n Income Tax

enue Code (except private

2016

DLN: 93493134030438 OMB No 1545-0047

Form <b>990</b>	Return of Organization Exempt Fron
<b>%</b> J	Under section 501(c), 527, or 4947(a)(1) of the Internal Reve foundations)
Department of the Treasury Internal Revenue Service	<ul> <li>Do not enter social security numbers on this form as it m.</li> <li>Information about Form 990 and its instructions is at www.</li> </ul>

Interna	l Reve	of the Treasur enue Service	► Information about	l security numbers on this form of Form 990 and its instructions is	at <u>www</u>	IRS gov/f		C	pen to Public Inspection	
			alendar year, or tax year beginr  C Name of organization	ing 07-01-2016 , and endin	g 06-30	-2017				
□ Ad	dress	applicable change nange	Name of organization NYC & COMPANY INC				D Employe		ication number	
☐ Ini	tıal re	-	Doing business as							
Fir Detur		minated	Number and street (or P O box if ma	I is not delivered to street address)	Room/suit		E Telephon	e number		
		d return on pending	810 SEVENTH AVENUE 3RD FLOOR	in is not delivered to street address)	rtoorii, said	C	(212) 4	84-1200		
ш Ар	piicati	on penang.	City or town, state or province, count NEW YORK, NY 10019	ry, and ZIP or foreign postal code			<b>G</b> Gross red	ceipts \$ 39	9,468,054	
		ľ	<b>F</b> Name and address of principal	officer		H(a) Is	this a group ret	urn for	<u> </u>	
			FRED DIXON 810 SEVENTH AVENUE 3RD FLOO NEW YORK, NY 10019	R		sul	bordinates? e all subordinat		□Yes ☑No □Yes □No	
I Ta:	x-exe	mpt status	☐ 501(c)(3) <b>☑</b> 501(c)(6) <b>◄</b> (1	nsort no )	1 527		:luded? 'No," attach a l	ist (see		
J W	ebsit	te:► wwv	v nycgo com	113ert 110 / L	327		oup exemption		•	
<b>K</b> Forr	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ Assoc	ation  Other		<b>L</b> Year of fo	rmation 1948	<b>M</b> State	of legal domicile NY	
Pa	rt I	Sumr	narv							
Activities & Governance		TO BÚILD I	cribe the organization's mission or NEW YORK CITY'S ECONOMY AND ETING OF THE CITY ON A WORLDV	POSITIVE IMAGE THROUGH TOL	JRISM AN	ID CONVE	NTION DEVELO	PMENT,	MAJOR EVENTS AND	
A O S			s box $\blacktriangleright \square$ if the organization disc					ssets		
<u>×</u>	l		of voting members of the governing					3	75	
ties	l		of independent voting members of t Ther of individuals employed in cale	- , , ,	•			5	74 173	
ĘĘ.	l		nber of individuals employed in cale nber of volunteers (estimate if nece	, , , ,				6	81	
AC	l		elated business revenue from Part '					7a	0	
	l		ated business taxable income from					7b	0	
							Prior Year		Current Year	
Q)	8	Contributi	ons and grants (Part VIII, line 1h)				9,131,6	65	21,671,923	
Ravenue	9	Program s	service revenue (Part VIII, line 2g)				9,277,0	09	16,462,234	
₽. Ş	l		nt income (Part VIII, column (A), li	• •	•			312	1,161	
	l		enue (Part VIII, column (A), lines !				28,7		1,332,736	
	_		enue—add lines 8 through 11 (mus		ne 12)		18,437,7	_	39,468,054	
	l		d similar amounts paid (Part IX, co paid to or for members (Part IX, col					0	0	
	l	•	other compensation, employee ben				8,861,8	<del>-</del>	17,339,133	
Expenses	l	•	nal fundraising fees (Part IX, colum	, , , , , , , , , , , , , , , , , , , ,	3-10)		0,001,0	0	17,339,133	
<u>&amp;</u>	l		aising expenses (Part IX, column (D), lin		•			+		
Ä	l		penses (Part IX, column (A), lines 1	· -			9,640,2	271	19,677,183	
	18	Total expe	enses Add lines 13–17 (must equa	l Part IX, column (A), line 25)			18,502,1	.36	37,016,316	
	19	Revenue I	less expenses Subtract line 18 froi	m line 12			-64,4	109	2,451,738	
Net Assets or Fund Balances						Beginn	ing of Current Y	ear	End of Year	
Asse Bak	20	Total asse	ets (Part X, line 16)				10,010,8	347	12,602,946	
절	l		lities (Part X, line 26)				12,593,6		11,019,103	
			s or fund balances Subtract line 2:	1 from line 20			-2,582,8	338	1,583,843	
	pen edge	alties of pe and belief	ature Block erjury, I declare that I have examir f, it is true, correct, and complete							
		*****	:				2018-05-14		_	
Sign		Signatu	ire of officer				Date			
Here		Richard	Lovatt CFO							
			print name and title							
			rınt/Type preparer's name arrett M Hıggıns	Preparer's signature Garrett M Higgins	Da 20	te 18-05-14		PTIN P00543209	)	
Paid		L-				10 00 1.	self-employed			
Pre		EI	rm's name ► PKF O'CONNOR DAVIES rm's address ► 665 Fifth Avenue	LLY			Firm's EIN > 27- Phone no (212) 2			
Use	On	ily   '"	New York, NY 10022				(212) 2	_55 2500		
M	he T	) C diagning		n ahovo? (soo instructions)						
			this return with the preparer show luction Act Notice, see the sepa	· · · · · · · · · · · · · · · · · · ·	• •	Cat No	11282Y	<b>₹</b> 1 ₹	Form <b>990</b> (2016)	
			, sepa			110				

