# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public Inspection

		the Treasury ue Service	Go to www.irs.gov/Form990 for instructions and	the latest in	formation.	Inspection
			ar year, or tax year beginning and	ending		
	Check if applicable	<b>C</b> Name or	organization		D Employer identificat	ion number
	Addres change	MAYO	R'S ALLIANCE FOR NYC'S ANIMALS, IN	IC.		
	Name change		usiness as		73-1653635	
	Initial return		and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return/		FIFTH AVENUE, SUITE R290	1100m/outo	646-489-66	74
	termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	86,033.
	Amend return		YORK, NY 10001-7604		H(a) Is this a group retur	
	Applica		nd address of principal officer: JANE HOFFMAN		for subordinates?	
	pending		AYOR'S ALLIANCE FOR NYC'S ANIMALS,	INC.	<b>H(b)</b> Are all subordinates includ	
1	Tax-exe		$\overline{\mathbf{X}}$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)		If "No," attach a list	
	Websit		ANIMALALLIANCENYC.ORG		H(c) Group exemption n	
к	Form of	organization:	X Corporation Trust Association Other	L Year	of formation: 2002 M S	tate of legal domicile: ${f N}{f Y}$
P	art I	Summary				
	<b>1</b> E	Briefly describ	e the organization's mission or most significant activities: $\underline{ ext{TO} \  ext{D}}$	EVELOP	CREATIVE SOL	UTIONS TO
Governance		ISSUES	OF COMPANION ANIMAL CARE AND CONTR	ROL IN	NEW YORK CITY	AND TO
rna	2 (	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets	
ove	3 1	Number of vot	ing members of the governing body (Part VI, line 1a)			5
		Number of inc	ependent voting members of the governing body (Part VI, line 1b)			4
es de	5 1	Total number		1		
Activities &	6 1	Total number		5		
Acti	7a 1					0.
_	' <u>b</u>	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
e	8 (		and grants (Part VIII, line 1h)		127,906.	85,346.
ent	9	•	ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		494.	687.
	111 0		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		128,400.	86,033.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		73,984.	24,753.
ses	15 5		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	<u> </u>
Expenses	102		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 6 , 7	04	• •	0.
Ĕ			ng expenses (Part IX, column (D), line 25) <u>6 , 7</u> es (Part IX, column (A), lines 11a-11d, 11f-24e)		121,665.	105,134.
	1 1 1		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	195,649.	129,887.	
			expenses. Subtract line 18 from line 12		-67,249.	-43,854.
					ginning of Current Year	End of Year
Net Assets or	1 1 2 1 20	Total accete (I	Part X, line 16)		110,271.	58,869.
ASSE	20		(Part X, line 10)		7,892.	344.
Net,	22		fund balances. Subtract line 21 from line 20		102,379.	58,525.
	art II	Signature			,	

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

Sign	Signature of officer				Date			
Here	JANE HOFFMAN, PRESIDENT/ C							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date		Check	PTIN	
Paid	HARRISON PEREIRA			11/12/	/24	self-employed	P0074686	7
Preparer	Firm's name TAIT, WELLER & BAI	KER LLP			Firm's	EIN 23-	1144520	
Use Only	Firm's address 50 SOUTH 16TH STRI	EET, SUITE	2900					
	PHILADELPHIA, PA	19102			Phone	no.215-	979-8800	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions					X Yes	No
LHA For	Paperwork Reduction Act Notice, see the separate	ate instructions.	332001 12-21-23				Form <b>990</b>	(2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
'	TO DEVELOP CREATIVE SOLUTIONS TO ISSUES OF COMPANION ANIMAL CARE AND
	CONTROL IN NEW YORK CITY AND TO RAISE PUBLIC AWARENESS OF THESE
	ISSUES.
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?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	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 \$ 89,377. including grants of \$) (Revenue \$)
та	TO ACHIEVE THE GOALS SET OUT IN OUR MISSION (REDUCE EUTHANASIA OF CATS
	AND DOGS IN NYC SHELTERS), THE ALLIANCE IDENTIFIED, DEVELOPED, AND
	COORDINATED INITIATIVES THAT CONTINUED TO HAVE THE GREATEST IMPACT FOR
	MAINTAINING LIVE RELEASE TO OVER 92% FROM AC & C.
	INCREASED ADOPTIONS/DECREASE EUTHANASIA- KEY INITIATIVES AND
	COORDINATION OF SERVICES PROPELLED THE ALLIANCE FORWARD AND CONTINUED
	TO BE INSTRUMENTAL IN MAINTAINING THE COMMUNITY LIVE RELEASE RATE. LIVE
	RELEASE INCLUDES ADOPTIONS, TRANSFERS TO RESCUE PARTNERS FOR ADOPTION,
	AND RETURN TO OWNERS.
	STRENGTHEN RESOURCES - BY COORDINATION OF SERVICES AND PROGRAMS FOCUSED
	ON PROMOTING AND MAINTAINING THE COMMUNITY COLLABORATION FORMED OVER
	THE PAST DECADE AND A HALF. THE COLLABORATION OF RESCUE AND SHELTER
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	
4c	<pre></pre>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ ) (Expenses \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	Other program services (Describe on Schedule O.)
4c 4d 4e	Other program services (Describe on Schedule O.)
	Conter program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

