re than	Phone:		3 30	2160
\$100,000 of compensation from the organiz					1					22	1/2	100	
										ı	Form S	90 (2	2016)

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
2 2	1 a	Federated campaigns	1a					
ant		Membership dues						
جَ ۾	-	Fundraising events		702,503.				5 1 8 1 2 1 2
Its LA		Related organizations						
o ell		Government grants (contributi		118,427.				
Sir		All other contributions, gifts, grant	, I					
uţi,	•	similar amounts not included abov		827,992.				
記せ	a	Noncash contributions included in lines 1						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		▶	1,648,922.			
0.0		Total 7 to a miles Tariff Samuel		Business Code			THE WAY THE	
_	2 a	PROFESSIONAL EDUCATION	FEES	541900	364,811.	364,811.		
Şċ	2 u			511190	725.	725.		
Ser	_							
E N	c d							
gra Be	u	8						
Program Service Revenue	f	All other program service rever	nue					
-		Total. Add lines 2a-2f			365,536.		No.	SCALE CONTRACTOR
_	3	Investment income (including						
	Ū	other similar amounts)			322,313.			322,313.
	4	Income from investment of tax						
- 1	5	Royalties		2				
	Ŭ	Hoyanio	(i) Real	(ii) Personal		Company of the		
	6 a	Gross rents	, , , , , , , ,					
		Less: rental expenses						
	C					and the state of t		
		(attent) (>				
		Gross amount from sales of	(i) Securities	(ii) Other	on other the			
	, a	assets other than inventory	7,588,529					Barbara Barbara
	h	Less: cost or other basis						
	U	and sales expenses	7,594,165					
	_	Gain or (loss)						
		Net gain or (loss)			-5,636.			-5,636.
		Gross income from fundraising			STANING STANSON	ONE DELATIFE		
enne	o a	including \$ 702		1 1				
		contributions reported on line	1c) See	1 1				
Other Re		Part IV, line 18		293,575.				
je	h	Less: direct expenses		293,575.				
₹∣		: Net income or (loss) from fund		D	0.			
		Gross income from gaming ac				CONTRACTOR OF	S. Develop	10 mg 25 mg
	Ja	Part IV, line 19		,				
	h	Less: direct expenses						
		: Net income or (loss) from gam						
		Gross sales of inventory, less	_					
	.5 a	and allowances		.				
- II	h	Less: cost of goods sold						
- 9		: Net income or (loss) from sale:						
		Miscellaneous Revenue		Business Code				Y Syn I Tale
	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d					De la	THE THE PARTY
	12	Total revenue. See instructions.		The state of the s	2,331,135.	365,536.	0	316,677.

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All other	organizations must con	plete column (A).	
	Check if Schedule O contains a respons	se or note to any line in th	nis Part IX (B)	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	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,	197,800.	138,460.	19,780.	39,560.
	trustees, and key employees	137,000.	130,400.	137,000	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,618,991.	1,254,966.	154,644.	209,381.
7	Other salaries and wages Pension plan accruals and contributions (include	-,0-0,001.	_,,		
8	section 401(k) and 403(b) employer contributions)	247,457.	186,830.	26,671.	33,956.
_	Other employee benefits	242,717.	188,957.	19,652.	34,108.
9	Payroll taxes	128,336.	98,403.	12,348.	17,585.
10 11	Fees for services (non-employees):				
	Management				
	Legal	18,954.	14,433.	1,835.	2,686.
	Accounting	24,020.		24,020.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	136,939.		136,939.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	142,750.	90,459.	28,073.	24,218.
12	Advertising and promotion				
13	Office expenses	40,023.	29,035.	6,501.	4,487.
14	Information technology				
15	Royalties				
16	Occupancy	462,205.	351,620.	44,090.	66,495.
17	Travel	24,960.	20,394.	2,534.	2,032.
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		46 555	1 1 2 2	1 670
22	Depreciation, depletion, and amortization	13,567.	10,755.	1,133.	1,679. 4,220.
23	Insurance	29,705.	22,645.	2,840.	4,220.
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.) REPAIRS AND MAINTENANCE	55,017.	43,171.	4,965.	6,881.
a	MISCELLANEOUS	29,546.	11,886.	16,589.	1,071.
b	PRINTING	26,249.	19,832.	2,654.	3,763.
c C	SERVICE CONTRACTS	18,898.	13,368.	3,319.	2,211.
d		83,083.	52,825.	20,866.	9,392.
	All other expenses	3,541,217.	2,548,039.	529,453.	463,725.
25	Joint costs. Complete this line only if the organization			12.02	
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_	I remaining our construction				Form 990 (2016)