Form	990 (2	016)				Page <b>2</b>
Par	t III	Statement	of Program Service Ac	complishments		_
		Check if Schee	dule O contains a response o	note to any line in this Part III .		🗹
1	Briefly	describe the o	rganization's mission			
			S ECONOMY AND POSITIVE I NN A WORLDWIDE BASIS	MAGE THROUGH TOURISM AND CON	VENTION DEVELOPMENT, MAJ	OR EVENTS AND THE
2		-	undertake any significant pro	gram services during the year which	were not listed on	□Yes ☑No
						⊔ Yes ⊻ No
3		•	se new services on Schedule	O gnificant changes in how it conducts,	any program	
3		-	<b>5</b> .	gnificant changes in now it conducts,	any program	□Yes ✓ No
	service					□ res • No
_		•	se changes on Schedule O			
4	Sectio	n 501(c)(3) an		nplishments for each of its three large required to report the amount of gra service reported		
4a	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Ad	ditional Data				
4b	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Ad	ditional Data				
4c	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Ad	ditional Data				
	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)
			ED TO MAXIMIZING OUR MEMBER TO NEW YORK CITY RESIDENTS	BUSINESSES' VISIBILITY TO INTERNATION	AL AND DOMESTIC TRAVEIERS (BC	TH BUSINESS AND
4d	Other	program service	ces (Describe in Schedule O )			
	(Expe	nses \$	ıncludıng	grants of \$	(Revenue \$	)
4e	Total	program serv	rice expenses ▶			

or X as applicable

Yes

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11a

11b

11c

11d

11e

11f

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14a

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Yes

Yes

Yes

Yes

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Page 3

No

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Yes 6

No

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Nο

Nο

Nο

No

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 💆 . . . . . . . . . . . . . . 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? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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 . . . . . . . . . . . . .

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

4 5 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?

Form	990 (2016)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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		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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 27

instructions for applicable filing thresholds, conditions, and exceptions)

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28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

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35a

35b

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Yes

Yes

Yes

Form 990 (2016)

orm	990 (2016)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4	_		
		기		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and  Tax Statements, filed for the calendar year ending with or within the year covered by			
L	this return	3 2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		"
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	s <b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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	134		
С	Enter the amount of reserves on hand			
		۱.,		No
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		140

orm '	990 (2016)			Page <b>6</b>
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
-	Check if Schedule O contains a response or note to any line in this Part VI			✓
Sec	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 75		163	110
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  74			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
4.0		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website  Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records			
	▶Richard Lovatt 810 SÉVENTH AVENUE 3RD FLOOR NEW YORK, NY 10019 (212) 484-1200			2 (2016)

orm 990 (2	orm 990 (2016)									
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
La Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's	tax								

year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

(B)

(A)

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

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

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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

			_						-			Page <b>8</b>
	s, Key I	Empl			, and	High				onti	-	
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41	1100	1164.			IISCC	auc.	/e/ vviic .	eceived	Ole ulan #100,555		Form <b>99</b>	2 (2016)
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any hours for related organizations below dotted line)  Fart VII, Section A  By but not limited to those listed above organization > 41  Officer, director or trustee, key employed organization > 41  officer, director or trustee, key employed organization > 41  officer, director or trustee, key employed organization > 41  officer, director or trustee, key employed organization > 41  officer, director or trustee, key employed organization > 41  officer, director or trustee, key employed organization > 41  officer, director or trustee, key employed organization > 41  officer, director or trustee, key employed organization > 41  officer, director or trustee, key employed organization > 41  officer, director or trustee, key employed organization org	(B) Average hours per week (list any hours for related organizations below dotted line)  Individual trustees below dotted line)  Position (do not check me than one box, unless pers is both an officer and a director/trustee)  Individual trustees 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Part	VI											
		Check If Schedu	le O contains	a respo	onse or note to any	(,	nis Part VII <b>A)</b> evenue	Re e	(B) lated or xempt inction	(C) Unrelat busine revent	ed ss	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ne	1a	1			re	evenue			512-514
nts nts		<b>b</b> Membership dues		1b	<u> </u>							
3ra nou		c Fundraising events		1c								
IS. (		<b>d</b> Related organization		1d								
Giff ila		e Government grants (c		1e	21,671,923							
ns, Sim		f All other contributions			<u>                                     </u>							
atio er (		and similar amounts n above	ot included	1f								
Ę		g Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$	_									
	<u> </u>	n Total.Add lines 1a-1	1f	• •			,671,923					
T.	2:	Membership Dues			Dusiriess	900099	4.8	303,197	4,803	3.197		+
4	_	Sponsorships				900099		577,298	4,577			
Ce F	c	Banner Program				900099	2,!	512,229	2,512	2,229		
Ϋ́	d	Publication Revenue				900099		358,646	2,358	<del>*  </del>		
E	e	Interactive Income				900099	2,2	210,864	2,210	1,864		+
Program Service Revenue	f	All other program se	ervice revenue	:	16.4	162,234						
4		Total.Add lines 2a-2			<u> </u>	102,257						
		Investment income (i similar amounts) .			interest, and other	.	1,16	1				1,161
		Income from investm			ond proceeds	.						
	5	Royalties			•	· [	1,332,73	6	1,332,736			
	_	Gross rents	(ı) Rea	I	(II) Personal							
	Oč	Gross rents										
	ŀ	Less rental expenses										
		Rental income or				-						
		(loss)										
	•	d Net rental income o	(i) Securit		(II) Other			-				
	7 <i>a</i>	Gross amount from sales of assets other	(i) Securit	cics	(II) Other	-						
	ŀ	than inventory  Less cost or other basis and				-						
		sales expenses										
		Gain or (loss) In Net gain or (loss)	L			4						
		Gross income from f			<b>•</b>			+				
Other Revenue		(not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of a								
Re	ŀ	Less direct expense	s	ь								
er		Net income or (loss)			ents	_						
<b>₽</b>	9a	Gross income from g See Part IV, line 19		ies								
				а								
		Less direct expense		Ь								
		Ret income or (loss)  Gross sales of invent		activit	:ies ▶	1		+				
		returns and allowand		a								
	ŀ	Less cost of goods s	sold	b								
	•	Net income or (loss)  Miscellaneous		invent				_				
	11		Revenue		Business Code							
	ŀ	·						+				
	•							†				
	•	d All other revenue .										
	•	Total. Add lines 11a	-11d		>							-
	12	<b>2 Total revenue.</b> See	Instructions				39,468,05	4	17,794,970		0	1,161
							, , 30		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Form <b>990</b> (2016)