Form 990 (2023)			FOR	NYC'S	ANIMALS,	INC.
Part IV Checklist of	Required Sche	edules				

	Is the arganization described in section $501/c)(2)$ or $4047/c)(1)$ (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
5	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
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			X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VII, VIII, IX, or X,			
	as applicable.			
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 16? 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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Δ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
h	Schedule D, Parts XI and XII	12a	- 11	
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	12-21-23	Form	990	(2023)

332003 12-21-23

3 2023.05000 MAYOR'S ALLIANCE FOR NYC' 3093.001

			<u> </u>					
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x				
24 -	Schedule J	23		- 23				
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		x				
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>				
	<ul> <li>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease</li> </ul>	210						
	any tax-exempt bonds?	24c						
c	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete							
	Schedule L, Part I	25b		x				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X				
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,							
	structions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		X				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		x				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v				
~=	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		- v				
<u></u>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	200	x					
Pa	Note: All Form 990 filers are required to complete Schedule O           rt V         Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>				
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1:	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103					
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-						
~		-						

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2023)

1c

10571112 758275 3093.000

332004 12-21-23

4

Form	990 (2023) MAYOR'S ALLIANCE FOR NYC'S ANIMALS, IN t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	IC. 73-1653	635	Pa	age <b>5</b>				
				Yes	No				
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			165					
Lu	filed for the calendar year ending with or within the year covered by this return	2a 1							
b	· · · · · · · · · · · · · · · · · · ·								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3a 3b		<u>X</u>				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х				
b	If "Yes," enter the name of the foreign country	,							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х				
			7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa								
	to file Form 8282?		7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х				
f									
g									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h						
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а			9a						
b			9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
с	Enter the amount of reserves on hand	13c							
14a			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								
332005	12-21-23		Form	990	(2023)				

10571112 758275 3093.000

<sup>2023.05000</sup> MAYOR'S ALLIANCE FOR NYC' 3093.001

Form 990	(2023)
----------	--------

#### MAYOR'S ALLIANCE FOR NYC'S ANIMALS, INC. 73-1653635

Page 6

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			E 📃	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1		
	Enter the number of voting members included on line 1a, above, who are independent		4		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			v
	officer, director, trustee, or key employee?				
	Did the organization delegate control over management duties customarily performed by or under the				
				_	
	Did the organization make any significant changes to its governing documents since the prior Form 9			_	
	Did the organization become aware during the year of a significant diversion of the organization's ass			_	
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap		······		1^
			70		x
	more members of the governing body?		<u>7a</u>		1^
	Are any governance decisions of the organization reserved to (or subject to approval by) members, si persons other than the governing body?		7.		x
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		<u>7b</u>		
			0-	x	
	The governing body?			X	+
	Each committee with authority to act on behalf of the governing body?		8b		+
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				x
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			1	
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)		Va	
	Did the organization have local chapters, branches, or efficience?		10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		$+^{\Lambda}$
			104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	v boforo filina tho fr			+
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10.	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Λ	+
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y	,	10.	x	
	on Schedule O how this was done		10	X	-
	Did the organization have a written whistleblower policy?			X	-
			14		-
5	Did the process for determining compensation of the following persons include a review and approva	al by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45	x	
	The organization's CEO, Executive Director, or top management official		15a	37	-
	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	mont with -			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger		40		x
	taxable entity during the year?		<u>16a</u>		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is init work we arrangements upday applicable fordered tay law, and take store to apforward the organization.				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		401		
	exempt status with respect to such arrangements?		16b		
	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>		01(-)(0)		- 1-1
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	na 990-1 (section 5	UI(C)(3)S ONly	) availa	aDIE
	for public inspection. Indicate how you made these available. Check all that apply.	<b>0</b> · · · <del>-</del> ·			
		n on Schedule O)	line and f		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	printerest po	licy, and finar	ICIAI	
	statements available to the public during the tax year.				
		oks and records			
)	State the name, address, and telephone number of the person who possesses the organization's boo				
)	ELLEN CELNIK - 212-252-2350				
)				m <b>99(</b>	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

· List and the organization's current kicket appropriate and the store of the store of the store the store of the store of

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one					ane	Reportable	Estimated			
	hours per	box	box, unless persor officer and a direct			s both	n an	compensation	compensation	amount of		
	week		cer ar I	nd a d I	irecto	r/trus	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	ual tr	tional		yolqr	t con	_	1099-1420)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) JANE HOFFMAN	40.00				-							
PRESIDENT/CHAIRMAN		x		x				21,739.	0.	0.		
(2) MEENA ALAGAPPAN	0.50											
SECRETARY		х		x				0.	Ο.	0.		
(3) GAIL BUCHWALD	0.20											
DIRECTOR		х						0.	Ο.	0.		
(4) SANDRA DEFEO	0.20											
DIRECTOR		Х						0.	0.	0.		
(5) ELIZABETH STEIN	0.20											
DIRECTOR		Х						0.	0.	0.		
					<u> </u>							
		1										
		1					1					
		1										
332007 12-21-23										Form <b>990</b> (2023)		

