Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

For the 2017 calendar year, or tax year beginning , 2017, and ending . 20 C Name of organization Alliance for Contraception in Cats & Dogs D Employer identification number R Check if applicable: Address change Doing business as ACC&D 41-2185841 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 11145 NW Old Cornelius Pass Road (503)358-1438Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated PORTLAND, OR 97231 Amended return G Gross receipts \$ 474,566. Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes No Joyce Briggs, 11145 NW Old Cornelius Pass Road, Portland, OR 97231 H(b) Are all subordinates included? Tes No If "No," attach a list. (see instructions) **×** 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: Website: ▶ www.acc-d.org **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association 2005 M State of legal domicile: OR L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: The mission of the Alliance for Contraception in Cats & Dogs (ACCAD) 1 is to advance non-surgical fertility control so as to effectively Activities & Governance and humanely reduce the number of unwanted cats and dogs. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 3 6 6 25 Total unrelated business revenue from Part VIII. column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** 336,034 8 Contributions and grants (Part VIII, line 1h) 474,119. Revenue 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 448 447. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 474,566. 336,482 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 64,818 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 215,507 236,703. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ► 29,495. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 93,591. 93,589. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 373,916. 330,292. 19 Revenue less expenses. Subtract line 18 from line 12 -37,434. 144,274. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 699,801. 875,067. 21 Total liabilities (Part X, line 26) . 16,427. 47,419. 22 Net assets or fund balances. Subtract line 21 from line 20 683,374. 827,648. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 08/03/2018 Sign Signature of officer Date Here Kevin Morris, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if **Paid** Christy Niezgodzki CPA 08/02/2018 self-employed P00805145 Christy Niezgodzki CPA **Preparer** Firm's name ► Christy Niezgodzki, CPA Firm's EIN ▶ **Use Only** Phone no. (602)380-9264Firm's address ▶ 7510 N 14th Ave, Phoenix, AZ 85021-8012 May the IRS discuss this return with the preparer shown above? (see instructions) . . . X Yes ☐ No

Page **2**

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To achieve this mission, ACC&D provides scientifically sound and
	animal welfare-oriented resources to stakeholders, supports the appropriate distribution of available products suitable for the humane control of cat
	See Part III, Ln 1 statement
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 72,374. including grants of \$ 0.) (Revenue \$ 0.)
40	
	Female Cat Contraceptive Development (GonaCon): Our study of a contraceptive vaccine called GonaCon for free-roaming cats concluded
	in February 2017. Our study demonstrated that GonaCon, as currently formulated,
	does not have sufficient real-world efficacy to pursue as a non-surgical contraceptive
	for cats. This critical study was a necessary part of advancing this field
	and transforming animal population control and welfare, and we are proud that the
	study simultaneously saved the lives of 44 once-homeless cats and launched
	a new, progressive model of research specifically to help free-roaming cats with
	the highest standards for animal well-being. In early 2018 our first manuscript on the results
	of this study was published in the Journal of Feline Medicine and Surgery
	a 2nd manuscript will be published mid-2018.
4b	(Code:) (Expenses \$ 77,005. including grants of \$ 0.) (Revenue \$ 0.)
40	(Code:) (Expenses \$ 77,005. including grants of \$ 0.) (Revenue \$ 0.) Think Tank on Ethical Decision Making/Symposium:
	In February 2017 ACC&D held a "Think Tank" on the topic of ethical decision-making
	when trialing innovations to help animals, in field settings. 24 participants
	from five countries considered the event very successful, and created several
	follow up projects to address the gaps identified. ACC&D developed initial online
	resources, and continued work on a veterinary guidance into 2018. From those
	guidelines we aim to create interactive online training and resource materials for
	those innovating to help animals. Outcome reports and progress can be seen
	at www.acc-d.org, including a publication in January 2018 in the international
	peer reviewed journal Animals journal Animals, in their special issue on
	"Animal Ethics" edited by Dr James Yeates, Chief Veterinary Officer, at the RSPCA.
4c	(Code:) (Expenses \$ 98,099. including grants of \$ 0.) (Revenue \$ 0.)
	Other program accomplishments include:
	Visual ID for Treated Animals:
	In 2017, we advanced our initiative to identify non-surgically sterilized
	dogs and cats by improve upon a cat ear tag, and exploring a novel use of
	microneedle patches to painlessly tattoo the inside of ear.
	Education and Outreach:
	To serve as an independent resource for information about non-surgical
	fertility control methods, ACC&D staff and Board members exhibited and/or presented
	at The HSUS Animal Care Expo, Best Friends National Conference, and the 8th International
	Conference on Wildlife Fertility Control. We recorded a webinar being
	See Part III, Ln 4c statement
44	Other program services (Describe in Schedule O.)
→u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 247 478