form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	-		plete column (A)	
Check if Schedule O contains a response or note to an	line in this Part IX			<u>, U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,147,641			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,497,968			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	954,850			
9 Other employee benefits	1,712,546			
<b>10</b> Payroll taxes	1,026,128			
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	226,015			
c Accounting	171,259			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	533,017			
12 Advertising and promotion	5,643,003			
13 Office expenses	851,199			
14 Information technology	426,513			
<b>15</b> Royalties				
<b>16</b> Occupancy	1,443,754			
<b>17</b> Travel	918,774			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
19 Conferences, conventions, and meetings	3,866,927			
<b>20</b> Interest	9,621			
21 Payments to affiliates	,			
22 Depreciation, depletion, and amortization	79,604			
23 Insurance	115,047			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a TOURISM	2,638,326			
b PUBLICATIONS	1,091,637			
c LICENSING COSTS	799,686			
d BAD DEBT EXPENSE	376,165			
e All other expenses	486,636			
Total functional expenses. Add lines 1 through 24e	37,016,316			
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)				

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or 30

Net

Intangible assets . . . . . .

Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . . .

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

key employees, highest compensated employees, and disqualified

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	1,000	1	1,000
2	Savings and temporary cash investments	5,365,827	2	8,299,817
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,138,387	4	1,777,694
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$		6	

S	6	II of Schedule L Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations.		6			
e e	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		4,511	8		
⋖	9	Prepaid expenses and deferred charges			914,464	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	381,531			
	b	Less accumulated depreciation	10b	99,616	38,098	10c	
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		12			

et	7	Notes and loans receivable, net				7	
\$8	8	Inventories for sale or use			4,511	8	2,328
A	9	Prepaid expenses and deferred charges			914,464	9	831,654
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	381,531			
	ь	Less accumulated depreciation	<b>10</b> b	99,616	38,098	10c	281,915
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line		13			

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12,602,946

2.013,442

3,753,006

5.252.655

11,019,103

1.583.843

1,583,843

12.602.946

Form **990** (2016)

1.548.560

10.010.847

1,563,072

3,621,839

7.408.774

12,593,685

-2.582.838

-2,582,838

10.010.847

2c

3a

3b

Yes

No

Form 990 (2016)

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

## Additional Data

Software ID:

Software Version: **EIN:** 13-5531178

Name: NYC & COMPANY INC.

Form 990 (2016)

Form 990, Part III, Line 4a: Marketing & interactive - promotes the New York City brandworldwide, highlighting its shopping, entertainment, cultural anddining offerings. As part of this mission, the interactivedepartment utilizes technology and our website to create tools and materials that both residents and visitors can use to improve their New York City experience

Tourism - promotes travel to New York City across the globe, leveraging trade relationships, creating cooperative promotions and working with international PR teams to drive

Form 990, Part III, Line 4b:

tourism

Form 990, Part III, Line 4c: Sales & partnerships - strategically packages the City's marketingassets - including advertising programs, media resources, publicinitiatives and official City events - to third parties on a feebasis

Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest compa organization and Individual trust or director Office Former Key employee Institutional organizations MISC) MISC) related below dotted organizations line)

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Fred Dixon	39 00	Х		×		450,189	0	21,824

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Chairperson	1 00	l ''	^				
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President/CEO	1 00	_ ^	^			450,189	
Wilma Alonso	1 00	×				0	
Board member/Executive Committee		^				Ĭ	ĺ

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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Gina Argento

Board member

David Berliner

Board member

Jaclyn Bernstein

Board member

Andrew Bodziak

Daniel Boockvar

Board member

Thomas Bosco

Michael Burke

Board member

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Board member/Executive Committee

