Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

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

Open to Public

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2020 calendar year, or tax year beginning 2020, and ending , 20 C Name of organization Alliance for Contraception in Cats & Dogs Check if applicable: D Employer identification number Address change Doing business as ACC&D 41-2185841 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 2815 NE 66th Ave Initial return (503)358-1438 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Portland, OR 97213 G Gross receipts \$ 367,385. Amended return F Name and address of principal officer: H(a) is this a group return for subordinates? Yes X No Application pending Joyce Briggs, 2815 NE 66th Ave, Portland, OR 97213 H(b) Are all subordinates included? Yes No X 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: 501(c) () < (insert no.) Website: ▶ www.acc-d.org H(c) Group exemption number ▶ Form of organization: X Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 2005 M State of legal domicile: OR Part I Briefly describe the organization's mission or most significant activities: Our mission is to advance non-surgical sterilants and contraceptives for cats and dogs and to promote their global accessibility. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Current Year Contributions and grants (Part VIII, line 1h) . . 8 188,106 320,155. Revenue Program service revenue (Part VIII, line 2g) 9 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 10,853. 9,803. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 198,959 329,958. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,000 Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 232,655. 226,415. 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 52,780. 44,992. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 286,435. 271,407. 19 Revenue less expenses. Subtract line 18 from line 12 -87,476. 58,551. Assets or Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 805,668. 691,864. 21 Total liabilities (Part X, line 26) . . . 14,880. 12,107. Net A 22 Net assets or fund balances. Subtract line 21 from line 20 676,984. 793,561. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer jother than officer) is based on all information of which preparer has any knowledge. 06/10/2021 ma Sign Here Kevin Morris, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Christy Niezgodzki CPA Christy Niezgodzki CPA Preparer Firm's name > CHRISTY A NIEZGODZKI, CPA Use Only Firm's address ▶ 7510 N 14th Ave, Phoenix, AZ 85021 May the IRS discuss this return with the preparer shown above? See instructions

REV 05/18/2

For Paperwork Reduction Act Notice, see the separate instructions. BAA

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Our mission is to advance non-surgical sterilants and contraceptives
	for cats and dogs and to promote their global accessibility.
	ACC&D is a catalyst to advance new methods of non-surgical birth control
	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
Ū	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 \$ 49,622. including grants of \$ 0.) (Revenue \$ 0.)
та	
	Marking Non-Surgically Contracepted/Sterilized Animals:
	Our project exploring the use of microneedle patches to tattoo an animal's ear
	progressed in 2020 despite several COVID challenges. Microneedle patches
	are being developed to administer the flu vaccine to humans, among other uses.
	Application is reported to be painless by both adults and children.
	We've been working closely with Dr. Mark Prausnitz of the Georgia Institute
	of Technology to explore using these patches to tattoo the inside of a dog or
	a cat's ear to indicate that it has been non-surgically sterilized and/or
	vaccinated. We did a 2nd and 3rd pilot study in 2020 which helped
	advance product development. Work continues in 2021.
	(O-d
4b	(Code:) (Expenses \$ 129,727. including grants of \$ 0.) (Revenue \$ 0.)
	Two key projects including:
	Free-Roaming Cat Population Modeling:
	ACC&Ds team did custom modeling around COVID interruptions of spay/neuter
	in managed colonies. Results supported that prior efforts will pay off;
	we shared modeled date with the field to help them focus on how to strategically
	restart efforts. ACC&D's has published twice before on our modeling work.
	With support from consultant Dr. Phil Miller, Board member Dr. John Boone,
	economists from the USDA National Wildlife Research Center and several other
	volunteers on the modeling team we submitted a third manuscript, Policy Guidance
	for Management of Free-Roaming Community Cats: A Bioeconomic Analysis from our work
	See Part III, Ln 4b statement
4c	(Code:) (Expenses \$14,415. including grants of \$0.) (Revenue \$0.)
	Other Programs:
	Evaluation of health benefits and risks of surgical sterilization in dogs:
	ACC&D is partnering with Banfield the Pet Hospital and STATCOM at the University of
	Michigan on a project analyzing a large data repository on dog health from
	2013 - 2019, as it relates to spay neuter. We anticipate a first publication
	in this area in 2021 on our pilot work.
	Outreach and Education:
	In 2020, ACC&D formed our International Advisory Board and held several meetings.
	COVID impacted many plans for speaking at conferences, closing some doors
	and opening several more. Our primary focus was around helping support
	See Part III, Ln 4c statement
	A
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 193,764.

