Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

X Yes

TEEA0101 11/16/16

No

Form 990 (2016)

OMB No. 1545-0047

2016

Α	For the	2016 calon	dar year, or tax year beginning , 2016, and ending				
-						or idont	, ification number
В	Check if ap			Dogs			
	Addre	ess change	Doing business as ACC&D			2185	
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/su	iite	E Telepho	ne numl	ber
	Initial	l return	11145 NW Old Cornelius Pass Road		(503	3) 3	58-1438
	Final r	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amer	nded return	PORTLAND OR 97231		G Gross re	eceipts	\$ 336,482.
		cation pending		I(a) Is this a			
		oalion ponding		H(b) Are all su If 'No,' at	ubordinates i	ncluded	
-	Tay av	ampt atatua	X 501(c)(3) 501(c) (i) ◄ (insert no.) 4947(a)(1) or 527	If 'No,' at	ttach a list. (s	see instr	uctions)
<u>-</u>		empt status					
<u>J</u>	Webs			I(c) Group ex			
ĸ		organization:	X Corporation Trust Association Other L Year of formation	: 2005	M s	tate of le	egal domicile: OR
Pa	irt I	Summar					
	_		e the organization's mission or most significant activities: <u>The missi</u>				
e	<u>C</u>	ontrace	<u>ption in Cats & Dogs (ACC&D) is to advance non-</u>	-surgio	<u>cal fe</u>	rti	lity
ğ	<u>c</u>	ontrol_	so as to effectively and humanely reduce the nu	umber_o	<u>of </u>		
Ē	<u>u</u>	inwanted	_cats_and_dogs				
Activities & Governance	-	heck this bo				sets.	
ි ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			ting members of the governing body (Part VI, line 1a)			3	12
5			lependent voting members of the governing body (Part VI, line 1b)			4	12
i ji			of individuals employed in calendar year 2016 (Part V, line 2a)			5	3
÷			of volunteers (estimate if necessary)			6	25
à			d business revenue from Part VIII, column (C), line 12			7a	0.
	b N	et unrelated	business taxable income from Form 990-T, line 34	1		7b	0.
				Pr	ior Year		Current Year
e			and grants (Part VIII, line 1h)		339,3	63.	336,034.
nue		-	ice revenue (Part VIII, line 2g)			0.	0.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		5	35.	448.
ш			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		339,8	98.	336,482.
			milar amounts paid (Part IX, column (A), lines 1-3)				64,818.
	14 B	enefits paid	to or for members (Part IX, column (A), line 4)				
	15 Sa	alaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		197,2	35.	215,507.
ie Sei	16a P	rofessional f	undraising fees (Part IX, column (A), line 11e)				
Expenses	b To		ing expenses (Part IX, column (D), line 25) ► 30,975.				
Ш	17 0	ther expension	es (Part IX, column (A), lines 11a-11d, 11f-24e).		124,0	07.	93,591.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		321,2		373,916.
			expenses. Subtract line 18 from line 12		18,6		-37,434.
23				Reginning	g of Curren		End of Year
÷.	20 To	otal assets (Part X. line 16)	Doginini	745,3		699,801.
şa	21 To	otal liabilities	; (Part X, line 26)		24,4		16,427.
Net Assets or Fund Balances	22 N	at assats or	fund balances. Subtract line 21 from line 20		720,8		683,374.
	rt II	Signatur			120,0	00.	003,374.
				of my knowlo		of it in t	rue correct and
comp	plete. Decla	aration of prepare	lare that I have examined this return, including accompanying schedules and statements, and to the best or (other than officer) is based on all information of which preparer has any knowledge.	or my knowle	age and bei	ei, il is l	rue, correct, and
				07	//05/1	7	
Się	n	Signatu	re of officer	Date		-	
He	re	Kow	in Morris	Treas	uror		
			print name and title	TTCap			
			reparer's name Preparer's signature Date		Check 2	ζif	PTIN
						_	
Pa			ty Niezgodzki CPA Christy Niezgodzki CPA 07/10/2	L / 1	self-employe	u	P00805145
	eparer e Only	Firm's name					
03		Firm's addre			Firm's EIN		
			Phoenix AZ 85021-8012	F	Phone no.	(60)	2) 380-9264