Board Member through March 2017

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related director below dotted organizations employee line) 1 00 Judith Byrd ...... Χ Board member

John Calvelli	1 00	x		
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Board member/Executive Committee	•••••	X		
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Susan Chin

Board member

Harry Coghlan

Board member

Michael Cogswell

Board member

Vıjay Dandapanı

Joe Daniels

Board member

Susan Delvalle

Board member/Executive Committee

Board Member through March 2017

Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compens Former Individual trustee or director Institutional organizations MISC) MISC) related director below dotted organizations employee line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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Tom Finkelpearl

Mike Fiorentino

Board member

Charles Flateman

Joel Fisher

Jeff Friday

Rick Friedberg

Board member

Ellen Futter

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Board member/Executive Committee

Board member/Executive Committee

Board member/Executive Committee

Board Member through March 2017

Board member/Executive Committee

Compensated Employees, and Independent Contractors (C) (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Individua or direct Former Instituti organizations MISC) MISC) related below dotted organizations line)

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Margaret Honey

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Paul Insalaco

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Board member/Executive Committee

Board member/Executive Committee

Board member/Executive Committee

Board member/Executive Committee

Board Member through March 2017

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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Eric Gordon  Board member		×					0	0	0
board member			l	l					1

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Office Highest compensati Former Individual trustee or director Key employee organizations Institutional MISC) related MISC) below dotted organizations line) Truste

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Melinda Katz	1 00	×				0	0	0
Board member		^					0	
Lynn Kelly	1 00	l .				0	0	0
Board member/Executive Committee		^					0	
David Keys	1 00	×				0	0	0
Board member/Executive Committee		^					ŭ	٠

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Board member/Executive Committee		×			0	
Pattı Lee	1 00	×			0	
Board member/Executive Committee					-	
Thomas G Lewis	1 00	V			0	
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Board Member through March 2017

Board member/Executive Committee

Lisa Linden

Kerry Mack

Erika Mallin

Board member

Board member

Board member

Board member

Mark Marmurstein

Susan Marenoff-Zausner

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line)

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Fernando Mateo

Board member

Spencer Means

Mitchell B Modell

Board member

Scott Nadeau

Anthony Napoli

Board member

Richard Nicotra

Board member

Tracy Nieporent

Travis Noves

Board member

Patricia Ornst

Board member

Julie Menin

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Board member/Executive Committee

Board member/Executive Committee

Board member/Executive Committee

Board member/Executive Committee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual to or director Highest compensatemplovee Former Institutiona organizations MISC) MISC) related below dotted organizations employ line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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		นธโลล	Trustee	99
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Board member/Executive Committee

Jonelle Procope

Board member

Laura Raicovich

Board member

Board member

Board member

Board member

Andreas Sappok

Board member

Joseph E Spinnato

Charlotte St Martin

Frances Resheske

Tarvn Sacramone

Marcus Samuelsson

Board member/Executive Committee

Board Member through March 2017

Board member/Executive Committee

Anthony Ramirez II

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest con Individual to or director Former Key employ Institutiona organizations MISC) MISC) related below dotted organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

		นรษะ	Trustee	99	npensated			
Alan Steel	1 00	×				0	0	
Board member/Executive Committee		_ ^					0	
Tim Tompkins	1 00							

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Alan Steel	1 00	×			0	0	
Board member/Executive Committee		,,			,	,	
Fim Tompkins	1 00	x			0	0	
Board member/Executive Committee		^			,	3	

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Jorge Daniel Veneciano

Gerri Warren Merrick

Lloyd A Williams

Jack Withiam Jr

Board member

Tren'ness Woods-Black

Board member/Executive Committee

Board member/Executive Committee

Board member/Executive Committee

Board member/Executive Committee

Board member

Peter Ward

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Alan Steel	1 00	×			0	0	
Board member/Executive Committee		^			,	,	
Tim Tompkins	1 00	х			0	0	
Board member/Executive Committee							
Marıa Torres-Sprınger	1 00						

Alan Steel	1 00	x				0	0	0
Board member/Executive Committee								
Tim Tompkins	1 00					0	0	0
Board member/Executive Committee		^				Ĭ	Ü	
Marıa Torres-Springer	1 00					0	0	0
Board Member through March 2017		^				0	0	0
Nick Valenti	1 00			Ī				

Tim Tompkins Board member/Executive Committee	1 00	х			0	0	0
Maria Torres-Springer Board Member through March 2017	1 00	х			0	0	0
Nick Valenti Board member/Executive Committee	1 00	x			0	0	0

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensatemplovee Former Individual trus or director Institutional organizations MISC) MISC) related director below dotted organizations employee line)

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34,810

41,258

31,346

33,105

6,451

32,991

31,180

314,132

274,142

261,926

229,498

197,186

184,511

179,994

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

		វិទូត	ustee
Kathy Wylde	1 00		
		l x	l
Board member		,,	
Brett Yormark	1 00		

Board member

Bryan Grimaldi

Kevin Booth

Jerry Cito

Kelly Curtin

Marty Markowitz

Christopher Heywood

SVP, Communications

Richard Lovatt

SVP, Finance

COO & General Council

Chief Financial Officer

SVP, Convention Development

SVP, Membership & Destination Services

VP, Borough Promotion and Engagement

Board member/Executive Committee

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

DLN: 93493134030438

EZ) ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Department of the Treasury www.irs.gov/form990.