7

Form 990 (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) Name and tille how set in the provide of the section o											Page <b>8</b>		
(iti any hor for related organizations (W2/1009-MISC)       compensation from the organization (W2/1009-MISC)       compensation from the organization (W2/1009-MISC)       compensation from the organization (W2/1009-MISC)       compensation (W2/1009-MISC)       compens	Par	(A)	<b>(B)</b> Average hours per	(do box	not cl	(C Posi heck r ss per	tion nore son is	l than c s both	one an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	Estim amou	ated nt of
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.       0.0.0.0.         d       Total (add lines 1b and 1c)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	comper from organiz and re	nsation the zation lated
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.       0.0.0.0.         d       Total (add lines 1b and 1c)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.       0.0.0.0.         d       Total (add lines 1b and 1c)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.       0.0.0.0.         d       Total (add lines 1b and 1c)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.       0.0.0.0.         d       Total (add lines 1b and 1c)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.       0.0.0.0.         d       Total (add lines 1b and 1c)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.       0.0.0.0.         d       Total (add lines 1b and 1c)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
d Total (add lines 1b and 1c)       21,739.       0.       0.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization? If "Wes," Complete Schedule J for services       5       X         9       (A)       NONE       Description of services       Compensation from         9       NONE       Description of services       Compensation													
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 13? if "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         Name and business address       NONE       Description of services       Compensation         0       Ompensation       Image: Compensation       Image: Compensation       Image: Compensation         1       Complete this table for your five highest compensated independent contractors       Image: Compensation       Image: Compensation	d	Total (add lines 1b and 1c) Total number of individuals (including but no								21,739.	0.		0.
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation	3		director, truste	e, k	ey e	mple	oyee	e, or	hig	hest compensated emp	loyee on	Ye	s No
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation	4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization		
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation		Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or indivi	dual for services	5	x
Name and business address     NONE     Description of services     Compensation		Complete this table for your five highest cor								the organization's tax y			
											services		tion
Total number of independent contractors (including but not limited to those listed above) who received more than     \$100,000 of compensation from the organization     Form 990 (2023)	2		•	ot lin	nited	l to t			ted	above) who received m	ore than	E. 004	

332008 12-21-23

Part VIII       Statement of Revenue         Check if Schedule O contains a response or note to         Statement of Revenue         Check if Schedule O contains a response or note to         Statement of Revenue         IIII         III         IIII         IIII         IIII         IIII         IIII         IIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	o 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
state       1 a       Federated campaigns       1a         b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e         f       All other contributions, gifts, grants, and similar amounts not included above       1f       85, 3         g       Noncash contributions included in lines 1a-1f       1g \$ 31 , 6         h       Total. Add lines 1a-1f       Busines:         a	(A)	Related or exempt	Unrelated	Revenue excluded from tax under
b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e         f       All other contributions, gifts, grants, and similar amounts not included above       1f       85, 31, 6         g       Noncash contributions included in lines 1a-1f       1g \$ 31, 6         h       Total. Add lines 1a-1f       Business         b		Related or exempt	Unrelated	Revenue excluded from tax under
b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e         f       All other contributions, gifts, grants, and similar amounts not included above       1f       85, 31, 6         g       Noncash contributions included in lines 1a-1f       1g \$ 31, 6         h       Total. Add lines 1a-1f       Business         b				
b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e         f       All other contributions, gifts, grants, and similar amounts not included above       1f       85, 31, 6         g       Noncash contributions included in lines 1a-1f       1g \$ 31, 6         b				
2 a       Busines:         b				
2 a       Busines:         b	_			
2 a       Busines:         b				
2 a       Busines:         b				
2 a       Busines:         b				
2 a       Busines:         b	346.			
2 a       Busines:         b				
2 a				
b	is Code			
g       Total. Add lines 2a-2f         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         6       a         b       Less: rental expenses				
g       Total. Add lines 2a-2f         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         6       a         b       Less: rental expenses				
g       Total. Add lines 2a-2f         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         6       a         b       Less: rental expenses				L
g       Total. Add lines 2a-2f         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         6       a         b       Less: rental expenses				
g       Total. Add lines 2a-2f         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         6       a         b       Less: rental expenses				
<ul> <li>3 Investment income (including dividends, interest, and other similar amounts)</li> <li>4 Income from investment of tax-exempt bond proceeds</li> <li>5 Royalties</li> <li>6 a Gross rents</li> <li>6a</li> <li>6b</li> </ul>				
other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         6       a         b       Less: rental expenses				
<ul> <li>4 Income from investment of tax-exempt bond proceeds</li> <li>5 Royalties</li> <li>6 a Gross rents</li> <li>b Less: rental expenses</li> </ul>	687.			687.
6 a Gross rents         6a         (i) Real         (ii) Per           b Less: rental expenses         6b         (iii) Per				
6 a Gross rents         6a         (i) Real         (ii) Per-           b Less: rental expenses         6b				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)	<u></u>			
7 a Gross amount from sales of (i) Securities (ii) Of	ther			
assets other than inventory <b>7a</b>				
<b>b</b> Less: cost or other basis				
and sales expenses   7b     c   Gain or (loss)				
a       Net gain or (loss)         b       8 a         Gross income from fundraising events (not including \$ of	·····			
8 a Gross income from fundraising events (not including \$ of				
b including \$ of contributions reported on line 1c). See				
Part IV, line 18				
b Less: direct expenses 8b				
c Net income or (loss) from fundraising events				
9 a Gross income from gaming activities. See				
Part IV, line 19 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities				
10 a Gross sales of inventory, less returns				
and allowances 10a				
b Less: cost of goods sold 10b				
c Net income or (loss) from sales of inventory				
<u>ه</u> Busines	is Code		4	
			<u> </u>	1
Miscellaneous         b         c         d         All other revenue	<u> </u>		<u> </u>	
d All other revenue			1 '	
e         Total. Add lines 11a-11d           12         Total revenue. See instructions				
332009 12-21-23		0.	0.	687.