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

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
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		×
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		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	274		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		_^
D	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		×
00	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		^
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	000		١.,
07		26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			l
20		27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	×	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	

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Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Fortunation and the control in Day 0 of Forms 4000. Fortun 0 if not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
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		×
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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
-	gifts were not tax deductible?	6b		
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 services provided to the payor?	7a		×
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		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
Ü	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. 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			

×

14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 12 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. Enter the number of voting members included in line 1a, above, who are independent . 1b 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c × 13 13 × Did the organization have a written document retention and destruction policy? 14 14 × 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a × 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 See Part VI, Line 17 stmt Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X 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 policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ The Organization, 11145 NW Old Cornelius Pass Road, Portland, OR 97231 (503)358-1438

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

Form 990 (2017)

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

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

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

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

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

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

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

Officer this box in flettile, the organization in		l o.g.	<u> </u>		C)	<u> р с</u>				, ,
(A) Name and Title	(B) Average hours per week (list any	box, office	unles	eck s pe d a d	rson	e than o is both or/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joyce Briggs, M.S. Secretary	40.00	×		×		×		109,604.	0.	0.
(2) Linda Rhodes, VMD, PhD Director	2.00	×						0.	0.	0.
(3) G. Robert Weedon, DVM, MPH Director	2.00	×						0.	0.	0.
(4) Elly Hiby, PhD Chair, Director	2.00	×		×				0.	0.	0.
(5) John Boone, PhD Vice Chair	2.00	×		×				0.	0.	0.
(6) Betsy Banks Saul Director	2.00	×						0.	0.	0.
(7) Amy Fischer, PhD Director	2.00	×						0.	0.	0.
(8) Betsy McFarland Director	2.00	×						0.	0.	0.
(9) Kevin Morris, PhD Treasurer, Director	2.00	×		×				0.	0.	0.
(10) Holly Hazard, JD Director	2.00	×						0.	0.	0.
(11) Gregory Castle, MPhil Director	2.00	×						0.	0.	0.
(12) Jesse Winters Director	2.00	×						0.	0.	0.
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (c	ontinu	ed)	-	
	(A) Name and title	Name and title Average hours per			Posi eck s pe	more rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation from				
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		compo froi orgar and	ther ensation in the nization related izations	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)							> > >	109,604.		0.			0.
2	Total number of individuals (including but reportable compensation from the organi	t not limited				ed				ore than \$10		of		
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>	ficer, direct				ee,	key e					3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	oortal an \$1	ole (150,	com 000	nper	nsatio	n a s,"	nd other comp	ensation fro	om the			×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	mpei	nsat	ion	fror	m any	un un	related organiz			5		×
Section	on B. Independent Contractors	. 11 700, 0	ОПР	010	0011		110 0 1	0, 0	acii perceii			5		×
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of se	ervices	((C) Compens	ation	
	Total number of independent senting to	vo (in al. al.	a b	.+ :-	۱ م	ina!	04 ±	. 41-	ooo listad al-) , , , , , , , , , , , , , , , , , , ,				
2	Total number of independent contractor received more than \$100,000 of compens	•	_					ιn	iose iisted abo	ove) Wrio				

REV 12/05/17 PRO

1 01111 000 (201	7
Part VIII	Statement of Revenue
	Check if Schedule O contains a response or note to any line in this Part VIII