**SCHEDULE C** (Form 990 or 990-

nterna	al Revenue Service							CCC.
			n Form 990, Part IV, Line 3, or Form 9		e 46 (Polit	ical Campaıg	ın Activities), tl	nen
• 5	Section 501(c) (oth	ner than section 5	mplete Parts I-A and B Do not complete 501(c)(3)) organizations Complete Part		Do not cor	mplete Part I-E	В	
	Section 527 organ		te Part I-A only n Form 990, Part IV, Line 4, or Form 9	990-F7. Part VI. lu	ne 47 (I ob	bvina Activiti	ies), then	
• 5	Section 501(c)(3) (	organizations tha	t have filed Form 5768 (election under s	section 501(h)) Co	omplete Pa	rt II-A Do not	complete Part II	
			t have NOT filed Form 5768 (election u n Form 990, Part IV, Line 5 (Proxy Ta					
Prox	xy Tax) (see sepa	arate instruction	s), then	,,		,	, ,	
	ne of the organiza	· /· · · ·	zations Complete Part III			Employer ide	entification nu	 ımber
NYC	: & COMPANY INC					13-5531178		
Par	t I-A Comple	te if the orga	nization is exempt under section	on 501(c) or is	a sectio		nization.	
1 2			nization's direct and indirect political car	mpaign activities ir	n Part IV			
3	Political expendit Volunteer hours	tures				•	\$	
		te if the orga	nization is exempt under section	on 501(c)(3).				
1			ax incurred by the organization under s			<b>•</b>	\$	
2	Enter the amoun	nt of any excise to	ax incurred by organization managers i	ınder section 4955		<b>&gt;</b>	\$	
3	If the organization	on incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?			☐ Yes	□ No
4a	Was a correction	ı made?					☐ Yes	□ No
b	If "Yes," describe							
	<del>-</del>		nization is exempt under section					
1		, ,	led by the filing organization for section	•			\$	
2	function activitie		ganization's funds contributed to other o	organizations for Se	ection 527	exempt ►	\$	
3	Total exempt fur	nction expenditur	res Add lines 1 and 2 Enter here and o	n Form 1120-POL,	lıne 17b	•	\$	
4	Did the filing org	janization file <b>For</b>	m 1120-POL for this year?				☐ Yes	□ No
5	organization mad	de payments For	employer identification number (EIN) o r each organization listed, enter the am	ount paid from the	filing orga	nization's fund	ds Also enter th	
			that were promptly and directly deliver ee (PAC) If additional space is needed,				h as a separate	segregated
	<b>(a)</b> Nan	ne	(b) Address	(c) EIN	(d) Amo	ount paid from	(e) Amoun	t of political
	(4) 114		(5) / (44) - 55	(6) 2111	`filing o	rganization's	contributio	ns received
					runas .	If none, enter -0-	dırectly de	nptly and livered to a
								political on If none,
							ente	r -0-
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ror P	aperwork Reductio	n ACT Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500845	Schedule (	C (Form 990 or 9	90-EZ1 2016

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990, OMB No 1545-0047

DLN: 93493134030438

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

Inspection

	me of the organization C& COMPANY INC				Employ	er identification	numb	oer
					13-553			
Pa	Organizations Maintaining Donor Complete if the organization answere				or Accou	nts.		
	· •	(a) Donor advised	l funds		<b>(b)</b> Fur	nds and other acco	unts	
1	Total number at end of year							<u>_</u>
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 funds are the organization's property, subject to t				advised		Yes	
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?						Yes	□ No
Pa	rt III Conservation Easements. Complet	e if the organization a	inswere	ed "Yes" on Fo	rm 990, Pa	art IV, line 7.		
1	Purpose(s) of conservation easements held by the	e organization (check all i	that app	oly)				
	$\square$ Preservation of land for public use (e g , rec	reation or education)		Preservation of a	an historical	ly important land a	area	
	Protection of natural habitat			Preservation of a	certified hi	storic structure		
	Preservation of open space							
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservat	tion con	tribution in the f		nservation Held at the End o	of the	Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easemen	ts			2b			
c	Number of conservation easements on a certified				2c			
d	Number of conservation easements included in (c) structure listed in the National Register				2d			
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, exting	juished,	or terminated b	y the organ	ızatıon durıng the		
4	Number of states where property subject to conse	ervation easement is loca	ted ►_					
5	Does the organization have a written policy regar and enforcement of the conservation easements i		ing, ins	pection, handlin	g of violatio	ns,		No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of v	iolations	s, and enforcing	conservatio	n easements durir	ng the	year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violation	ons, and	l enforcing cons	ervation eas	ements during the	e year	
8	Does each conservation easement reported on lin	ie 2(d) above satisfy the	reauirer	nents of section	170(h)(4)(8	3)(1)		
	and section 170(h)(4)(B)(II)?	, ,	•			Yes		No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the org						
Par	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historic			her Simil	ar Assets.		
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, e	educatio	n, or research ir	n furtheranc			of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	FAS 116 (ASC 958), to re	port ın ı	ts revenue state	ement and b			
(	i) Revenue included on Form 990, Part VIII, line 1				•	<b>\$</b>		
(	i)Assets included in Form 990, Part X				•	<b>\$</b>		· 
2	If the organization received or held works of art, following amounts required to be reported under				nancıal gaın,	provide the		
а	Revenue included on Form 990, Part VIII, line 1				ı	<b>\$</b>		
b	Assets included in Form 990, Part X					<b>▶</b> \$		
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.		Cat N	o 52283D	Schedule D (Fo	orm 99	2016