9

ct	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns All othe	er organizations must con	plete column (A)	
.01	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
•	Benefits paid to or for members				
	Compensation of current officers, directors,	01 700	10 565	1 007	1 00
	trustees, and key employees	21,739.	19,565.	1,087.	1,08
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1 0 5 1	4 . 4 . 5		
	Other employee benefits	1,351.	1,215.	68.	6
	Payroll taxes	1,663.	1,497.	83.	8
	Fees for services (nonemployees):				
а	Management				
b	Legal	75.		75.	
C	Accounting	9,250.		9,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	36,518.	16,348.	20,170.	
	Advertising and promotion	12,491.	8,744.		3,74
	Office expenses	14,247.	12,823.	712.	71
	Information technology	1,562.	1,406.	78.	7
	Royalties				
	Occupancy	11,550.	10,394.	578.	57
	Travel	997.	897.	50.	5
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	2,881.	1,375.	1,430.	7
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	BOARDING	7,899.	7,899.		
b	EMERGENCY MEDICAL EXPEN	3,178.	3,178.		
с	STORAGE	750.	674.	38.	3
d					
	All other expenses	3,736.	3,362.	187.	18
-	Total functional expenses. Add lines 1 through 24e	129,887.	89,377.	33,806.	6,70
	Joint costs. Complete this line only if the organization				,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

2023.05000 MAYOR'S ALLIANCE FOR NYC' 3093.001

10571112 758275 3093.000

Form 990 (2023)	MAYOR '	S	ALLIANCE	FOR	NYC'S	ANIMALS,	INC.	73-1653635	Page <b>11</b>
Part X Balance She	et								

		Check if Schedule O contains a response or note to any line in t	1115 Fail A			
			(A) Beginning of ye			<b>(B)</b> End of year
	1	Cash - non-interest-bearing	4,7	44.	1	0.
	2	Savings and temporary cash investments		27.	2	55,265.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer,				
		trustee, key employee, creator or founder, substantial contribut				
					5	
	6	Loans and other receivables from other disqualified persons (as				
		under section 4958(f)(1)), and persons described in section 495			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		0.	9	3,604.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13				13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	110 0	71.	16	58,869.
	17	Accounts payable and accrued expenses			17	344.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sched			21	
ø	22	Loans and other payables to any current or former officer, direc				
Liabilities		trustee, key employee, creator or founder, substantial contribut				
lide					22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relate				
		parties, and other liabilities not included on lines 17-24). Comple				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		92.	26	344.
			K .			
es		and complete lines 27, 28, 32, and 33.				
and	27	Net assets without donor restrictions	102,3	79.	27	58,525.
Bal	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC 958, check here				
Ъ		and complete lines 29 through 33.				
ې د	29	Capital stock or trust principal, or current funds			29	
Sets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Ast	31	Retained earnings, endowment, accumulated income, or other			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		79.	32	58,525.
~	33	Total liabilities and net assets/fund balances			33	58,869.

Form 990 (2023)

Form	1990 (2023) MAYOR'S ALLIANCE FOR NYC'S ANIMALS, INC.	73-1653	3635	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,03	
2	Total expenses (must equal Part IX, column (A), line 25)	2	129	),88	<u>87.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102	2,3	<u>79.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	58	3,52	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	·····	····	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	

Form **990** (2023)