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

Form	n990(2016) Alliance for Contraception in Cats & Dogs	41-2185841	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	ACC&D is a catalyst to advance new methods of non-surgical birth		e
	the lives of dogs and cats, expand options for pet owners, and i	mprove the well	
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on the		□
	Form 990 or 990-EZ?	Yes	X No
•	If 'Yes,' describe these new services on Schedule O.		. Na
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	S?Yes	X No
4	If 'Yes,' describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services,	as massured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c and revenue, if any, for each program service reported.	others, the total expenses,	
4 a	a (Code:) (Expenses \$137,276. including grants of \$64,818.) (Revenue \$	0.)
	Female Cat Contraceptive Development:		
	In late 2015, we began a study of a contraceptive vaccine called	l_GonaCon	
	for free-roaming cats. We anticipated the study to last 3-5 year	s, but in Novem	ber
	2016, in consultation with a team of experts, we decided to conc	lude_the_study a	<u>at</u>
	the one-year mark. Our study demonstrated that GonaCon, as curre		
	does not have sufficient real-world efficacy to pursue as a non-		
	contraceptive for cats. This critical study was a necessary part		his
	field and transforming animal population control and welfare, an		
	proud that the study simultaneously saved the lives of 44 once-h		
	and launched a new, progressive model of research specifically t		
	free-roaming_cats_with_the_highest_standards_for_animal_well-bei	<u>ng</u>	
		~ *	
4 0		Revenue \$	0.)
	Think Tank on Ethical Decision Making:		
	By the end of 2016 we were in final preparations for our Think T		
	decision-making in innovation (held early 2017). A Planning Comm agenda and secured participation from individuals with a breadth		
	of experience, from several countries and across the United Stat		
4 c	c (Code:) (Expenses \$102,406. including grants of \$) (Revenue \$	0.)
	Other program accomplishments include:		
	Visual ID for Treated Animals (\$24,995):		
	In 2016, we advanced our initiative to identify non-surgically s	terilized	
	dogs and cats by trialing a prototype ear tag in "real world" so		
	While a trial of the tags in cats proved quite promising, the tr		less
	so. Both trials provided valuable insights into the modification		
	work needed to make this marking and identification technique vi	. <u>able</u>	
	for_field_use		
	Education and Outreach:		
	See Form 990, Page 2, Part III, Line 4c (continued)		
4 -	d Other program services (Describe in Schedule O.)		
4 C	(Expenses \$ including grants of \$) (Revenue \$,)
4 -	e Total program service expenses ► 293,875.	,	/
BAA		Form	990 (2016)
			(

Form 990 (2016) Alliance for Contraception in Cats & Dogs Part IV Checklist of Required Schedules

ra	Checklist of Required Schedules			
		Y	es	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7		7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	0		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. 1	1 a		Х
I	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.	1 b		Х
(Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	1 c		Х
(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	1 d		Х
(Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	1 e		Х
1	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 1 	1f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	2a		Х
I	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	2 b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	3		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	4a		Х
I	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	4b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	5		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	6		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)	7		х
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	8		х
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.	9		х

Form 990 (2016)

41-2185841

Form 990 (2016)	Alliance	for	Contraception	in	Cats	&	Dogs
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Par	t IV Checklist of Required Schedules (continued)			
		r	Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21	X	
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		х
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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a</i>	24a		x
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
t	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		x
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	27		x
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	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		х
c	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	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
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		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	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		Х
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		X
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		Х
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	Х	
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Form **990** (2016)

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Form	1990 (2016) Alliance for Contraception in Cats & Dogs 41-218584	1	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 8			
k	Denter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 3			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	_ ~		
3 =	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
		55		
	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)?	4 a		Х
k	o 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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
k	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		Х
k	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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?	7 a		Х
k	If Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
		7 e 7 f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	/1		Λ
ç	J If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10				
	Initiation fees and capital contributions included on Part VIII, line 12.			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
	a Gross income from members or shareholders.			
	O Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
k	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.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
k	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	140		Х
		14a		27
BAA	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	990 (2	2016)
UAA			330 (2	_ບາບ)