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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</i> "Yes," complete Schedule C, Part II	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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
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		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 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? If "Yes," complete Schedule F, Parts II and IV	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</i> "Yes," <i>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		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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		×

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30 31		×
31 32	Did the organization required the complete scriedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
33	complete Schedule N, Part II	32		×
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
٠.	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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		169	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -		

Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 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 <i>e-file</i> (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 on Schedule O.	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		×
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	4a		<u> </u>
b	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		×
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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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	7.		١.,
٨	required to file Form 8282?	7c		×
d 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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
-	ff "Voo." complete Form 4700. School via O			

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on 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 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		×
3	any other officer, director, trustee, or key employee?	_		<u> </u>
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
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		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
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	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
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	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	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?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ See Part VI, Line 17 stm	t		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and red The Organization, 2815 NE 66th Ave, Portland, OR 97213 (503)358-1438	cords	>	

Form 990 (2020) Page **7**

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

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

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

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

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

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

				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
ivanie and title	hours					i is both :or/trus		compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joyce Briggs, MS	40.00					ed.				
Secretary		×		×		×		110 766	0.	0.
-	2 00			$\stackrel{\frown}{\vdash}$		 ^		119,766.	0.	0.
(2) Linda Rhodes, VMD, PhD Director	2.00	×						0.	0.	0.
	2.00							0.	0.	0.
(3) G. Robert Weedon, DVM, MPH Director	2.00	×						0.	0.	0.
(4) Elly Hiby, PhD	2.00							0.	0.	0.
Chair, Director	<u>Z.00</u>	×		×				0.	0.	0.
(5) John Boone, PhD	2.00							0.	0.	•
Vice Chair		×		×				0.	0.	0.
(6) Betsy Banks Saul, MS	2.00									
Director		×						0.	0.	0.
(7) Camille DeClementi, VMD, DABT, DABV	7T 2.00	×						0.	0.	0.
(8) Amy Nichols	2.00							0.	0.	•
Director		×						0.	0.	0.
(9) Kevin Morris, PhD	2.00									
Treasurer, Director		×		×				0.	0.	0.
(10) Gregory Castle, MPhil	2.00									
Director		×						0.	0.	0.
11)										
12)		-								
13)		-								
[14)										

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (contin	ued)	
						C)								
	(A)	(B)	(do n	ot ch	Position (D) check more than one			(D)	(E)		(F)			
	Name and title	Average hours	box,	unles	ss pe	rson	son is both an Reportable Reportation							
		per week			_	_	or/trust	<u> </u>	from the	from relat		of other compensation		
		(list any hours for	Individual trustee or director	nstit	Officer	Key employee	lighe mpl	Former	organization (W-2/1099-MISC)	organization (W-2/1099-N		from the organization a	and	
		related	dua	ution	약	mp	est c	₫.	(** 2/ 1000 NIICO)	(** 271000 1		related organiza		
		organizations below	trus	lal tr		oye	omp							
		dotted line)	stee	Institutional trustee		"	Highest compensated employee							
				Φ			ited							
(15)														
(16)			-											
(4.7)														
(17)			1											
(18)														
\														
(19)														
(20)														
(21)														
(00)														
(22)			1											
(23)														
<u>,/</u>														
(24)														
(25)														
1b	Subtotal	 ./// Caatia		•					119,766.		0.		0.	
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•			119,766.		0.		0.	
	Total number of individuals (including but						ahove	2) W		- than \$100		of	<u> </u>	
_	reportable compensation from the organi		10 11	1030	, 1101		1	<i>,</i> , , ,	no received mor	στιαπφιοί	5,000	OI .		
												Yes	No	
3	Did the organization list any former of	officer, dire	ector,	tru	iste	e, k	cey e	mpl	loyee, or highes	t compen	sated			
	employee on line 1a? If "Yes," complete s	Schedule J	for su	uch	ind	ivid	ual					3	<u></u>	
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	•	an \$1	150,					complete Sched	dule J for	such		.,	
_											اطبیعا	4	<u>×</u>	
5	Did any person listed on line 1a receive of for services rendered to the organization											5	×	
Secti	on B. Independent Contractors							<u> </u>		· · · ·	-			
1	Complete this table for your five high	nest comp	ensate	ed	inde	epei	ndent	СО	ontractors that r	eceived m	ore t	han \$100,00	00 of	
	compensation from the organization. Rep													
	(A)								(B)			(C)		
	Name and business add	ress							Description of serv	rices	(Compensation		
2	Total number of independent contractor	rs (includir	na hi	ıt n	ot	limit	ed to	th	ose listed abov	e) who				
_	received more than \$100.000 of compens	•	_							,				