332012 12-21-23

SCHEDULE A Public Charity Status and Public Support					OMB No. 1545-0047					
(Fo	rm 99	90)			nization is a section 501					2023
				• •	47(a)(1) nonexempt cha					2020
		of the Treasury nue Service			ttach to Form 990 or Fo					Open to Public Inspection
		the organization		Go to www.irs.gov/	Form990 for instruction	is and the	latest int	ormation.	Employer	identification number
INAII		une organizatio		R'S ALLTAN	CE FOR NYC'S	ANTM	ALS 1	INC.		3-1653635
Pa	rt I	Reason			(All organizations must c					5 1000000
					For lines 1 through 12, cl					
1	Ď		•		on of churches described			I)(A)(i).		
2					Attach Schedule E (Form					
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	<b>)(b)(1)(A)(i</b>	ii).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state	-							
5		-	-		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
				Complete Part II.)						
6	X	-		0	nental unit described in			.,		
7		-		-	ntial part of its support fr	om a gove	ernmental	unit or from tr	ne general p	DUDIIC described in
8		-		omplete Part II.)	(1)(A)(vi). (Complete Parl	E III )				
9	H	-			in section 170(b)(1)(A)(i		ed in conii	unction with a	land-grant	college
-		-	-		ulture (see instructions).		-		-	-
		university:			· · ·				0	
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities relat	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
					(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
				mplete Part III.)						
11		-	-	-	vely to test for public sat	•				
12		-	-	-	ively for the benefit of, to	-			•	
				-	d in section 509(a)(1) o f supporting organizatior					Sheck the box on
а		-	-	• •	upervised, or controlled		-		-	aivina
				-	gularly appoint or elect a	• • • •	-			
			•	complete Part IV, Se		, ,				
b		<b>Type II.</b> A s	upporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ing
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С			-	• • • •	g organization operated				lly integrate	d with,
_			•		). You must complete F			-		
d			-	• •	oorting organization oper				•	
				•	ation generally must sati nplete Part IV, Sections	-		•	an attentiv	reness
е		-			written determination from				II Type III	
Ū			•		nally integrated supportir			19901, 1990	n, 19po m	
f	Ente	er the number of			, , , , , , , , , , , , , , , , , , , ,					
g				about the supporte	d organization(s).					
	(	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al									

### Schedule A (Form 990) 2023 MAYOR'S ALLIANCE FOR NYC'S ANIMALS, INC. 73-1653635 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support	•									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not										
	include any "unusual grants.")	713,039.	95,603.	173,619.	127,906.	85,346.	1195513.				
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	<b>F12 020</b>	05 600	1	100 000	05 046	1105510				
	Total. Add lines 1 through 3	713,039.	95,603.	173,619.	127,906.	85,346.	1195513.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,						160 100				
~	column (f)						<u>460,480.</u> 735,033.				
	Public support. Subtract line 5 from line 4.						735,033.				
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
	Amounts from line 4	713,039.	95,603.	173,619.	127,906.	85,346.	1195513.				
	Gross income from interest,	120,0000	50,0001	1,0,0190							
Ŭ	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	249.	117.	60.	494.	687.	1,607.				
9	Net income from unrelated business										
Ũ	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	66,456.	4,553.				71,009.				
11	Total support. Add lines 7 through 10						1268129.				
12	Gross receipts from related activities,	etc. (see instructio	ins)			12					
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)					
	organization, check this box and stop										
See	ction C. Computation of Publi	ic Support Per	centage								
	Public support percentage for 2023 (I					14	57.96 %				
	Public support percentage from 2022					15	64.11 %				
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box					
	stop here. The organization qualifies		-								
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box										
	and <b>stop here.</b> The organization qual		•••								
17a	10% -facts-and-circumstances test										
	and if the organization meets the fact			-	-	VI how the organiz	ation				
	meets the facts-and-circumstances te	0	•		•						
b	10% -facts-and-circumstances test	-					10% or				
	more, and if the organization meets th										
40	organization meets the facts-and-circu										
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a						
						Schedule A	(Form 990) 2023				

332022 12-21-23

## Schedule A (Form 990) 2023 MAYOR'S ALLIANCE FOR NYC'S ANIMALS, INC. 73-1653635 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- 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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			_	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
33202	23 12-21-23					Schedule A	(Form 990) 2023

15

2023.05000 MAYOR'S ALLIANCE FOR NYC' 3093.001

MAYOR'S ALLIANCE FOR NYC'S ANIMALS, INC. 73-1653635 Page 4

## Schedule A (Form 990) 2023 MAY( Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 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.)

16

332024 12-21-23

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

### Schedule A (Form 990) 2023 MAYOR'S ALLIANCE FOR NYC'S ANIMALS, INC. 73-1653635 Page 5 Part IV Supporting Organizations (continued)

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

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

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

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

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
а	The organization satisfied the Activities Test. Complete line 2 below.

b	The organization is the pa	ent of each of its supported organization	6. Complete line 3 below

<b>c</b> T	he organization supported a g	jovernmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions	;).
------------	-------------------------------	----------------------	-------------------------	-----------------	---------------------	-------------------	-----

2 Activities Test. Answer lines 2a and 2b below.

Section D All Type III Supporting Organizations

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

No

Yes No

10571112 758275 3093.000

2023.05000 MAYOR'S ALLIANCE FOR NYC' 3093.001

17

_	dule A (Form 990) 2023 MAYOR'S ALLIANCE FOR N			3-1653635 Page 6			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti						
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( explain in I	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	1			
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					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see						

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

## MAYOR'S ALLIANCE FOR NYC'S ANIMALS, INC. 73-1653635 Page 7

Sche Par		NCE FOR NYC'S A			3-1653635 Page 7
	on D - Distributions			ieu)	Current Year
<u>3ecu</u>	Amounts paid to supported organizations to accomplish exer	motipurposos		1	
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			- '	
2	organizations, in excess of income from activity	t pulposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	2	3		
4	Amounts paid to acquire exempt-use assets	s of supported organizations	5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
•	(provide details in <b>Part VI</b> ). See instructions.	ie organization ie reeponere		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
0	and 4c. Breakdown of line 7:				
8					
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

SCHEI	DULE A,	PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCE	ELLANEOU	S	
2019	AMOUNT:	\$	66,456.
2020	AMOUNT:	\$	4,553.