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

 Check if Schedule O contains a response or note to any line in this Part VI.
 X

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	I Enter the number of voting members of the governing body at the end of the tax year 1 a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad 12 authority to an executive committee or similar committee, explain in Schedule O. 1 12			
٢	Denter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization sassets?	6		X
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	0		Λ
10	members of the governing body?	7 a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
Ľ	stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	I The governing body?	8 a	Х	
k	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		Х
t) 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?	10 b		
11 -	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		x
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11 u		
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12.4	21	
~		12 b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
a	The organization's CEO, Executive Director, or top management official	15 a	Х	
	Other officers or key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16 0		v
	taxable entity during the year?	16 a		X
k	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?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed See Form 990, Page 6, Line 17 (continued)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	availab	le	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availabl the public during the tax year.	e to		
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 (5)	03) 3	858-1	1438
BAA				2016)

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	nce for Contraception in Cats & Dogs	41-2185841 Page 7
Part VII Compensatio	n of Officers, Directors, Trustees, Key Employees, Hig Contractors	hest Compensated Employees, and
Check if Schedule	O contains a response or note to any line in this Part VII	<u> </u>
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compe	ensated Employees
1 a Complete this table for all p	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.

				(C)						
(A) Name and Title	(B) Average hours per	director/trustee)					n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated omployee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Joyce Briggs, M.S. Secretary	40.00	x		х		х		108,411.	0.	7,336.
(2) Linda Rhodes, VMD, PhD Director	_2.00	x						0.	0.	0.
_(3)_GRobert_Weedon,DVM,MPH Director	_2.00	X						0.	0.	0.
_(4)_Elly_Hiby, PhD Chair, Director	_2.00	Х		Х				0.	0.	0.
_(5)_John_Boone,_PhD Vice_Chair	_2.00	Х		Х				0.	0.	0.
_(6)_Betsy_Banks_Saul Director	_2.00	X						0.	0.	0.
_(7)_Amy_Fischer,_PhD Director	_2.00	Х						0.	0.	0.
_(8)_Betsy_McFarland Director	<u>2.00</u>	Х						0.	0.	0.
(9) Kevin Morris, PhD Treasurer, Director	<u>2.00</u>	Х		Х				0.	0.	0.
(10) Holly Hazard, JD Director	<u>2.00</u>	Х						0.	0.	0.
(11) Gregory Castle, MPhil Director	<u>2.00</u>	Х						0.	0.	0.
(12) Jesse Winters Director	<u>2.00</u>	Х						0.	0.	0.
(13)										
(14)										
	•							•		

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Form 990 (2	.016)	Alliance	for	Contraception	in	Cats	&	Doqs	
									-

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Par	t VII Section A. Officers, Directors, Tru		Key	En			es,	and	d Highest Com	pensated Emp	loyee	S (continu	ued)
		(B)			(C Pos	-							
	(A)	Average hours	Position (do not check more than one box, unless person is both an				than o s both	ne an	(D) Reportable	(E) Reportable	E/	(F) timated	
	Name and title	per week		cer a	ndao	directo	or/truste	ee)	Reportable compensation from the organization	compensation from related organizations	amou	int of other pensation	ŕ
		(list any hours	0 d	Instit	Officer	Key	Highest compensated omployop	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr	om the anization	
		for related	nowidual trustro or director	utior	ĕr	Key employee	log a c	ner			ano	related	
		organiza - tions below	9 E	ıl p		le ve	те ЧГ						
		dotted line)	Silo	nstitutional trustee		a	ense						
				e			E						
(15)													
<u> </u>													
(16)													
(17)													
(18)													
(10)													
(19)													
(20)													
(20)													
(21)													
<u> </u>													
(22)													
(23)													
(24)													
(25)													
(25)													
1 b	Sub-total.							•	108,411.	0.		7,33	36
c	Total from continuation sheets to Part VII, Section	onA							10071111			1100	<u></u>
	Total (add lines 1b and 1c)								108,411.	0.		7,33	36.
2	Total number of individuals (including but not limited	I to those	listed	abo	ove)	who	rece	eiveo	d more than \$100,0	00 of reportable co	mpensa		
	from the organization b 1												
											_	Yes	No
3	Did the organization list any former officer, director,										2		v
	on line 1a? If 'Yes,' complete Schedule J for such in										. 3		<u>X</u>
4	For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable co nan \$150 (ompe	nsat // /γ	tion ; /es /	and	other	cor	mpensation from				
	such individual										. 4		Х
5	Did any person listed on line 1a receive or accrue co										-		
500	for services rendered to the organization? If 'Yes,' c tion B. Independent Contractors	omplete S	ichea	ule	J for	' SUC	h per	rson)		. 5		X
	Complete this table for your five highest compensate	ed indepe	nden	t cor	ntrad	ctors	that	rece	eived more than \$1	00,000 of			
	compensation from the organization. Report compe										ear.		
	(A) Name and business addre								(B) Description o	f.convicos		C)	
										1 301 11003	Compe	nsation	
									<u> </u>				
2	Total number of independent contractors (including	but not lin	nited	to th	nose	liste	ed ab	ove) who received mo	re than			
	\$100,000 of compensation from the organization	•							-				

Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Nts	1 a	Federated campaigns	1 a					
our ar		Membership dues	1 b					
Ϋ́Ψ		Fundraising events	1 c					
lar I		Related organizations	1 d					
E	е	Government grants (contributions)	1 e					
contributions, date, drams and Other Similar Amounts		All other contributions, gifts, grants, and similar amounts not included above .	1 f	336,034.				
D D	-	Noncash contributions included in lines 1	·					
S E	h	Total. Add lines 1a-1f			336,034.			
Program Service Revenue	_			Business Code				
eve	-	Symposium Registration	<u>Fees</u> 5	41990	0.	0.	0.	0.
e B	b							
Ξ.	C							
δ,	d	1						
La LE	e	·						
5		All other program service revenue						
G.	_	Total. Add lines 2a-2f			0.			
	3	Investment income (including divident of the similar amounts)	dends, int	erest and	448.	448.	0.	0.
	4	Income from investment of tax-exe			440.	440.	0.	0.
	5	Royalties	•	•				
	Ŭ	(i) R		(ii) Personal				
	6a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of (i) Sect		(ii) Other				
	L	assets other than inventory						
	D	Less: cost or other basis and sales expenses						
	с							
		Net gain or (loss)						
ana		Gross income from fundraising ev (not including \$	Г					
Š,		of contributions reported on line 1	c).					
Other Reven		See Part IV, line 18	a					
F	b	Less: direct expenses	b					
₹	С	Net income or (loss) from fundrais	ing event	s►				
	9 a	Gross income from gaming activities	es. a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gaming	activities					
	10 a	Gross sales of inventory, less returned and allowances						
	b	Less: cost of goods sold	_					
		Net income or (loss) from sales of	-	/				
		Miscellaneous Revenue		Business Code				
	11 a	I						
	b							
	С	;						
	d	,						
		• Total. Add lines 11a-11d						
					336,482.	448.	0.	

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000	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22	64,818.	64,818.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees	113,669.	85,251.	17,050.	11,368.
7	in section 4958(c)(3)(B)		50.405	10.000	10.000
7 8	Other salaries and wages	80,831.	59,435.	10,698.	10,698.
	èmployer contributions)	2,186.	1,748.	219.	219.
9	Other employee benefits	4,246.	3,156.	545.	545.
10		14,575.	10,837.	2,078.	1,660.
11	Fees for services (non-employees):	120	400	0.4	21
	b Legal	430.	423.	-24.	31.
(c Accounting	6,076.	580.	5,496.	0
(d Lobbying			- , - · ·	
(e Professional fundraising services. See Part IV, line 17 .				
1	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	0.016	0 400	100	C20
13	Office expenses	9,216. 7,415.	<u>8,420.</u> 3,369.	<u>166.</u> 1,738.	<u> </u>
14	Information technology	7,415.	5,309.	1,730.	2,300.
15	Royalties				
16	Occupancy				
17		18,271.	11,227.	5,178.	1,866.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,271.	11,227.	5,170.	1,000.
19	Conferences, conventions, and meetings	1,521.	1,521.	0.	0.
20	Interest				
21	Payments to affiliates				
22					
23 24	Insurance	2,759.	0.	2,759.	0.
i	a Symposium_& Think_Tanks	5,700.	5,700.	0.	0.
	• Research	37,362.	37,362.	0.	0.
	Payroll processing	3,020.	0.	3,020.	0.
(d <u>Fundraising</u>	1,650.	0.	0.	1,650
(e All other expenses	171.	28.	143.	0.
25	Total functional expenses. Add lines 1 through 24e	373,916.	293,875.	49,066.	30,975.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following				
BAA	SOP 98-2 (ASC 958-720)				Form 990 (2016