632010 11-11-16

Form **990** (2016)

Form 990 (2016)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 582. 582. 1 Cash - non-interest-bearing 1,199,927. 1,315,426. Savings and temporary cash investments 2 85,173. 97,067. 3 3 Pledges and grants receivable, net 89,490. 61,106. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 47,534. 54,542. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 911,213. basis. Complete Part VI of Schedule D 10a 291,319. 289,538. 621,675. b Less: accumulated depreciation 10b 10c 19,351,877. 19,290,618. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,209,416. 2,257,663. 15 Other assets. See Part IV, line 11 15 23,212,278. 23,429,582. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 118,787. 253,864. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 5,000. 1,800. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 2,002,329. 1,521,065. 2,261,193. 1,641,652. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 17,233,549. 17,997,166. 27 Unrestricted net assets 27 30,000. 55,000. 28 Temporarily restricted net assets 3,687,536. 3,735,764. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 20,951,085. 21,787,930. 33 Total net assets or fund balances 33 23,212,278. 23,429,582. 34 Total liabilities and net assets/fund balances

	t XI Reconciliation of Net Assets						
10.00	Check if Schedule O contains a response or note to any line in this Part XI		***********		X		
	Official in Constitute of Constitute of The Cons						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,33				
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,54				
3	Revenue less expenses. Subtract line 2 from line 1	3		1,210,082.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,78				
5	Net unrealized gains (losses) on investments	5	72	4,90	06.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-35	1,6	69.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		00.05		٥.		
	column (B))	10	20,95	1,0	85.		
Par	t XII Financial Statements and Reporting				127		
	Check if Schedule O contains a response or note to any line in this Part XII			V	No		
				Yes	INO		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1707		or HE		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				х		
2a	Word the organization of interioral ottatements of the		2a	=15000	_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	11/1/18				
	separate basis, consolidated basis, or both:			This is	A.S.		
	Separate basis Consolidated basis Both consolidated and separate basis		2b	х	Section.		
b	Were the organization's financial statements audited by an independent accountant?		20	A	FLES.		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	pasis,	75,41	4			
	consolidated basis, or both:		1000				
	X Separate basis Consolidated basis Both consolidated and separate basis	4:1	- Contract of the Contract of		STATE OF		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	auun,	20	х			
	review, or compilation of its financial statements and selection of an independent accountant?	dulo O		mint.	515		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	ale Audit		37.04	157.34		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		3a	Detro	х		
	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	red audit	<u>Ja</u>				
b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
_	or audits, explain why in Schedule O and describe any steps taken to directly such addits		Form	990	(2016)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE NEW YORK SOCIETY FOR THE PREVENTION

OF CRUELTY TO CHILDREN

Employer identification number 13-1624134

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of other (iv) is the organization listed (iil) Type of organization (v) Amount of monetary (ii) EIN (i) Name of supported your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions)) Total

13-1624134 Page 2 Schedule A (Form 990 or 990-EZ) 2016 OF CRUELTY TO CHILDREN 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.)