		Check if Schedule O contains a resp	onse or note to	o any line in this	s Part VIII		🖂
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
ran	b	Membership dues 1b					
ھَ 5	C	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	l -	Related organizations 1d					
ਤੂੰ ਛੂ	d						
Sir	e	Government grants (contributions) 1e					
atio er (f	All other contributions, gifts, grants,					
들본		and similar amounts not included above 1f	474,119.				
d of	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		474,119.			
ne			Business Code				
Λer	2a	Symposium Registration Fees	541990	0.	0.	0.	0.
æ	b						
<u>ië</u>	С						
ē	d						
E	е						
gra	f	All other program service revenue .					
Program Service Revenue	g	Total. Add lines 2a–2f	•	0.			
	3	Investment income (including divide	ends interest	<u> </u>			
		-	•	447.	447.	0.	0.
	4	Income from investment of tax-exempt be		117.	117.	0.	0.
	5	·	•				
	3	Royalties	(ii) Personal				
	C-		(ii) i oroonai				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	_d						
	7a	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	_	•					
	С	Gain or (loss)					
	d	Net gain or (loss)	🟲				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
ther	L .	See Part IV, line 18 a					
Ō		Less: direct expenses b Net income or (loss) from fundraising	events . ►				
			events .				
	ฮล	Gross income from gaming activities. See Part IV, line 19					
		-					
		Less: direct expenses b	'''				
		Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inve	entory 🕨				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a–11d	•				
	12	Total revenue. See instructions		474,566.	447.	0.	0.
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>		/•	<u> </u>	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 116,988. 87,741. 17,548. 11,699. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 94,871. 68,476. 13,197. 13,198. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,569. 471. 3,512. 472. Other employee benefits 5,640. 4,104. 9 768. 768. 10 Payroll taxes 15,692. 11,561. 2,276. 1,855. 11 Fees for services (non-employees): Management 0. 460 0. 460. Legal 11,840. 470. 11,370. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion 7,408. 6,063. 1,030. 315. 13 5,225. 5,002. 187. Office expenses 36. 14 Information technology 15 Occupancy 16 9,899. 9,619. 179. 101. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 0. 1,631. 1,631. 0. 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 2,597. 23 0. 2,597. 0. Other expenses. Itemize expenses not covered 24 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.) Symposium & Think Tanks 19,679. 0. 19,679. 0. 30,203. 30,203. 0. 0. Research Payroll processing 0. 3,114. 3,114. 0. Fundraising 756. 0. 756. 0. 777. 360. 122. 295. All other expenses Total functional expenses. Add lines 1 through 24e 25 330,292. 247,478. 53,319. 29,495. 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 following SOP 98-2 (ASC 958-720) if

Form 990 (2017) Page **11**

Part X Balance Sheet

	art X	Check if Schedule O contains a response or note to any line in this Pal	rt Y		
		Check if Schedule O contains a response of note to any line in this Pa	πχ	· ·	<u>□</u> (B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	42,349.	1	286,496.
	2	Savings and temporary cash investments	447,152.	2	447,600.
	3	Pledges and grants receivable, net	202,000.	3	140,000.
	4	Accounts receivable, net	5,150.	4	971.
	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) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,150.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	699,801.	16	875,067.
	17	Accounts payable and accrued expenses	16,427.	17	11,419.
	18	Grants payable		18	
	19	Deferred revenue		19	36,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ies	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
Liabilities		· · · · ·		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	16,427.	26	47,419.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and	10,42/.	20	47,419.
es		complete lines 27 through 29, and lines 33 and 34.			
Juc	27	Unrestricted net assets	608,374.	27	576,648.
als	28	Temporarily restricted net assets	75,000.	28	251,000.
d B	29	Permanently restricted net assets	, 5 , 5 5 6 7	29	201,000.
چَ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>let</u>	33	Total net assets or fund balances	683,374.	33	827,648.
~	34	Total liabilities and net assets/fund balances	699,801.	34	875,067.
			,		F 000 (0017)

Form **990** (2017)

Form 990 (2017) Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 474,566. Total expenses (must equal Part IX, column (A), line 25) 2 2 330,292. 3 3 144,274. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 683,374. 5 5 6 Donated services and use of facilities 6 7 7 8 8 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 827,648. Part XII **Financial Statements and Reporting** Yes No 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. × Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b × If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis

If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form **990** (2017)

×

2c

3a

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 1 (continued)