REV 05/18/21 PRO

Part VIII Statement of Revenue

		Check if Schedule	O co	ntains a re	spon	ise or note to ar	ny line in this Pa	art VIII . . .		
					-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a					
au au	b	Membership dues			1b					
۾ ق	С	Fundraising events			1c					
r A	d	Related organization	ns .		1d					
nia, G	е	Government grants	(cont	tributions)	1e					
Sin	f	All other contribution								
utic		and similar amounts no	ot incl	uded above	1f	320,155.				
물탕	g	Noncash contribution								
Contributions, Gifts, Grants and Other Similar Amounts	_	lines 1a–1f			1g					
0 8	h	Total. Add lines 1a-	-1† .				320,155.			
ø	0-					Business Code				
Ş .	2a b									
Ser	C									
gram Ser Revenue	d									
gra	e									
Program Service Revenue	f	All other program se								
_	g	Total. Add lines 2a-				•				
	3	Investment income								
		other similar amoun	-				3,230.	0.	0.	3,230.
	4	Income from investr			•	•				
	5	Royalties								
	_			(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses Rental income or (loss)	6b 6c				-			
	c d	Net rental income o		c)		•				
	_		1 (103	S) (i) Securit		(ii) Other				
	7a	Gross amount from sales of assets		()		(,, -				
		other than inventory	7a	44,0	000.					
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b	37,4	127.					
ě	С	Gain or (loss)	7c	6,5	573.					
	d	Net gain or (loss)				🕨	6,573.	0.	0.	6,573.
Other	8a	Gross income fro		ındraising						
0		events (not including								
		of contributions repart IV, line			0-					
	h	Less: direct expens			8a 8b		-			
		Net income or (loss)				nts ▶				
	c 9a	Gross income f	•		y eve					
	Ja	activities. See Part I			9a					
	b	Less: direct expens			9b					
		Net income or (loss)			ctivitie	es >				
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowan			10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)) from	sales of ir	vento	1				
S _D						Business Code				
ec ne	11a									
Miscellaneous Revenue	b									
Sce	c d	All other revenue								
Ξ̈́		Total. Add lines 11a				▶				
	12	Total revenue. See					329,958.	0.	0.	9,803.
								1		

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 expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 95,666. 127,555. 19,133. 12,756. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 13,237. 74,910. 50,181. 11,492. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,025. 2,029. 534. 462. Other employee benefits 5,994. 3,982. 9 1,244. 768. 10 Payroll taxes 14,931. 10,738. 2,393. 1,800. 11 Fees for services (nonemployees): Management 1,618. 1,618. 0. Legal Accounting 3,941. 0. 3,941. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 691. 92. 541. 58. 12 Advertising and promotion 13 4,707. 4,477. 230. Office expenses 0. Information technology 14 15 Occupancy 16 9,646. 8,399. 51. 1,196. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 2,500. 0. 2,500. 0. 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 14,596. 14,596. 0. Research 0. 3,255. Payroll processing 3,255. 0. 0. Public Relations 3,764. 3,604. 122. 38. 274. Fundraising 0. 274. All other expenses Total functional expenses. Add lines 1 through 24e 25 271,407. 193,764. 48,799. 28,844. 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) . . .