Sec	ction A. Public Support	41=							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1513153.	1713650.	1919214.	1524163.	1648923.	8319103.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge				1501160	4640000	0240402		
4	Total. Add lines 1 through 3	1513153.	1713650.	1919214.	1524163.	1648923.	8319103.		
5	The portion of total contributions								
	by each person (other than a	STATE OF THE PARTY							
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the			IV VILLEGATION					
	amount shown on line 11,	H. E. Sandalina					FF7 704		
	column (f)	121 10 10 10 10 10 10		The state of the state of	(EAUGS) promiss		557,704.		
	Public support. Subtract line 5 from line 4.		DESTRUCTION OF THE		STORE COURS	ROLL SHIP SHIP SHIP SHIP	7761399.		
-	ction B. Total Support				1,11,0045	1 1 0010	(f) Total		
	ndar year (or fiscal year beginning in)	(a) 2012 1513153.	(b) 2013 1713650.	(c) 2014 1919214.	(d) 2015 1524163.	(e) 2016 1648923.	(f) Total 8319103.		
7	Amounts from line 4	1513153.	1/13650.	1919214.	1324163.	1040923.	03131031		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	701 000	596,146.	666,960.	497,715.	322,313.	2864963.		
	and income from similar sources	781,829.	390,140.	000,300.	431,113.	322,313.	2004703:		
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								
4.4	assets (Explain in Part VI.) Total support, Add lines 7 through 10		TS a Mary	ALEXANDER AND	Zahola Gazalik	OF THE PROPERTY.	11184066.		
12	Gross receipts from related activities,	etc (see instruction	ne)				,168,395.		
13	First five years. If the Form 990 is for						·		
10	organization check this box and stor	n here	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				▶□		
Se	organization, check this box and storetion C. Computation of Public	c Support Per	centage	14.01.000.01.000.000.000					
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	69.40 %		
	Public support percentage from 2015					15	66.04 %		
	33 1/3% support test - 2016. If the					ore, check this bo	x and		
	stop here. The organization qualifies								
k	33 1/3% support test - 2015. If the								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	- 2016. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization				
Ł	10% -facts-and-circumstances test	- 2015. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the			
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b					
	Schedule A (Form 990 or 990-EZ) 2016								

Schedule A (Form 990 or 990-EZ) 2016 OF CRUELTY TO CHILDREN

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 be	elow, please comr	olete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	tuj zo iz	(6) 25.0	147	\X=/		
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose					ļ — — — — — — — — — — — — — — — — — — —	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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.)		MALANCHE STA			Part And Counting	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6			197454			
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	1					
assets (Explain in Part VI.)					-	
13 Total support. (Add lines 9, 10c, 11, and 12.)		f. d d. Abitu		L	n F01(a)(2) avaaniza	tion
14 First five years. If the Form 990 is for						Nacional III
check this box and stop here	a Cunnart Day			*********************		
Section C. Computation of Publi					45	04
15 Public support percentage for 2016 (li					15	<u>%</u>
16 Public support percentage from 2015	Schedule A, Part	III, line 15			16	70
Section D. Computation of Inves			10 1 (0)		149	0/
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the						
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2015. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	na
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	
32023 09-21-16		4 -		Sch	edule A (Form 990	or 990-EZ) 2016

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **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?
- 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? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b Зс 4a 4b 4c 5a 5_b 5c 6 7 8 9a 9b 9c 10a 10b

632024 09-21-16

Has the organization accepted a git or contribution from any of the following persons?		ddie A (Felin 936 di 936 EZ) 2010 - 0210 - 0210 - 0210 - 0210 - 0210 - 0210 - 0210 - 0210 - 0210 - 0210 - 0210	102413	4 12	ige 5
11 has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? below, the governing body of a supported organization? 1 A 30% controlled writh or a person described in (e) above? // "Yes" to a, b, or c, provide destal in Part VI. 1 Did the directors, mustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organizations have the power to regularly appoint or elect at least a majority of the organizations of majority and the controlled or regularization, describe in Part VI how the supported organizations or trustees were allocated among the supported organization, describe in Part VI how the supported organization of the supported organization, describe in Part VI how the supported organization of the tax year. 2 Did the organization operate for the benefit carried out the purposes of the supported organization or such organization or such supported organization or such organization or such organization or such supported organization or supported organization or such organization or supported organization	Par	t IV Supporting Organizations (continued)			
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b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			2a		
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1.30	
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activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					field to
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 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	2				
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	d		_3a		
	h		19.30	187	theth
	J		3b		