Par	3111	Organizations Ma	aintaining Coll	ections of Ar	t, Histor	ical Ti	easui	res, or (	Other	Similar As	ssets (	continue	d)
3		the organization's acqu (check all that apply)	uisition, accessior	, and other reco	ords, check	any of	the foll	lowing th	at are a	sıgnıfıcant ı	use of its	s collecti	on
а		Public exhibition					Loan o	or exchan	ige prog	rams			
b		Scholarly research			e		Other						
c		Preservation for future	generations										
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5	Durin	g the year, did the orga s to be sold to raise fun								ular	□ Ye	es 🗆	No
Pai	rt IV	Escrow and Custo Complete if the org X, line 21.			Form 990	), Part	IV, lın	ne 9, or	reporte	ed an amou	unt on I	Form 99	00, Part
1a		e organization an agent, ded on Form 990, Part >		an or other interi	mediary foi	r contril	outions	or other	assets	not	☐ Y€	es 🗆	No No
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete th	ne following	g table				Α	mount		
c	Begin	ning balance			_				1c				
d	Addıt	ions during the year							1d				
е	Dıstrı	butions during the year	-						1e				
f	Endın	ig balance							1f				
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X, I	line 21, for	escrow	or cus	todial acc	count lia	bility?	☐ Y€	- F	 No
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here if th	ne explanat	tion has	been p	provided	ın Part )	KIII		г	
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organizati	on answe	red "Y	es" on	Form 9	90, Par	t IV, line 1	.0.		
_	_			(a)Current year	r <b>(b)</b> F	Prior yea	r (	<b>c)</b> Two yea	rs back	(d)Three yea	ars back	(e)Four	years back
	-	ing of year balance .											
		outions											
С	Net inv	estment earnings, gain	ns, and losses										
d	Grants	or scholarships	•										
е		expenditures for facilitie ograms	es										
f	Admını	strative expenses .											
g	End of	year balance											
2	Provid	de the estimated percer	ntage of the curre	nt year end bala	nce (line 1	.g, colu	mn (a))	) held as					
а	Board	d designated or quasi-ei	ndowment 🟲										
b	Perm	anent endowment 🟲											
С	Temp	orarily restricted endow	wment 🕨										
	The p	ercentages on lines 2a,	, 2b, and 2c shoul	d equal 100%									
3a		here endowment funds nization by	not in the posses	sion of the orgar	nization tha	at are h	eld and	l administ	ered fo	r the		Ye	es No
	(i) ur	nrelated organizations										a(i)	
Ь		elated organizations .es" on 3a(ii), are the rel		s listed as requir	 red on Sche	 edule R	· ·				<u> </u>	a(ii) 3b	
4		ribe in Part XIII the inte	-	•			•						
Pai	rt VI	Land, Buildings,											
		Complete of the org			Form 990	, Part :	IV, line	e 11a. S	ee For	n 990, Par	t X, lın	e 10.	
	Descri	ption of property	(a) Cost or oth (Investme		Cost or other	basis (d	ther)	(c)Accun	nulated d	epreciation		(d)Book v	alue ·
1a	Land												
	Buildin	-											
		old improvements					9,148			2,731			26,41
		nent					52,383			96,885			255,49
е	Other												
		Ines 1a through 1e (Co	olumn (d) must ed	ual Form 990. F	Part X. colu	mn (B)	line 1	O(c) ) .	_	<b>•</b>			281.91