Form 990 (2016) Alliance for Contraception in Cats & Dogs

	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	97,972.	1	42,349.
	2	Savings and temporary cash investments	446,706.	2	447,152.
	3	Pledges and grants receivable, net	191,023.	3	202,000.
	4	Accounts receivable, net	150.	4	5,150.
	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 organizations (see instructions). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ås	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	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	9,449.	15	3,150.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	745,300.	16	699,801.
	17	Accounts payable and accrued expenses.	24,492.	17	16,427.
	18	Grants payable		18	20/10/1
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
50	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third 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	24,492.	26	16,427.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
Seo.		lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets	484,263.	27	608,374.
Bal	28	Temporarily restricted net assets	236,545.	28	75,000.
P	29	Permanently restricted net assets		29	
x Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances.	720,808.	33	683,374.
z	34	Total liabilities and net assets/fund balances	745,300.	34	699,801.

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Forn	990(2016) Alliance for Contraception in Cats & Dogs 41-2	21858	41	Page 12
Pa	t 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)	1	33	86,482.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37	3,916.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	37,434.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72	20,808.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
-	column (B))	10	68	<u>83,374.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🗍
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х
	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			
I	Were the organization's financial statements audited by an independent accountant?		· 2 b	Х
	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:			
(L L L L L L L L L L L L L L L L L L L	t, ••••	. 2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a	X
I	If Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3 b	
BAA			Form	990 (2016)

	Public Charity Status and Public Support
SCHEDULE A	Complete if the organization is a section 501(c)(3) organization or a s

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047	
2016	

(Form 990 or 990-E2) 4947(a)(1) nonexempt charitable trust.				2010				
	Attach to Form 990 or Form 990-EZ.			Onen te Bublie				
Departi Interna	ment of the Treasury I Revenue Service	► Inf	ormation about Sche	dule A (Form 990 or 99 at <i>www.irs.gov/form</i> 99	90-EZ) an 90.	d its ins	structions is	Open to Public Inspection
	of the organization						Employer identifica	tion number
			ion in Cats &		-		41-218584	
Par	t I Reason fo	or Public Cha	arity Status (All or	ganizations must c	omplete	e this p	art.) See instructior	S.
The c	organization is not a	a private foundat	ion because it is: (For	lines 1 through 12, chec	k only on	e box.)		
1	A church, con	vention of churc	hes, or association of c	churches described in se	ection 17	0(b)(1)(/	A)(i).	
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 99	0 or 990-	EZ).)		
3	A hospital or a	a cooperative ho	spital service organizat	tion described in sectio	n 170(b)(1)(A)(iii)).	
4	A medical res	•	on operated in conjunc	tion with a hospital desc	ribed in s	section ⁻	170(b)(1)(A)(iii). Enter th	ne hospital's
5	An organizatio			or university owned or o	perated b	by a gov	ernmental unit described	
6	A federal, stat	te, or local gover	nment or governmenta	al unit described in secti	on 170(b)(1)(A)(\	/).	
7	X An organization in section 17	on that normally 0(b)(1)(A)(vi).	receives a substantial Complete Part II.)	part of its support from a	a governn	nental ur	nit or from the general pu	blic described
8	A community	trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II.)				
9	-	or a non-land-gra	nt college of agricultur	e (see instructions). Ente			nction with a land-grant c and state of the college	-
10	An organization from activities investment inc	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
11				to test for public safety.	See sect	ion 509	(a)(4).	
12	An organizatio	on organized and cly supported org	d operated exclusively ganizations described in	for the benefit of, to perf	orm the f	unctions 09(a)(2).	of, or to carry out the pu See section 509(a)(3).	rposes of one Check the box in
а	Type I. A sup	porting organiza	tion operated, supervis	ed. or controlled by its s	betrogau	organiz	ation(s), typically by givin the supporting organiza	ng the supported ion. You must
b	management	oporting organization of the supporting the supporting the supporting the support IV, Section 10, Sect	organization vested in	trolled in connection with the same persons that	h its supp control o	orted or r manag	ganization(s), by having le the supported organiz	control or ation(s). You
с	Type III funct	tionally integrat	ed. A supporting organ ns). You must comple	nization operated in conr te Part IV, Sections A,	nection w D, and E	ith, and	functionally integrated w	ith, its supported
d	Type III non-f functionally in	functionally inter tegrated. The or	egrated. A supporting of ganization generally m	organization operated in	connecti	on with i	ts supported organizatio an attentiveness require	n(s) that is not
e	Check this bo integrated, or	x if the organizat Type III non-fun	tion received a written of the structure	determination from the I porting organization.			e I, Type II, Type III fund	tionally
			about the supported or					
	(i) Name of supported o		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is organizatio	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				above (see instructions))	in your go docun	nent?		
					Yes	No		
<u>(A)</u>								
<u>(B)</u>								
<u>(C)</u>								
<u>(D)</u>								
<u>(E)</u>								
Total								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