MAYOR'S ALLIANCE FOR NYC'S ANIMALS, INC. 73-1653635 Page 8

Schedule A (Form 990) 2023

SCHEDULE	D
----------	---

Department of the Treasury

Internal Revenue Service

(Form §	<del>9</del> 90)
---------	------------------

## **Supplemental Financial Statements**

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

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



Name of the organization

MAYOR'S ALLIANCE FOR NYC'S ANTMALS INC.

Employer identification number 73 - 1653635

Par	t I Organizations Maintaining Donor Advised				<b>Its.</b> Complete if the	5
	organization answered "Yes" on Form 990, Part IV, lin					
		(a) Donor advise	d funds	(b) Fun	ds and other account	s
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 v		ld in donor advi	sed funds		
	are the organization's property, subject to the organization's				Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for an	y other purpose	conferring		
	impermissible private benefit?					No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990,	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 (for example, recreation	tion or education)	Preservation o	of a historically	important land area	
	Protection of natural habitat		Preservation of	of a certified his	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution	ution in the form	of a conserva		
	day of the tax year.				Held at the End of the	ax year
a						
b						
c	Number of conservation easements on a certified historic stru			<u>2c</u>		
a	Number of conservation easements included on line 2c acqui	-				
2	on a historic structure listed in the National Register				during the tax	
3	Number of conservation easements modified, transferred, relevant	eased, extinguished, or t	erminated by th	e organization	during the tax	
4	year Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per		ion handling of	-		
Ŭ	violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,				······	
-	5, 1 5,	5	5		5 ,	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conserva	ation easement	ts during the year	
		-	-			
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(	h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its rever	ue and expense	e statement an	d	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's	financial statem	nents that desc	ribes the	
<b>D</b> -	organization's accounting for conservation easements.					
Par			asures, or O	ther Simila	r Assets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95					
	of art, historical treasures, or other similar assets held for pub				oublic	
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95	•				
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in fun	inerance of put	Silc Service,	
	<ul><li>provide the following amounts relating to these items.</li><li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>				\$	
					Ψ \$	
2	If the organization received or held works of art, historical trea	asures, or other similar a			Ψ	
-	the following amounts required to be reported under FASB A			a gan, provide		
а	Revenue included on Form 990, Part VIII, line 1	-			\$	
	Assets included in Form 990, Part X				\$	
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 99	90) 2023
	09-28-23				•	-

25 2 05000 MAYOR'S ALLTANS

_		ALLIANCE						73-16	5363	5 р	age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Ar	t, His	torical Tr	easures, o	or Other	<sup>-</sup> Simi	lar Assets	conti	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, chec	k any of the	e following tha	t make si	gnifica	nt use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌	] Loan or ex	change progr	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's col	lections and explair	n how t	hey further	the organizati	on's exen	npt pur	pose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, h	istorical trea	asures, or oth	er similar	assets	-			
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part			U				, ,	,		
1a	Is the organization an agent, trustee, custodia	n. or other intermed	diarv fo	r contributio	ons or other a	ssets not	include	ed			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a							·····			
-									Amour	t	
с	Beginning balance						10				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. C						•		_		
Par											
		(a) Current year		Prior year	(c) Two yea	r		e years back	(e) Fou	r years	back
1a	Beginning of year balance								. ,		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
U											
f	Administrative expenses										
g 2	End of year balance	nt year and balance	l o (lino 1								
		,	e (iiiie i %	ig, column (	a)) field as.						
	Board designated or quasi-endowment Permanent endowment	%	70								
	Permanent endowment										
C	The percentages on lines 2a, 2b, and 2c should	-									
20	Are there endowment funds not in the posses	•	otion th	at are hold i	and administa	rad for th	•				
Ja		SIGH OF THE OFGALIZA		at are neiu a	and autimiste		e			Yes	No
	organization by:								20(1)	100	
	(i) Unrelated organizations?								<u>3a(i)</u> 3a(ii)		
<b>h</b>	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizati	ana liatad aa raariir		Cobodulo Dí	·····						
U A					¢				3b		
Par	t VI Land, Buildings, and Equipme		wmeni	lunus.							
	Complete if the organization answered		). Part I	V. line 11a.	See Form 990	). Part X.	line 10				
	Description of property	(a) Cost or c			st or other	1	ccumu		(d) Boc	k volu	
	Description of property	basis (investr		• • •	s (other)	1	oreciati		( <b>u)</b> BUC	k valu	le
10	Land				0 (011101)						
	LandBuildings										
	Leasehold improvements										
	Equipment										
	Other		VE	100 000	m (D))	I					0.
TOLA	. Aud intes la through le. (Column (a) must eq	uai F0111 990, Part	<u>∧, iine</u>	<u>ruc, colum</u>	(1(因))	<u></u>		Schedule	D /Forr	- 000	