632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

\mathtt{THE}	NEW	YORK	SOCIETY	FOR	THE	PKEAENLIC).

	other Type III non-functionally integrated supporting organizations must co	omplete Sec	ctions A through E.	
Sect	ion 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		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	3 11 37 9		
	instructions for short tax year or assets held for part of year):	BORESTO.		图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	JE BUCK		
	factors (explain in detail in Part VI):			math frag to a first story
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 1-1/2% 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		6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	The tenning time in Rife	
2	Enter 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	10		
_	emergency temporary reduction (see instructions)	6		4

Schedule A (Form 990 or 990-EZ) 2016

	THE NEW TORK BOCTETT TOR THE TREVERTED	
Sche	dule A (Form 990 or 990-EZ) 2016 OF CRUELTY TO CHILDREN	13-1624134 Page 7
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue	d)
Sect	ion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	

8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:		CVStiques(stylp)	
a we were true to the car in the first of the angle of			THE RESERVE TO STREET
b The Control of the			
c From 2013			
d From 2014		NEW TOTAL STREET	
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount	AND MARKET PRINCES		THE RESIDENCE OF A SECOND
i Carryover from 2011 not applied (see instructions)			
j Remainder, Subtract lines 3g, 3h, and 3i from 3f.	10.00		
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			OF STATES
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a proceedings of the control of the		SHARE AND STREET	
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016	Carlotte Committee Committee		(Form 990 or 990-EZ) 20

Schedule A (Form 990 or 990-EZ) 2016

THE NEW YORK SOCIETY FOR THE PREVENTION

Schedule A From 580 or 900-27 2016 OF CRUELTY TO CHILDREN 13-1624134 Page 8 Part VI Supplemental Information. Provide the explanation required by Part II, line 10; Part III, line 12; Part IV, Section II, line 12, 29, 9, 64, 46, 58, 58, 95, 91, 11, 115, and 11c, Part IV, Section IB, lines 1 and 2; Part IV, Section II, line 12; Part IV, Section IV, Sec	cua-ve-secues ou v	THE NEW TORK BOCIETY TO CHILDREN	13-1624134	Page 8
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.	Schedule A	(Form 990 or 990-EZ) 2016 OF CRUELTY TO CHILDREN		T ugo u
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.	Part VI	Supplemental Information. Provide the explanations required by Part II, line IV, Part II, line IV Section B. lines 1:	and 2: Part IV. Section	C.
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.		Part IV, Section A, lines 1, 2, 30, 30, 40, 40, 5a, 6, 9a, 50, 11a, 11b, and 11c, 1 art V, cooled B, lines 1, Part IV, Section D, lines 2 and 3: Part IV, Section F, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V,	Section B, line 1e; Par	τV,
See instructions.)		Section D. lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	al information	
		(See instructions.)		