-	11						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	224,064.	232,826.	541,986.	339,363.	336,034.	1,674,273.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	224,064.	232,826.	541,986.	339,363.	336,034.	1,674,273.
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)						230,539.
6	Public support. Subtract line 5 from line 4						1,443,734.
Sec	tion B. Total Support						
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	224,064.	232,826.	541,986.	339,363.	336,034.	1,674,273.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	852.	535.	2,133.	535.	448.	4,503.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						1,678,776.
12	Gross receipts from related activiti	es, etc. (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s						
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 201						86.00%
15	Public support percentage from 20	15 Schedule A, Pa	art II, line 14			15	88.40 %
16a	33-1/3% support test-2016. If the and stop here. The organization of	ne organization did Jualifies as a public	not check the box by supported organ	on line 13, and line	e 14 is 33-1/3% or	more, check this b	oox · · · · · · ► X
b	33-1/3% support test-2015. If the and stop here. The organization of	e organization did qualifies as a publi	not check a box or cly supported orga	l line 13 or 16a, an	d line 15 is 33-1/3	% or more, check t	his box · · · · · · ► 🗌
17a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	circumstances' tes	st, check this box a	nd stop here. Exc	olain in Part VI how	′ . ►
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	circumstances' tes t. The organization	t, check this box a qualifies as a pub	nd stop here. Exp licly supported org	plain in Part VI how anization	' the · · · · · · . ►
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ons ►

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		•	,			
	dar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusual grants.') 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 disgualified persons						
h	Amounts included on lines 2						
D.	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 line7c from line 6.)						
Sec	tion B. Total Support			•			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
1 0 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · ·						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second, t	third, fourth, or fifth	n tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pu						
15	Public support percentage for 201	6 (line 8, column (f) divided by line 13	3, column (f)) · ·		15	00
16	Public support percentage from 20)15 Schedule A, Pa	art III, line 15			· · · · · 16	00
Sec	tion D. Computation of Inv					· · ·	
17	Investment income percentage for))	17	010
18	Investment income percentage fro	•	.,	,			010
	33-1/3% support tests-2016. If t						
	is not more than 33-1/3%, check the	his box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	
b	33-1/3% support tests-2015. If t						
~~	line 18 is not more than 33-1/3%,						
20	Private foundation. If the organiz	ation did not check	k a box on line 14,	19a, or 19b, check	k this box and see i	nstructions	· · · · · · • •

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 2 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 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 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. 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. 4h 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 (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 5a amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (defined in section 4958(c)(3)(Č)), 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,' 8 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. 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

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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.		

Section B. Type I Supporting Organizations

- 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.
- 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.