Continuation Statement

Description					
and dog populations, and facilitates research on topics relevant to					
the application, acceptance, and use of non-surgical fertility control methods.					
ACC&D is a not-for-profit organization formed in 2000. It grew out of a pivotal					
meeting at Virginia Tech and in early years operated as a program of					
Auburn University. The Organization was incorporated in 2005 as a stand-alone					
501(c)(3). It has held five international symposia to convene researchers, academics,					
, veterinarians, animal welfare professionals, and other stakeholders					
in advancing cat and dog fertility control. In 2017 planning was held					
for the 6th International Symposium on Non-Surgical Contraceptive Methods of					
Pet Population planned for mid-2018.					
In 2017, the Organization was guided by a 12-person Board of Directors and					
a 13-member Science Advisory Board. Both Boards have international					
representation and reflect significant volunteer support from senior leaders,					
veterinarians, scientists and academics. Several of these volunteers also contribute					
as the Scientific Advisory Board of the Michelson Prize and Grants					
program of the Found Animals Foundation, which has provided over \$15 million					
in grants since 2009 toward development of a non-surgical sterilant(s) for dogs and cats.					
ACC&D's Council of Stakeholders comprises leading organizations which					
provide key strategic and networking support as well as key financial resources					
resources to help ensure sustainability. Council members include Alley Cat Allies,					
the American Society for the Prevention of Cruelty to Animals (ASPCA),					
Best Friends Animal Society, The Humane Society of the United States (HSUS),					
International Cat Care, International Fund for Animal Welfare, Maddie's Fund,					
Petco Foundation, PetSmart Charities, and the Regina Bauer Frankenberg Foundation.					
Based in Portland, Oregon, ACC&D relies on grants from other not-for-profit					
organizations, private foundations, and individual major donors					
for its primary support.					

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

Continuation Statement

used for CE at the ASPCA Veterinary Training Center in Asheville, NC. Along with our website, the online portal makes resources like our Product Profile and Position Papers, comprehensive e-book on contraception and fertility control in cats and dogs, and presentations from symposia available at no cost to the global veterinary community.

Population Modeling to increase efficiency and effectiveness of feral cat population management:

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

Continuation Statement

Description					
We continued to advance our free-roaming cat population modeling project					
n conjunction with expert consultants. We continued work on a					
pioeconomic model that incorporates cost considerations of various population					
management strategies. Modeling also focused on optimal design of a					
multi-year cat contraceptive, which may be possible prior to a permanent alternative.					
ACC&D Director Dr. John Boone presented on our free-roaming cat work					
at The HSUS Expo and ACC&D convened a private meeting with Council members					
on this topic there and at the end of the year.					

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

Continuation Statement

	States Where Copy of Return is Required			
СО				
OR				
CA				
NY				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization					Employer Identification	number		
A11:	iance for Contraception	in Cats & 1	Dogs			41-2185841			
Pai	rt I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.		
The o	organization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)			
1	☐ A church, convention of church	nes, or association	on of churches descri	ibed in se	ction 17	0(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	☐ A hospital or a cooperative hos	spital service org	anization described i	n sectior	170(b)(1)(A)(iii).			
4	A medical research organization						(iii). Enter the		
	hospital's name, city, and state	e:							
5	An organization operated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in		
	section 170(b)(1)(A)(iv). (Comp					, g			
6	☐ A federal, state, or local govern	•	mental unit described	l in secti o	n 170(h)	(1)(Δ)(_V)			
7	X An organization that normally ✓						the general public		
•	described in section 170(b)(1)			port iron	a govon	innontal and of hon	r the general pashe		
8	☐ A community trust described in		·	Dort II \					
9	☐ An agricultural research organi or university or a non-land-gra								
	university:	in college of agri	iculture (see iristructio	ons). Ente	r the nan	ie, city, and state of	the college of		
10	☐ An organization that normally r	aceives: (1) more	a than 331/20% of its si	innort fro	m contril	hutions membershir	n fees and gross		
10	receipts from activities related								
	support from gross investment	income and unr	related business taxal	ble incom	ie (less se	ection 511 tax) from	businesses		
	acquired by the organization a								
11	An organization organized and	•	•	•		` ' ' '			
12	An organization organized and								
	of one or more publicly suppo								
	Check the box in lines 12a thro	_	• • • • •		•	·			
а									
	the supported organization					he directors or trust	ees of the		
	supporting organization. You	-	-						
b									
	control or management of		=		persons	that control or mana	age the supported		
	organization(s). You must	-	•						
С							ally integrated with,		
	its supported organization(, ,	•		-				
d									
	that is not functionally integ						d an attentiveness		
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.			
е							e II, Type III		
	functionally integrated, or T	ype III non-func	tionally integrated sup	oporting o	organizat	ion.			
f	Enter the number of supported of								
g	Provide the following information	about the supp	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
			(described on lines 1–10 above (see instructions))		ir governing nent?	support (see instructions)	other support (see instructions)		
						inou detione)			
				Yes	No				
(A)									
(B)									
(_,									
(C)									
,									
(D)									
(E)									
Tota	1					I			