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Employer identification number 13-1624134

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
-		(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 advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		11.00
		3440	
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structur	[P3102]
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	▶	m C. I. I. i	in a second of wines the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶ \$	a patiety the requirements of section 170/h	SVAVRVi)
8			
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	on accoments in its revenue and expense	etatement and balance sheet and
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	doll's illiancial statements that describes to	no organization o doodanting to
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art,
ıa	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
h	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	,,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
		11111111111111111111111111111111111111	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
-	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		> \$
			C-L-dula D (Farm 000) 2016

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			The section of the	
b Buildings				2 416
c Leasehold improvements		440,302.	436,886.	3,416
d Equipment		219,205.	184,789.	34,416
e Other		251,706.		251,706
otal. Add lines 1a through 1e. (Column (d) must equa	L Cores DOO Dorf V colum		>	289,538

THE NEW YORK	SOCIETY F	OR THE PREVENTION	N
Schedule D (Form 990) 2016 OF CRUELTY T	O CHILDREN		13-1624134 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or		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	on: 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.)		White the second	SCALE AND STREET
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11c. See Form 990, Part X	, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	on: 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.	5 000 D 1 N	# 441.0 E 000 B-4.9	Ene dE
Complete if the organization answered "Yes" or	escription	line 11d. See Form 990, Part X	(b) Book value
	escription		5,528.
(1) ACCRUED INVESTMENT INCOME	CITIC CITIC		2,203,888.
(2) BENEFICIAL INTEREST IN TRUS	STS		2,203,000:
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			2,209,416.
Total. (Column (b) must equal Form 990, Part X. col. (B) line : Part X Other Liabilities.			* * * * * * * * * * * * * * * * * * *
Complete if the organization answered "Yes" or	n Form 990, Part IV,		Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PENSION BENEFITS		2,002,329.	
(3)		569	
(4)		16501	

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) ACCRUED PENSION BENEFITS 2,002,329.

(3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) > 2,002,329.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	THE NEW YORK SOCIETY FOR THE	PREV	ENTION		
Scho	dule D (Form 990) 2016 OF CRUELTY TO CHILDREN				L624134 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statement	s With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
_	Total revenue, gains, and other support per audited financial statements			1	3,212,677.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
2	Net unrealized gains (losses) on investments	2a	724,906.		
a	40AV 1575 S	2b			
b	Donated services and use of facilities	2c		286	
С	Recoveries of prior year grants	2d			
d	Other (Describe in Part XIII.)			2e	724,906.
е	Add lines 2a through 2d	***********		3	2,487,771.
3	Subtract line 2e from line 1		*********	120051	27-217
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	136,939.	A-50	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-293,575.		
b	Other (Describe in Part XIII.)	4b		0300034	-156,636.
С	Add lines 4a and 4b			4c	2,331,135.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	A AARAL	Francisco por F	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	its with	Expenses per r	returi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				2 (07 053
4	to 15 the seconds			1	3,697,853.

2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities ______ 2b Prior year adjustments 2c Other losses 293,575 2d Other (Describe in Part XIII.) 293,575. 2e Add lines 2a through 2d 3,404,278. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 136,939. a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) 136,939. 4c Add lines 4a and 4b 3,541,217. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 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 V, LINE 4:

THE SOCIETY UTILIZES ONLY A PORTION OF ITS ENDOWMENT INVESTMENT RETURN FOR SUPPORT OF CURRENT OPERATIONS. THE REMAINDER IS RETAINED TO SUPPORT OPERATIONS OF FUTURE YEARS AND TO OFFSET POTENTIAL MARKET DECLINES.

PART X, LINE 2:

THE SOCIETY RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE SOCIETY EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

632054 08-29-16

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

THE NEW YORK SOCIETY FOR THE PREVENTION

OF CRUELTY TO CHILDREN

Employer identification number

13-1624134

Pai	t I General Infor	mation on A	ctivities Out	side the United States. Comple	te if the organization answered "	Yes" on
	Form 990, Part IV					
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gran	nts and other assistance,	ī. 🗀 v.
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
					avente and other popietones out	aida tha
2	_	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance out	side trie
242	United States.		n neverageants	. L. d	andad \	
3			I, line 3 table ca	n be duplicated if additional space is no (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	(a) Region	(b) Number of offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	employees, agents, and independent contractors	gram services, investments, grants to	describe specific type	for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
CENT	RAL AMERICA AND		in the region			
	CARIBBEAN -					
	GUA & BARBUDA,					
	A, BAHAMAS,	0	0	INVESTMENT		2,913,354.
	· · · · · · · · · · · · · · · · · · ·					
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3 a	Sub-total	0	0	原色 医文别原性 经进门的代别		2,913,354.
	Total from continuation			1500 高级 高级 1500 1500 1500 1500 1500 1500 1500 150		
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	0	0			2,913,354.
LHA	For Paperwork Reduct	tion Act Notice,	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 2016