			0, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(b)Book value		od of valuation of-year market value
(1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
(2)Closely-held equity interests	· ·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>		
Part VIII Investments—Program Related. Complete if the See Form 990, Part X, line 13.	organization answe	red 'Yes' on Form 9	990, Part IV, line 11c.
(a) Description of investment	(b) Book value		od of valuation f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organization answered 'Ye	s' on Form 990 Part I\	/, line 11d See Form	990. Part X. line 15
(a) Description	3 011101111 330, 141111		
• •	3 011 1 01111 330, Turc 11		<b>(b)</b> Book value 72,153
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS	3 3 11 3 11 1 3 3 3 7 1 a c 1 1		
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation	3 3 11 3 11 3 3 3 7 1 a c 1 3		(b) Book value 72,153 222,153 1,114,143
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4)	3 3 11 3 11 1 3 3 3 7 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(b) Book value 72,153 222,153 1,114,143
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5)	5 GHT GHT 350, TATE 1.		(b) Book value 72,153 222,153 1,114,143
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5)	3 011 01 11 33 07 1 at 1 1		(b) Book value 72,153 222,153 1,114,143
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6)			(b) Book value 72,153 222,153 1,114,143
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7)			(b) Book value 72,153 222,153 1,114,143
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8)			(b) Book value  72,153  222,153  1,114,143  89
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ			(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.			(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) Description of liability	vered 'Yes' on Form		(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes	vered 'Yes' on Form	value	(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  ACCRUED PENSION COSTS	vered 'Yes' on Form	value 4,049,871	(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  ACCRUED PENSION COSTS	vered 'Yes' on Form	value	(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  ACCRUED PENSION COSTS  CAPITAL LEASE/CURRENT PORTION	vered 'Yes' on Form	value 4,049,871	(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  ACCRUED PENSION COSTS  CAPITAL LEASE/CURRENT PORTION  CAPITAL LEASE/NON-CURRENT PORTION	vered 'Yes' on Form	4,049,871 90,042	(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  ACCRUED PENSION COSTS  CAPITAL LEASE/CURRENT PORTION  CAPITAL LEASE/NON-CURRENT PORTION  DEFERRED COMPENSATION (CONTRA)	vered 'Yes' on Form	value 4,049,871 90,042 154,795	(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  ACCRUED PENSION COSTS  CAPITAL LEASE/CURRENT PORTION  CAPITAL LEASE/NON-CURRENT PORTION  DEFERRED COMPENSATION (CONTRA)  DEFERRED COMPENSATION (CONTRA)  DEFERRED RENT  RESTRICTED/CHINATOWN KIOSK REMOVAL	vered 'Yes' on Form	value 4,049,871 90,042 154,795 72,153	(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  ACCRUED PENSION COSTS  CAPITAL LEASE/CURRENT PORTION  CAPITAL LEASE/NON-CURRENT PORTION  DEFERRED COMPENSATION (CONTRA)  DEFERRED COMPENSATION (CONTRA)  DEFERRED RENT  RESTRICTED/CHINATOWN KIOSK REMOVAL	vered 'Yes' on Form	value  4,049,871  90,042  154,795  72,153  835,794	(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete If the organization answ See Form 990, Part X, line 25.	vered 'Yes' on Form	value  4,049,871  90,042  154,795  72,153  835,794	(b) Book value  72,153  222,153  1,114,143  89  1,408,538
(1) DEFERRED COMPENSATION (2) SECURITY DEPOSITS (3) ACCRUED INCOME (4) Due from NYC & Company Foundation (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  ACCRUED PENSION COSTS  CAPITAL LEASE/CURRENT PORTION  CAPITAL LEASE/NON-CURRENT PORTION  DEFERRED COMPENSATION (CONTRA)  DEFERRED RENT  RESTRICTED/CHINATOWN KIOSK REMOVAL (7)	vered 'Yes' on Form	value  4,049,871  90,042  154,795  72,153  835,794	(b) Book value  72,153  222,153  1,114,143  89  1,408,538

Part XI

2

а

b

c

d

е

3

4

5

1

2

b

d

е 3

а

b

c

Part XIII

5

4

b

Part XII

Schedule D (Form 990) 2016

Page 4

62,401,906

39,468,054

39,468,054

### Donated services and use of facilities . Recoveries of prior year grants . . . Other (Describe in Part XIII ) . .

Other (Describe in Part XIII ) . . . . .

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

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 ) . . . . .

Supplemental Information

Add lines 2a through 2d . . .

Subtract line 2e from line 1 .

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

2c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

2d

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

2a

2b 2c

2d

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b

2a

2b

3 4c

2e

60,686,963

1,714,943

60,686,963

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 97,703,279

60,686,963 37.016.316 37,016,316

Schedule D (Form 990) 2015

2e 3 4c 5

Page <b>5</b>		Schedule D (Form 990) 2015		
	ation (continued)	Part XIII Supplemental Infor		
	Explanation	Return Reference		

Schedule D (Form 990) 2016

## **Additional Data**

# Software ID: Software Version:

**EIN:** 13-5531178

Name: NYC & COMPANY INC

### **Supplemental Information**

Return Reference	Explanation				
Part X, Line 2	The Company follows the accounting guidance for uncertainty in income taxes which provides a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Using the is guidance, the Company may recognize the tax benefit from an uncertain tax position in its financial statements only if it is more-likely-than-not (i.e., a likelihood of more than 50%) that the tax position will be sustained on examination by the taxing authorities, be ased on the technical merits of the position. Management believes the Company has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements as of June 30, 2017. The Company's tax returns for all years since 2013 remain open to examination by the respective taxing authorities. There are currently no tax examinations in progress.				

upplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Pension related GAINS 1,714,943

Sι

DLN: 93493134030438

OMB No 1545-0047

2015

Open to Public Inspection

### Schedule J (Form 990)

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization NYC & COMPANY INC

**Employer identification number** 

			13-5531178				
Pa	art I Questions Regarding Compensation						
					Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	─ First-class or charter travel	Г	Housing allowance or residence for personal use				
	Travel for companions	Г	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Ľ	Health or social club dues or initiation fees				
	□ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the org	1b	Yes				
2	Did the organization require substantiation prior to re						
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensa	at appl	y Do not check any boxes for methods				
	□ Compensation committee	Γ	Written employment contract				
	Independent compensation consultant	Ľ	Compensation survey or study				
	Form 990 of other organizations	Ľ	Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, For a related organization	Part VI	II, Section A , line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control p	oaymer	nt?	4a		Νo	
b	Participate in, or receive payment from, a supplemen	ticipate in, or receive payment from, a supplemental nonqualified retirement plan?				Νo	
c	Participate in, or receive payment from, an equity-ba	Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and pro		-				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions m	ust complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of	line 1	a, did the organization pay or accrue any				
а	The organization?			5a			
b	Any related organization?			5b			
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1	a, did the organization pay or accrue any				
а	The organization?			<b>6</b> a			
b	Any related organization?			6b			
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7			
8	Were any amounts reported on Form 990, Part VII, p subject to the initial contract exception described in		·				
	ın Part III	-		8			
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	table presumption procedure described in Regulations	9			