Schedule D (Form 990) 2023

332052 09-28-23

	LIANCE FOR NYC	'S ANIMALS, INC.	• 73-1653635 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: (	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (P)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			- 10
Complete if the organization answered "Yes (a) Description of investment	(b) Book value		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, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes	" on Form 990 Part IV line	11d See Form 990 Part X line	e 15
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, o	col. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Par	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990. Part X. line 25. (	co/ (B))		
<ol> <li>Liability for uncertain tax positions. In Part XIII, provident of the second sec</li></ol>			atements that reports the
organization's liability for uncertain tax positions und			

332053 09-28-23

Schedule D (Form 990) 2023

_	edule D (Form 990) 2023 MAYOR'S ALLIANCE FOR NYC			53635 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenu	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	86,033.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			86,033.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			86,033.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ses per Return	
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With Expen	ses per Return	
Ра 1	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ses per Return	129,887.
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With Expen	ses per Return	
1	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements	Prents With Expen	ses per Return	
1 2	TXII         Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line 1           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	I2a.         I2a.            2a	ses per Return	
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	Prements With Expen           12a.              2a              2b	ses per Return	
1 2 a b	<b>TXII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           2a           2b           2c	ses per Return	
1 2 a b c d	<b>TXII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           12a.           2b           2c           2d	ses per Return	<u>129,887.</u> 0.
1 2 a b c d	<b>rt XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           12a.           2b           2c           2d	ses per Return	129,887.
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a           12a.           2b           2c           2d	ses per Return	<u>129,887.</u> 0.
1 2 b c d 3	<b>rt XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	ses per Return	<u>129,887.</u> 0.
1 2 3 4	<b>TXII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d	ses per Return	<u>129,887.</u> 0.
] 1 2 a b c d e 3 4 a b	<b>TXII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           12a.           2b           2c           2d           2d	ses per Return           1           2e           3           4c	<u>129,887.</u> <u>0.</u> 129,887. 0.
1 2 d e 3 4 b c 5	<b>rt XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           12a.           2b           2c           2d           2d	ses per Return           1           2e           3           4c	129,887. 0. 129,887.

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

## PART X, LINE 2:

MANAGEMENT HAS REVIEWED THE TAX POSITIONS TAKEN FOR EACH OF THE OPEN TAX

YEARS (2020 - 2022) OR EXPECTED TO BE TAKEN IN THE ALLIANCE'S 2023 TAX

RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX

POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

28

332054 09-28-23

SCHEDULE	Μ
(Form 990)	

Department of the Treasury

Internal Revenue Service

## **Noncash Contributions**

OMB No. 1545-0047

Inspection

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 000

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

#### MAYOR'S ALLTANCE FOR NYC'S ANTMALS TNC

Employer identification number 73-1653635

ſ

ZU **Open to Public** 

De	41				MIMADO, INC.	75 1	0330	555	
Pa	πι	Types of Property		(1)	()	( )			
			<b>(a)</b> Check if	(b) Number of	<b>(c)</b> Noncash contribution	(d) Method of de	tormini	na	
			applicable	contributions or	amounts reported on	noncash contribu			3
				items contributed	Form 990, Part VIII, line 1g				
1	Art -	Works of art							
2		Historical treasures							
3	Art -	Fractional interests							
4		s and publications							
5		ning and household goods							
6	Cars	and other vehicles							
7	Boat	s and planes							
8	Intell	ectual property							
9	Secu	rities - Publicly traded	Х	2	31,630.	FMV			
10	Secu	irities - Closely held stock							
11	Secu	irities - Partnership, LLC, or							
	trust	interests							
12	Secu	irities - Miscellaneous							
13	Quali	ified conservation contribution -							
	Histo	pric structures							
14	Quali	ified conservation contribution - Other							
15	Real	estate - Residential							
16	Real	estate - Commercial							
17		estate - Other							
18		ectibles							
19		l inventory							
20		s and medical supplies							
21		dermy							
22		prical artifacts							
23		ntific specimens							
24		eological artifacts							
25	Othe								
26	Othe								
27	Othe								
28	Othe								
29	Num	ber of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for w	hich the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29				
		-		-				Yes	No
30a	Durir	ng the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
		hold for at least 3 years from the date of the							
	exem	npt purposes for the entire holding period?			•		30a		Х
b		es," describe the arrangement in Part II.							
31		the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31		Х
		the organization hire or use third parties o							
		ributions?		0	<i>,</i> <b>,</b> <i>, , , , , , , , , ,</i>		32a		х
b		es," describe in Part II.							
33		organization didn't report an amount in co	olumn (c) for	a type of propertv	for which column (a) is che	cked,			
		ribe in Part II.		,, , , , , , , , , , , , , , , , , , ,		·			

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023 Supplemental	MAYOR 'S	ALLIANCE Provide the info	FOR prmation	NYC'S	ANIMALS , Part I, lines 30b	INC . , 32b, and 33,	73-1653635 and whether the organiza ination of both. Also com	Page 2
	is reporting in Part this part for any ac	: I, column (b), the dditional informat	e number of cont ion.	ribution	s, the numbe	er of items receiv	ed, or a comb	ination of both. Also com	plete
									0001 0000
332142 09-11-2	3							Schedule M (Form	990) 2023

10571112 758275 3093.000

30 2023.05000 MAYOR'S ALLIANCE FOR NYC' 3093.001 SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



73-1653635

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MAYOR'S ALLIANCE FOR NYC'S ANIMALS,

RAISE PUBLIC AWARENESS OF THESE ISSUES.