13-1624134

Schedule F (Form 990) 2016 OF CRUELTY TO CHILDREN 13–1624134

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	of recipient organization the grantee or counse	Enter total number of recipient organizations listed above that are rathe IRS, or for which the grantee or counsel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		
3 Enter total number of	Enter total number of other organizations of entitles	or entries		200000000000000000000000000000000000000			Sched	Schedule F (Form 990) 2016

Page 3

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OF CRUELTY TO CHILDREN

Schedule F (Form 990) 2016

Part III. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2016 OF CRUELTY TO CHILDREN Part IV Foreign Forms

	V .		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
_	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
	Trust With 2 0.0. Owner (accumist define for Forma doze and doze , 4 come and a come exp.		
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
ŭ	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
4	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
		Yes	X No
	(see Instructions for Form 8621)		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? /f "Yes,"		
•	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	X Yes	No
	Totalign Factorish po (200 modulosto 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes	X No

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part II, line 3, column (f) (accounting method); and Part III, column (c)
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
	(estimated number of recipients), as applicable. Also complete the participants
No.	
_	
·	
	000 201

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

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

THE NEW YORK SOCIETY FOR THE PREVENTION Employed the Company of the Company

Employer identification number

OMB No. 1545-0047

13-1624134 OF CRUELTY TO CHILDREN Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part i required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply-Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (v) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid (iv) Gross receipts (i) Name and address of individual (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) 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.

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

Schedule G (Form 990 or 990-EZ) 2016

THE NEW YORK SOCIETY FOR THE PREVENTION

Schedule G (Form 990 or 990-EZ) 2016 OF CRUELTY TO CHILDREN 13-1624134 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 13-1624134 Page 2

CHARLE		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL	SPRING		(add col. (a) through
			DINNER	LUNCHEON	2	col. (c))
an.			(event type)	(event type)	(total number)	
Revenue			504 000	202 526	101 140	006 079
Şeve	1	Gross receipts	591,200.	303,736.	101,142.	996,078.
_			446,189.	211,366.	44,948.	702,503.
	2	Less: Contributions	440,109.	211,300.	44,540.	702,3031
	3	Gross income (line 1 minus line 2)	145,011.	92,370.	56,194.	293,575.
	4	Cash prizes				
		Managed				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
xpe	٦	Tiend tability doors				
S	7	Food and beverages	58,604.	47,463.	19,835.	125,902.
)ire						
_	8	Entertainment				
	9	Other direct expenses	86,407.	44,906.	36,360.	167,673.
	10	,				293,575.
-		Net income summary. Subtract line 10 from li	ine 3, column (d)	000 D-1 N/ E 10		0.
PE	ırt I	1	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more trian	
_	_	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ē			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				, ,		
Be		Gross revenue				
	<u> </u>	Gross revenue				
	2	Cash prizes				
Ses		19 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
g	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
П	l					
_	5	Other direct expenses	Ves %	Yes %	Yes %	
	_	Volunteer labor	No Yes	No Yes	No No	
	١٥	volunteer labor	I NO	I NO		
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)	74, 522	bas >	
	'	Direct expense dammary, rich inice a inice g	(,,			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
á	ılsi	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
k	lf "	'No," explain:				
	_					
		Cities and the state of the sta	avalend augreended as to	rminated during the tay o	par?	Yes No
		ere any of the organization's gaming licenses re			our I mannihilliminim	
K	וו ('Yes," explain:				
	_					
_	_				Sahadula G (Es	rm 990 or 990-EZ) 2016
6320	82 00	9-12-16			ocneaule G (FO	111 330 OF 330-EZ) ZV 10