Section 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		

Section 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			
	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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

BAA

b

Yes No

2a

2b

3a

3h

Page 5

Yes No

1

2

1 C	check here if the organization satisfied the Integral Part Test as a quali nstructions. All other Type III non-functionally integrated supporting o	fying trust on Nov. 20, ganizations must com	1970 (explain in Part) plete Sections A throu	/I). See gh E.
Section A	A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sl	hort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add li	nes 1 through 3.	4		
5 Depre	eciation and depletion	5		
incom	on of operating expenses paid or incurred for production or collection on ne or for management, conservation, or maintenance of property held f action of income (see instructions)			
7 Other	expenses (see instructions)	7		
8 Adjus	sted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
ection E	3 – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	egate fair market value of all non-exempt-use assets (see instructions tear or assets held for part of year):	or short		
a Avera	age monthly value of securities	1 a		
b Avera	age monthly cash balances	1 b		
c Fair n	narket value of other non-exempt-use assets	1 c		
d Total	(add lines 1a, 1b, and 1c)	1 d		
	ount claimed for blockage or other s (explain in detail in Part VI):			
2 Acqui	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amounstructions).	nt, 4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	oly line 5 by .035.	6		
7 Recov	veries of prior-year distributions	7		
8 Minin	num Asset Amount (add line 7 to line 6)	8		
ection (C – Distributable Amount			Current Year
1 Adjus	ted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter	85% of line 1.	2		
3 Minim	num asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incom	ne tax imposed in prior year	5		
	ibutable Amount. Subtract line 5 from line 4, unless subject to emerge prary reduction (see instructions).	ency 6		

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ons,		
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization $\ensuremath{\text{Part VI}}\xspace$). See instructions.	tion is responsive (provi	de details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

 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 I		Gr	ants and Otl	her Assistance t	o Organization	IS,		OMB No. 1545-0047
(Form 990)			,	nd Individuals i				2016
Department of the Treasury		-	_	on answered 'Yes' on F ► Attach to Form 99	0.			Open to Public
Internal Revenue Service		Information	n about Schedule I	(Form 990) and its instr	ructions is at www.irs.	gov/form990.		Inspection
Name of the organization							Employer identifi	
Alliance for C	ontraception	<u>in Cats & Do</u>	qs				41-218584	11
Part I General Ir								
the selection criter	ria used to award the	e grants or assistance?	· · · · · · · · · · · ·	or assistance, the grantee				X Yes No
				funds in the United States				
				and Domestic Gov re than \$5,000. Part				es' on
1 (a) Name and addr or gove	ess of organization rnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) University c	f_Illinois_	_						
<u>1901_S_First</u>								
Champaign II		n/a		64,818.				GonaCon resear
<u>(2)</u>		_						
<u>(3)</u>								
(1)								
<u>(4)</u>								
(5)								
<u>(5)</u>								
(6)								
<u></u>								
		-						
(7)								
<u>(8)</u>								
				e line 1 table				·
BAA For Paperwork R	eduction Act Notic	e, see the Instruction	s for Form 990.		TEEA3901	11/03/16	Schedu	ule I (Form 990) (2016)

41-2185841

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
art IV Supplemental Information. F	Provide the information	required in Part I, I	ine 2; Part III, colum	n (b); and any other ad	ditional information.

SCHEDULE L	1	Transa	ction	s With	n Inte	erested F	Persons				ON	//B No. 1	545-004	.7	
(Form 990 or 990-EZ)	► Complete if the second s	ne organizatio 28b, or 2	on answe 28c, or F	ered 'Yes orm 990	s' on Fo -EZ, Pa	orm 990, Part rt V, line 38a	IV, line 25a, 2 or 40b.	25b, 26	6, 27, 2	28a,	2016				
Department of the Treasury Internal Revenue Service	► Infor	▲ mation about	Schedu	to Form Ile L (For <i>www.irs.</i>	m 990		z. nd its instruct	ions is	5	Open To Public Inspection					
Name of the organization					•			Em	ployer i	dentifica	ation nu	mber	-	-	
Alliance for (Contraceptio	on in Cat	s & D	oas				41	-218	3584	1				
	Benefit Trans), sect	ion 501(c)((4), and 501					s only	/).		
1 (a) Name of disc		1	Relationship	between dis	squalified			scription			-		(d) Corr		
(4)													Yes	No	
(1)															
(2)															
(3)															
(4)															
(5) (6)		+													
 Enter the amount section 4958 Enter the amount 	of tax, if any, on li	ne 2, above, re	eimburse	d by the o				• • • •		►\$ ►\$					
Complete	D and/or From if the organization on reported an am	answered 'Ye	s' on Fo	rm 990-E	Z, Part 5, 6, or	V, line 38a o 22.	or Form 990, P	art IV,	line 26	5; or if	the				
(a) Name of interested perso	n (b) Relationship with organization	(c) Purpose of loan	` from	an to or 1 the zation?) Original ipal amount	(f) Balance d	ue	(g) In c	default?	(h) App by boa comm	ard or	(i) Wri agreen		
			То	From					Yes	No	Yes	No	Yes	No	
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)						L									
Total															
	or Assistance if the organization														
(a) Name of inte	rested person	(b) Relationshi an	p between i d the organi	nterested period	erson	(c) Amount o	f assistance	(d) Typ	e of assi	istance	(e)	Purpose	e of assis	stance	
(1)															
(2)											_1				
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															