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

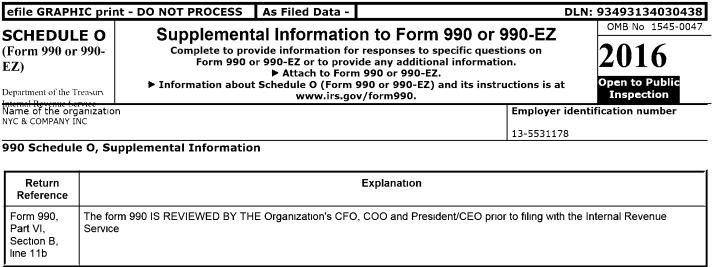
Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(I)-(D) column(B) reported (11) (111) Base compensation as deferred on prior Bonus & incentive Other reportable (I) compensation compensation compensation Form 990 1 Fred DixonPresident/CEO 449,739 (i) 0 450 7,950 13,874 472.013 Ω 0 0 0 0 0 0 0 (ii) 2 Bryan Grimaldi 313,682 0 450 7,950 26,860 348,942 0 (i) COO & General Council 0 0 0 0 0 Ω Ω (ii) 3 Kevin Booth 273,692 (i) 0 450 7,950 33,308 315,400 0 Chief Financial Officer 0 0 0 0 0 Ω (ii) SVP, Convention 226,476 (i) 35,000 450 7,937 23,409 293,272 0 4 Jerry CitoDevelopment 0 0 0 0 O (ii) 5 Kelly Curtin 229,048 450 n 7,133 25,972 262,603 0 SVP, Membership & Destination Servic 0 0 0 0 0 0 0 (ii) 6 Marty Markowitz 195,318 (i) 1,868 5,618 833 203,637 0 VP, Borough Promotion and Engagement 0 0 0 0 0 0 (ii) 7 Christopher Heywood 184,055 (i) Λ 456 5,685 27,306 217,502 0 SVP, Communications 0 0 0 0 0 0 0 (ii) 8 Richard Lovatt 179,717 (i) Ω 277 0 31,180 211,174 0 SVP, Finance 0 0 0 (ii)

Schedules (Form 330) 2013	i age o						
Part IIII Supplemental Infor	mation						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference Explanation							
Part I Line 1a	The company reimbursed the CEO for the cost of membership dues. This amount was provided as a non-taxable benefit and is included on Schedule 1. Part						

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

II, Column (D)



Return Explanation
Reference

Form 990,
Part VI,
Section B,
line 12c
Interest are to be documented in the matter Such matters involving the existence of conflicts of interest are to be documented in the minutes of the governing board All such matters are overseen by the Office of general Counsel that dedicates resources towards training and en forcement of the conflicts of interest policy

990 Schedule O, Supplemental Information

Return Explanation
Reference

990 Schedule O, Supplemental Information

017

Form 990,
Part VI,
Section B,
line 15

The employment, compensation and other terms and conditions of employment, of the corporat
ion's Chief Executive Officer and Chief Financial Officer is voted on by the Board. The co
mpensation of other officers is reviewed by the Finance Committee in conjunction with budg
et review, and ultimately approved by the CEO compensation data from similarly situated in
on-profit organizations is utilized as part of the review process. The meetings of the com
pensation committee are contemporaneously Documented. THIS PROCESS WAS LAST COMPLETED in 2

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 19

Form 990,
Part VI,
Section C,
ORG

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request FORM 990 is ALSO AVAILABLE AT GUIDESTAR

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Pension related GAINS 1.714.943 Part XI, line

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part XII, Line
12c

The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. The process has not changed from the prior year.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134030438 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** NYC & COMPANY INC 13-5531178 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ns</b> Complete if the org	anization answered '	"Yes" on Form 990,	, Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) con entit	512(b) trolled
(1)NYC & COMPANY FOUNDATION 810 SEVENTH AVENUE - THIRD FLOOR	PROMOTION	NY	501(C)(3)	Line 7	NYC & Company Inc	Yes	No
NEW YORK, NY 10019 13-4020446							
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 5013!	5Y		Schedule R (Form	990) 20	<u> 16</u>

		(b)	1 1		1 45	1 40	1 .			1 ()		., 1	
(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	ed, total incom m						j) eral or aging ener?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9	90, Part IV	, line	34	
Identification of Related Organiza because it had one or more related or  (a)  Name, address, and EIN of related organization		L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	of- Perce	, line  i)  ntage ership	Se (1	(I) ection 512 3) control entity
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3

Schedule R (Form 990) 2016		Pa	ige <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	. 11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) (b) (c) Name of related organization Transaction Amount involved Method of determ	( <b>d)</b> nining amount i	involved	1

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

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

<b>1</b>																
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner?		(k) Percentage ownership	
			514)	Yes	No	<b>!</b>		Yes	No		Yes	No				
										Schedul	le R (Form	1 99	0) 2016			

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016