Р	art X				
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash—non-interest-bearing	74,476.	1	136,727.
	2 3 4	Savings and temporary cash investments	401,062. 107,000.	3 4	381,026. 170,000.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	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	109,326.	11	117,915.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	691,864.	16	805,668.
	17	Accounts payable and accrued expenses	14,880.	17	12,107.
	18	Grants payable	·	18	•
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	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	14,880.	26	12,107.
Seou		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	601,984.	27	623,561.
ĕ	28	Net assets with donor restrictions	75,000.	28	170,000.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ϋ́	32	Total net assets or fund balances	676,984.	32	793,561.
Š	33	Total liabilities and net assets/fund balances	691,864.	33	805,668.
_					Form 990 (2020

Form 990 (2020) Page **12**

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	32	9,9	58.
2	Total expenses (must equal Part IX, column (A), line 25)	27	11,4	07.
3	Revenue less expenses. Subtract line 2 from line 1	5	8,5	<u>51.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	67	6,9	84.
5	Net unrealized gains (losses) on investments	1	8,8	68.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	75	4,4	03.
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			_Ц
			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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>×</u>
	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:			
L	Separate basis Consolidated basis Both consolidated and separate basis	Oh		V
D	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 Both consolidated and separate basis			
_	·			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	20		
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Ja	Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-		
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	The state of the s		000	

REV 05/18/21 PRO Form **990** (2020)

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
to save the lives of dogs and cats, expand options for pet owners, and
improve the well-being of animals and communities worldwide. To achieve
our 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 and dog populations,
and facilitates research on topics relevant to the development, application,
acceptance, and use of non-surgical fertility control methods.
ACC&D was formed in 2000. as a program of Auburn University. It was
incorporated in 2005 as a stand-alone 501(c)(3). It has held six
international symposia to convene researchers, academics, veterinarians,
animal welfare professionals, and other stakeholders in advancing
cat and dog fertility control with the most recent held in 2018.
It inspired Dr. Michelson to create the \$75 million Michelson Prize and Grants
program in 2008.
In 2020, the Organization was guided by a 10-member Board of Directors,
a 14-member Science Advisory Board and an 8-member International
Advisory Board. 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 \$17 million in grants since 2009
to nearly 40 projects 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 to help ensure sustainability. Council members in 2020 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, Petco Foundation, PetSmart Charities, and the
Regina Bauer Frankenberg Foundation.
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 4b (continued)

Continuation Statement

Description combining cost data with population modeling. The manuscript had not yet been accepted as of year-end; we anticipate publication in 2021. Progress toward a Non-surgical Sterilant: ACC&D monitored and reported on advances with single injection technology for

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

Continuation Statement

Description female cats that entered a 2nd year breeding trial the end of 2020 -it was successful! That technology has moved into drug development based on the success, and work on dogs has begun. During this COVID-19 year, there was urgent need for alternatives to surgery. ACC&D re-evaluated a progestin, accessible and inexpensive via veterinary compounders, as an 'band aid' as an oral contraceptive for cats during pandemic related spay/neuter clinic shutdowns. We raised the support of our recommendation from a large number of national/international organizations, who contributed to outreach and education about this topic. We continue to provide support for veterinarians and shelters use this progestin or are considering it. Suprelorin, a contraceptive implant for male dogs, expanded to several countries in 2020 and is now in a total of 40. We published a review article on this technology and updated web and product profiles for this most-visited section of ACC&D's website. We continued to monitor several other research initiatives, providing guidance as appropriate and when helpful.

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

Continuation Statement

Description
innovative ways that shelters and veterinarians could meet the need to
prevent the birth of litters in 2020 during COVID related challenges.