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

(9) (10)

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	ested person (b) Relationship between interested person and the organization		(d) Description of transaction	(e) Shar organiza reven	zation's	
				Yes	No	
(1) Clowder Concepts LLC	Amy Fischer owner is on ACCD BOD	18,000.	GonaCon research expense		Х	
(2) University of IL	Amy Fischer researcher on ACCD BOD	64,818.	GonaCon research expense		Х	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	Open to Public Inspection		
Name of the organization		Employer identifica	tion number
Alliance for Cont	traception in Cats & Dogs	41-218584	1
Pt VI, Line 11b	The 990 is reviewed in detail by ACC&D's Preside the 990 is approved by these officers, copies of to the Board. ACC&D reviewed and updated its Conflict of Inte	the 990 ar	re distributed
Pt VI, Line 12c	a Conflict of Interest Questionnaire was complet 2014 and 2016. ACC&D monitors and enforces its policy on a regular and consistent basis by rev action determined at a bimonthly board meeting, conversation with the Directors.	Conflict of	f Interest ACC&D and
	ACC&D's annual financial statements and 990's a website, www.GuideStar.org, which is an independ provider. Governing documents and conflict of i	dent non-pr	ofit research
Pt VI, Line 19	available upon written request to ACC&D. ACC&D reviews benchmark salary data when hiring salaries. The Board of Directors approves all sa hire salaries. ACC&D believes that ACC&D's pay	lary adjust	ments and new
Pt VI, Line 15a	other non-profit salaries for this size of orga ACC&D reviews benchmark salary data when hiring salaries. The Board of Directors approves all sa hire salaries. ACC&D believes that ACC&D's pay	and adjus lary adjust	ments and new
Pt VI, Line 15b	other non-profit salaries for this size of orga	nization.	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

*

being of animals and communities worldwide.

Across the globe, there is a tremendous need for new methods of sterilization that are faster, easier, and less expensive than surgery. Some communities do not have the necessary resources for safe animal sterilization surgery. They may lack skilled veterinary surgeons, surgical supplies (such as sterile equipment, gas anesthesia, and pain medications), and recovery space. Some animals cannot safely receive anesthesia,whether due to congenital conditions or the poor health that often comes from living on the street. Some pet owners and communities resist surgical sterilization due to fear or social and cultural expectations, and many struggle to pay for the procedure. Most animal shelters seek ways to more effectively use limited resources. Non-surgical fertility control can address this need.

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. ACC&D was incorporated in 2005 as a stand-alone 501(c)(3) and has held five international symposia to convene researchers, academics, veterinarians, animal welfare *

In 2016, ACC&D 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 has an Organizational Partners Program, which includes over 125 groups from 50 countries and across six continents. In addition, our Council of Stakeholders comprises leading organizations which provide strategic and networking support as well as key financial 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 (IFAW), Maddie's Fund, Petco Foundation, PetSmart Charities, and the Regina Bauer Frankenberg Foundation.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4c (continued)

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 California Animal Care Conference. A collaborator on one of our projects also presented results at the International Symposium on Canine and Feline Reproduction. We also joined the World Continuing Education Alliance's Veterinarian Education Network. 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. We also profiled several of our 2016 initiatives in an online flipbook.

Population Modeling to increase efficiency and effectiveness of feral cat population management: We continued to advance our free-roaming cat population modeling project Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4c (continued)

in conjunction with consultants and expert volunteers. In 2016, we focused on creating a bioeconomic model that incorporated cost considerations of various population management strategies. ACC&D Board Vice Chair Dr. John Boone presented on our free-roaming cat work at The HSUS Expo.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

Colorado	
Oregon	_
California	_
New York	_

2