THE NEW YORK SOCIETY FOR THE PREVENTION

Sch	edule G (Form 990 or 990-EZ) 2016 OF CRUELTY TO CHILDREN	<u>13-16</u>	24134	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
12	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:	1	13a	%
	The organization's facility		13b	%
b	An outside facility		13D	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3 :		
	Name			
15a	Address Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and a			
	Name			
16	Address Gaming manager information:			
10	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
L.				
Pa	organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	art III, line	es 9, 9b, 10	b, 15b,
=				
6220	IR3 OR-12-16 Schedule	G (Form	990 or 990)-EZ) 2016

632083 09-12-16

THE NEW YORK SOCIETY FOR THE PREVENTION 13-1624134 Page 4 Schedule G (Form 990 or 990-EZ) OF CRUELTY Part IV Supplemental Information (continued) OF CRUELTY TO CHILDREN

SCHEDULE J (Form 990)

Compensation Information

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 THE NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Employer identification number 13-1624134

Pa	rt I Questions Regarding Compensation			11.
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	10.11		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	11/5		Legy.
	First-class or charter travel Housing allowance or residence for personal use		tundi	
	Travel for companions Payments for business use of personal residence	6.	14.7	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	150		TE
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	Des.	26.34	P.VI
		1143	10 ST234	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	12:36	heid	(H/2)
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Lugar	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	-	37	The state of the
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
		51107		1895
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	10 6	10.89	DE N
	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.		954	To the
	Compensation committee Written employment contract	485		100
	Independent compensation consultant Compensation survey or study	100		
	Form 990 of other organizations X Approval by the board or compensation committee	7.7		100
			TALL.	
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:	1,000		1000
а	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	a vivial to the second 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.	1000	18 7	
	The first to daily of more than your many			310
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1000	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		and a	Yahan.
•	contingent on the revenues of:		5.00	100
9	The organization?	5a		X
b	25 12 10 12 10 12 10 10 10 10 10 10 10 10 10 10 10 10 10	5b		X
D	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			1
0	contingent on the net earnings of:			192
	The organization?	6a		X
a h	Any related organization?	6b		X
a	If "Yes" on line 6a or 6b, describe in Part III.			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1000	15001	1 13
1	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
0	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		418	
8	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	100	814	1 199
9	II 169 OITHING O, GIG THE OTGANIZATION AND TONOTH THE TONOTHER PROPERTY IN THE TONOTHER PROPERTY		1	

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

Schedule J (Form 990) 2016

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2016

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

13-1624134

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 VIII.

Note: The sum of columns (B)(the finition of finition of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(g)(a)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2016

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THE NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Page 3

13-1624134

Schedule J (Form 990) 2016

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. Part III Supplemental Information

									Schedule J (Form 990) 2016

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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