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 474,119. 1,924,328. 232,826. 541,986. 339,363. 336,034. levied 2 revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 232,826. 541,986. 339,363. 336,034. 474,119. 1,924,328. 4 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 239,381. Public support. Subtract line 5 from line 4 1,684,947. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 232,826. 541,986. 474,119.1,924,328. 7 Amounts from line 4 339,363. 336,034. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 535. 448 2,133. 535. 447. 4,098. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 1,928,426. Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 87.37% Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Page 3

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

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

Secti	on A. Public Support			, ,		/	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sooti	on B. Total Support						
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a) 0017	(f) Total
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2013	(D) 2014	(C) 2015	(d) 2016	(e) 2017	(f) Total
9 10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	•			•		. , . ,
	organization, check this box and stop he						🕨 🗌
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8						%
16	Public support percentage from 2016 Sch	nedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2017 (. ,	•	. , ,		%
18	Investment income percentage from 2016						%
19a	33¹/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box	_	_	-		-	_
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/3%, check this l	_	=	=	-		
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Part IV **Supporting Organizations**

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

All Supporting Organizations

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

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions		, ,	Current Year					
1	Amounts paid to supported organizations to accomplish								
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted							
3	Administrative expenses paid to accomplish exempt purp	nizations							
4	Amounts paid to acquire exempt-use assets								
5	5 Qualified set-aside amounts (prior IRS approval required)								
6									
7									
8									
9	Distributable amount for 2017 from Section C, line 6								
10	Line 8 amount divided by line 9 amount		(ii)	/:::\					
Se	(iii) Distributable Amount for 2017								
1	Distributable amount for 2017 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2017								
a									
b	From 2013								
c	From 2014								
d	From 2015								
e	From 2016								
f	Total of lines 3a through e								
<u>g</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2017 distributable amount								
<u>i</u> _	Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
<u>J</u>	Distributions for 2017 from								
	Section D, line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2017 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.								
7	Excess distributions carryover to 2018. Add lines 3j and 4c.								
8	Breakdown of line 7:								
а	Excess from 2013								
b	Excess from 2014								
С	Excess from 2015								
d	Excess from 2016								
е	Excess from 2017								

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name o	of the organization							Ei	mploye	r ider	ntificati	ion nui	mber		
All:	iance for Conti	raception	in Cats &	Dogs	S				4121	.858	341				
Par	t I Excess Benef	fit Transaction e organization	ns (section 501	(c)(3)	, section	501(c)(4), a	ind 50	11(c)(29) org	anizat	tions	only)	Part '	V line	40h	
	Complete ii tii						1110 20						v,c	(d) Corrected?	
1			(b) Relationship between disqualified person and organization				(c) Description of tran			saction			Yes	No	
(1)														103	110
(2)															
(3)															
(4)															
(5)															
(6)															
2	Enter the amount	of tax incurred	by the organ	nizatio	on manag	gers or dis	qualif	ied persons	s durii	ng th	he ye	ar			
	under section 4958										!	> \$	5		
3	Enter the amount of	f tax, if any, on	line 2, above,	reimb	oursed by	the organ	izatio	n			1	▶ \$	S		
Part	Loans to and	or From Inter								_					
		e organization eported an am						38a or For	m 990), Pa	rt IV,	line 2	6; or i	t the	
(a) N	lame of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to or	(e) Origin	nal	(f) Balance	due (a) In d	lefault?	(h) Ap	proved	(i) W	ritten
` ,	•	with organization	loan	fr	from the principal			ľ			by board or committee?		agree		
				orga	anization?	-			1			COITIII	iiiiee?	<u> </u>	
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)									+						
(6) (7)															
(8)															
(9)															
(10)															
Total					<u> </u>		.▶	\$							
Part	Grants or Ass	sistance Bene ne organization	fiting Interest	ed Pe	ersons.		ine 27	7							
(a)	Name of interested persor	n (b) Relations	ship between inter	ested		-	1	(d) Type of assi	istance		(e)	Purpo	se of a	ssistan	ce
(4)		person	and the organization	ווכ											
(1) (2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															

Part IV	Business Transactions Invol Complete if the organization a	ving Interested Persons. Inswered "Yes" on Form 99	00, Part IV, line 28a,	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(d) Description of transaction	(e) Sha organiz reven	ation's	
					Yes	No
(1) _{Clo}	owder Concepts LLC	Amy Fischer own	33768.	GonaCon research expen		X
(2)				_		
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information Provide additional information	for responses to questions	s on Schedule L (se	e instructions).		
<u>L</u>	The Organi	zation's Board of I	Directors inc	ludes one individual who	ıis.	al