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)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization Alliance for Contraception in Cats & Dogs 41-2185841 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 **(e)** 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 320,155. 1,661,376. 336,034. 474,119. 342,962. 188,106. Tax revenues levied for the 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. . . . 336,034. 474,119. 342,962. 188,106. 320,155. 1,661,376. 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 153,499. Public support. Subtract line 5 from line 4 1,507,877. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 336,034. 474,119. 342,962. 188,106. 320,155. 1,661,376. 7 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 448. 4,836. 10,659. 447. 3,230. 19,620. 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 1,680,996. Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 89.7% 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 331/3% support test - 2020. 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 - 2019. 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 - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 falls to quality	under the te	sts listed bei	ow, piease co	implete rait	II. <i>)</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
1 a	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						
_	·						
	Add lines 7a and 7b						
8							
01:	line 6.)						
	on B. Total Support	/) 00/0	# N 0047	() 0040	/ N 00 / 0	() 0000	(n - · · ·
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	•			-		* / ; /
Secti	on C. Computation of Public Suppor	t Percentag	e				<u> </u>
15	Public support percentage for 2020 (line 8			13, column (f))		15	%
16	Public support percentage from 2019 Sch		•			16	%
	on D. Computation of Investment Inc					1	
17	Investment income percentage for 2020 (I			by line 13, colu	mn (f))	17	%
18	Investment income percentage from 2019			-		18	%
19a	331/3% support tests—2020. If the organi						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2019. If the organize	_	=	-		-	
~	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization did	_	_	*	-		_

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

10b

determine whether the organization had excess business holdings.)

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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? <i>If "Yes," explain in Part</i>			
	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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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 it	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify</i>			
	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 line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>If "Yes" or "No," 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	Ja		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		, 55		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	ion A—Adjusted Net Income	nzac	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
c	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors (explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C—Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional (see instructions).	_	ntegrated Type III support	ting organization					

Schedule A (Form 990 or 990-EZ) 2020

Part V

Secti	Section D—Distributions								
1	Amounts paid to supported organizations to accomplish	1							
2	Amounts paid to perform activity that directly furthers exe								
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purp	3							
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
а	From 2015								
b	From 2016								
С	From 2017								
	From 2018								
е	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2020 distributable amount								
i	Carryover from 2015 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2020 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j and 4c.								
8	Breakdown of line 7:								
а	Excess from 2016								
b	Excess from 2017								
С	Excess from 2018								
d	Excess from 2019								
е	Excess from 2020								

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

Schedule A (Form 990 or 990-EZ) 2020

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 F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047 20**20**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** Alliance for Contraception in Cats & Dogs 41-2185841 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number (d) Activities conducted in the (a) Region (e) If activity listed in (d) is (f) Total employees, of offices in expenditures for region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region 0 (1) Europe O | Received 3-year Contribution \$75,000 | n/a 0. (2)(3)(4)(5) (6)(7) (8) (9) (10)(11)(12)(13)(14)(15)(16) (17)Subtotal 0 0 0. Total from continuation sheets to Part I

Totals (add lines 3a and 3b)

0.

0

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	exempt 501(c))(3) organization	n by the IRS, or for	sted above that are in which the grantee or coties	counsel has provid	led a section 501(c)(3)	equivalency letter	•	

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)		DEM SEMBLE PRO					

Schedule F (Form 990) 2020 Page **4**

Part IV Foreign Forms

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

Schedule F (F	Form 990) 2020 Pr	age 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional	
	information. See instructions.	
		

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** 41-2185841 Alliance for Contraception in Cats & Dogs Pt VI, Line 11b: The 990 is reviewed in detail by ACC&D's President and Treasurer. Once the 990 is approved by these officers, copies of the 990 are distributed to the Board. Pt VI, Line 12c: ACC&D reviewed and updated its Conflict of Interest Policy in 2013, and a Conflict of Interest Questionnaire was completed by Directors in 2013-14, and 2016 -20. ACC&D monitors and enforces its Conflict of Interest policy on a regular and consistent basis by reviewing all ACC&D business relationships with the Board members and by means of discussions at Board meetings. Pt VI, Line 19: ACC&D's annual financial statements and 990's are available another website, www.GuideStar.org, which is an independent non-profit research provider. Governing documents and conflict of interest policies are available upon written request to ACC&D. Pt VI, Line 15a: ACC&D reviews benchmark salary data when hiring and adjusting salaries. The Board of Directors approves all salary adjustments and new hire salaries. ACC&D believes that ACC&D's pay scale is in line with other non-profit salaries for this size of organization. Pt VI, Line 15b: Same as above. Pt VI, Section C, Line 17: State: OR State: CA State: NY

REV 05/18/21 PRO