THE NEW YORK SOCIETY FOR THE PREVENTION Employee OF CRUELTY TO CHILDREN

Employer identification number 13-1624134

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF NEW YORK CITY'S MOST VULNERABLE CHILDREN. IT IS WITH THIS SAME
SPIRIT OF INNOVATION, CONCERN AND COMPASSION THAT THE NYSPCC RESPONDS
TO THE COMPLEX NEEDS OF ABUSED AND NEGLECTED CHILDREN, AND THOSE
INVOLVED IN THEIR CARE, BY PROVIDING BEST PRACTICE COUNSELING, LEGAL
AND EDUCATIONAL SERVICES.
THROUGH RESEARCH, COMMUNICATIONS AND TRAINING INITIATIVES, WE WORK TO
EXPAND THESE PROGRAMS TO PREVENT ABUSE AND HELP MORE CHILDREN HEAL.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ARCHIVES AND HANDBOOK - THE SOCIETY HOLDS THE ARCHIVES DOCUMENTING THE
EARLY HISTORY OF THE CHILD PROTECTIVE MOVEMENT IN THE UNITED STATES.
EXPENSES \$ 112,382. INCLUDING GRANTS OF \$ 0. REVENUE \$ 725.
RESEARCH AND EVALUATION - BUILDING THE EVIDENCE BASE FOR EFFECTIVE
APPROACHES TO PREVENTING AND TREATING CHILD ABUSE AND NEGLECT.
EXPENSES \$ 378,154. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:
ALL MEMBERS HAVE THE RIGHT TO PARTICIPATE IN ELECTING THE BOARD OF
DIRECTORS, THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7A:
ALL MEMBERS HAVE THE RIGHT TO PARTICIPATE IN ELECTING THE BOARD OF
DIRECTORS, THE GOVERNING BODY. HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Employer identification number 13-1624134

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

A COPY OF THE FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE BOARD OF

DIRECTORS FOR REVIEW AND COMMENT IN ADVANCE OF FILING. THE EXECUTIVE

DIRECTOR AND THE SOCIETY'S INDEPENDENT AUDITORS, WHO PREPARE THE FORM 990,

REVIEW THE COMMENTS AND AMEND THE FORM 990 WHERE APPLICABLE.

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

CONFLICT OF INTEREST POLICY COVERS ALL OFFICERS, DIRECTORS AND EMPLOYEES.

THE BOARD APPROVED REQUIRING ALL OFFICERS, DIRECTORS AND EMPLOYEES TO

ANNUALLY FILL OUT A CONFLICT OF INTEREST DISCLOSURE FORM, WHICH WILL ASK

ABOUT INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE SOCIETY USE THE

INFORMATION ON THE DISCLOSURE FORMS TO MONITOR FOR POTENTIAL CONFLICTS.

CONFLICTS INVOLVING EMOLOYEES, OTHER THAN EXECUTIVE DIRECTOR, ARE REVIEWED

AND RESOLVED BY THE EXECUTIVE DIRECTOR. CONFLICTS INVOLVING OFFICERS,

DIRECTORS, OR THE EXECUTIVE DIRECTOR, ARE REVIEWED AND RESOLVED BY THE

BOARD. NO ONE WITH A CONFLICT IS ALLOWED TO PARTICIPATE IN ANY AFFECTED

DECEISION.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE SALARY OF

THE EXECUTIVE DIRECTOR. THE COMMITTEE APPLIES COMPARISON DATA IN ITS

DETERMINATION BY REVIEWING THE COMPENSATION OF EXECUTIVE DIRECTORS OF

EQUIVALENT EXEMPT ORGANIZATIONS IN THE NEW YORK CITY AREA.

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

NYSPCC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the Electronic filing (e-file). forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or THE NEW YORK SOCIETY FOR THE PREVENTION print 13-1624134 OF CRUELTY TO CHILDREN File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 161 WILLIAM STREET, NO. 9TH return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW YORK, NY 10038 0 | 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Return Application Code Is For Code Is For 07 Form 990-T (corporation) Form 990 or Form 990-EZ 01 08 Form 1041-A Form 990-BL 09 Form 4720 (other than individual) Form 4720 (individual) 10 04 Form 5227 Form 990-PF 11 Form 6069 05 Form 990-T (sec. 401(a) or 408(a) trust) 12 06 Form 8870 Form 990-T (trust other than above) THE SOCIETY The books are in the care of ▶ 161 WILLIAM STREET - NEW YORK, NY 10038 Telephone No. ▶ (212)233-5500 Fax No. If the organization does not have an office or place of business in the United States, check this box __. If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) and attach a list with the names and EINs of all members the extension is for. . If it is for part of the group, check this box NOVEMBER 15, 2017 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: X calendar year 2016 or , and ending tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. За nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

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