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

ORGANIZATIONS WITH NYC AC & C SINCE 2005 HELPED SET UP AN

INFRASTRUCTURE THAT SUPPORTED DEVELOPMENT OF LIFE SAVING PROGRAMS GOING

FORWARD. THE ALLIANCE ADVOCATED AND HELPED NYC SET UP A DESIGNATED

DEPARTMENT OF ANIMAL WELFARE, WHICH ASSISTS COMMUNITY ORGANIZATIONS AND

THE PUBLIC ACCESS RESOURCES. THE ALLIANCE ASSISTS THROUGH ADVISING THE

DEPT. IN POLICY PLANNING AND CONNECTING CITY RESOURCES TO SHELTERS AND

RESCUES,

DECREASE HOMELESSNESS - DETER ABANDONMENT THROUGH INFORMATION,

RESOURCES, AND ACCESS TO COMMUNITY RESOURCES. PROMOTE MICROCHIPPING TO

IMPROVE THE LIKELIHOOD OF REUNITING LOST PETS WITH THEIR GUARDIANS.

INCREASE THE NUMBER OF SPAYS AND NEUTERS IN BOTH THE PET AND FERAL

COMMUNITIES. AS PART OF OUR CONTINUING EFFORTS TO SOLVE THE FERAL CAT

OVERPOPULATION CRISIS IN NEW YORK CITY THROUGH THE HUMANE, EFFECTIVE

METHOD OF TRAP-NEUTER-RETURN (TNR), THE NEW YORK CITY FERAL CAT

INITIATIVE (NYCFCI) OF THE MAYOR'S ALLIANCE FOR NYC'S ANIMALS PROGRAM

AND SERVICES WERE TRANSFERRED TO BIDE-A WEE, A NATIONAL ORGANIZATION

THAT HAD THE BANDWIDTH TO ENGAGE AND SUPPORT NYC FERAL CAT CARETAKERS

BY PROVIDING THEM WITH INFORMATION, ASSISTANCE, AND TNR AND SPECIALIZED

TRAINING, SUCH AS BOTTLE-FEEDING, TAMING KITTENS, AND NEIGHBORHOOD

RELATIONS.

RAISE AWARENESS - THROUGH TRADITIONAL AND ELECTRONIC MEDIA, SOCIAL

 NETWORKING, PUBLIC RELATIONS, AND ADVERTISING TO PROMOTE THE MISSION

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

LHA 332211 11-14-23

31

AND GOAL TO END THE KILLING OF HEALTHY AND TREATABLE ANIMALS IN SHELTERS. TO EDUCATE CONSUMERS AND INCREASE AWARENESS OF HOMELESS	Name of the organization MAYOR'S ALLIANCE FOR NYC'S ANIMALS, INC.	Employer identification number 73-1653635
	AND GOAL TO END THE KILLING OF HEALTHY AND TREATABLE ANIMA	ALS IN
	SHELTERS. TO EDUCATE CONSUMERS AND INCREASE AWARENESS OF H	IOMELESS
ANIMALS AND THE ORGANIZATIONS THAT CARE FOR THEM.	ANIMALS AND THE ORGANIZATIONS THAT CARE FOR THEM.	

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

A COPY OF FORM 990 WAS PROVIDED TO THE GOVERNING MEMBERS OF THE

ORGANIZATION FOR APPROVAL PRIOR TO FILING WITH THE IRS.

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

BOARD MEMBERS AND KEY OFFICERS SIGN A CONFLICT OF INTEREST DISCLOSURE

STATEMENT ANNUALLY.

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

BOARD MEMBERS APPROVE THE COMPENSATION OF THE PRESIDENT AT BOARD MEETINGS

ANNUALLY. THE BOARD MEMBERS ARE ALSO PROVIDED COMPARISON DATA FROM THE

NON-PROFIT MANAGEMENT ANNUAL REPORT RELATED TO AVERAGE COMPENSATION SCALE

FOR NON-PROFIT OFFICERS.

FORM 990, PART VI, SECTION C, LINE 18:

OUR AUDITED FINANCIAL STATEMENTS AND 990 ARE MADE AVAILABLE ON THE

ORGAINZATION'S WEBSITE.

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

THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEB, THE GOVERNING DOCUMENTS

32

ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

332212 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization	Employer identification number
MAYOR'S ALLIANCE FOR NYC'S ANIMALS, INC.	73-1653635
CONSULTING:	
PROGRAM SERVICE EXPENSES	16,348.
MANAGEMENT AND GENERAL EXPENSES	20,170.
FUNDRAISING EXPENSES	0.
FOTAL EXPENSES	36,518.
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	36,518.
PART XI, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	ITY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND TH	E SELECTION OF
AN INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED FROM	THE PRIOR
YEAR.	

10571112 758275 3093.000