

FINANCIAL STATEMENTS

JULY 31, 2019

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Independent Auditors' Report

The Board of Directors Alley Cat Allies, Inc. Bethesda, Maryland

We have audited the accompanying financial statements of Alley Cat Allies, Inc. (the Organization), which comprise the statement of financial position as of July 31, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of July 31, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.



The Board of Directors Alley Cat Allies, Inc.

Emphasis of Matter

As discussed in Note 2 of the financial statements, the Organization adopted the Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities. The requirements of the ASU have been applied retrospectively to all periods presented. Our opinion is not modified with respect to this matter.

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Councilor Buchanan + Mitchell, P.C.

Washington, D.C. May 21, 2020

STATEMENT OF FINANCIAL POSITION JULY 31, 2019

Assets		
Cash and Cash Equivalents	\$	1,675,611
Investments		1,913,116
Contributions and Bequests Receivable		1,955,435
Prepaid Expenses		180,089
Pre-Publication Costs		282,750
Other Assets		57,212
Investments Restricted for Charitable Gift Annuities		234,991
Beneficial Interest in Remainder Trust		216,685
Security Deposit		50,965
Property and Equipment, Net	_	1,376,025
Total Assets	\$	7,942,879
Liabilities and Net Assets		
Liabilities		
Accounts Payable and Accrued Expenses	\$	1,109,393
Annuities Payable		126,722
Capital Lease Payable		14,647
Deferred Rent		82,664
Line of Credit		100,000
Total Liabilities		1,433,426
Net Assets		
Without Donor Restrictions		4,341,561
With Donor Restrictions		2,167,892
Total Net Assets	_	6,509,453
Total Liabilities and Net Assets	\$	7,942,879

STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JULY 31, 2019

	Without Donor Restrictions	With Donor Restrictions	Tota1
Revenue			
Contributions	\$ 8,377,045	\$ -	\$ 8,377,045
Legacies and Bequests	875,413	1,425,789	2,301,202
Federated and Nonfederated Campaigns	8,481	78,945	87,426
Investments Loss	(95,478)	-	(95,478)
Rental Income	44,223	-	44,223
Other Income	33,694	-	33,694
Change in Split-Interest Gifts	(3,635)	25,191	21,556
Net Assets Released from Restrictions	1,380,464	(1,380,464)	
Total Revenue	10,620,207	149,461	10,769,668
Expenses			
Program Services			
Advocacy	5,719,378		5,719,378
Humane Care and Outreach	2,191,000		2,191,000
Law and Policy	1,376,146		1,376,146
Total Program Services	9,286,524	-	9,286,524
Supporting Services			
Management and General	768,416		768,416
Development	568,079		568,079
Total Supporting Services	1,336,495		1,336,495
Total Expenses	10,623,019	<u>-</u>	10,623,019
Change in Net Assets	(2,812)	149,461	146,649
Net Assets, Beginning of Year	4,344,373	2,018,431	6,362,804
Net Assets, End of Year	\$ 4,341,561	\$ 2,167,892	\$ 6,509,453

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JULY 31, 2019

	-	Program Services					Supporting Services									
				Humane		Law		Total	Ma	nagement				Total		
	Δ	ivocacy		Care and Outreach		and Policy		Program Services		and General	Do	velopment		apporting Services		Total
		rvocacy	<u> </u>	Juneach		Toncy	-	Services		General		veiopinent		Del vices	_	Total
Salaries, Benefits, and																
Other Personnel Expenses	\$	1,377,519	\$	544,067	\$	523,911	\$	2,445,497	\$	265,925	\$	17,740	\$	283,665	\$	2,729,162
Printing and Postage		1,797,944		42,866		2,637		1,843,447		1,238		337,988		339,226		2,182,673
Professional Services		1,368,217		655,922		604,843		2,628,982		372,220		137,097		509,317		3,138,299
Grant Expense		197,640		513,659		(=0)		711,299		-		(-)		-		711,299
General Operating Costs		303,593		142,996		99,846		546,435		60,553		44,219		104,772		651,207
Rent and Building Costs		262,257		112,206		99,658		474,121		52,451		5,245		57,696		531,817
Computer Expense		228,224		17,821		25,769		271,814		6,630		17,695		24,325		296,139
Media and Promotion Costs		57,029		44,467		-		101,496		-		6,055		6,055		107,551
Travel and Transportation		126,955		116,996		19,482	_	263,433	_	9,399		2,040		11,439	_	274,872
Total	\$	5,719,378	\$	2,191,000	\$	1,376,146	\$	9,286,524	\$	768,416	\$	568,079	\$	1,336,495	\$	10,623,019

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JULY 31, 2019

Cash Flows from Operating Activities	
Change in Net Assets	\$ 146,649
Adjustment to Reconcile Change in Net Assets to	,
Net Cash Provided by Operating Activities	
Depreciation and Amortization	223,635
Loss on Investments	175,486
Loss on Sale of Disposal	500
(Increase) Decrease in Assets	
Contributions and Bequests Receivable	(123,339)
Beneficial Interest in Remainder Trust	(25,191)
Prepaid Expenses	(44,965)
Other Assets	58
Security Deposit	(1,791)
Increase (Decrease) in Liabilities	
Accounts Payable and Accrued Expenses	285,397
Annuities Payable	(13,556)
Deferred Rent	(26,393)
Net Cash Provided by Operating Activities	596,490
Cash Flows from Investing Activities	
Purchases of Investments	(189,772)
Proceeds from Sales of Investments	195,639
Purchases of Property and Equipment	(53,292)
Net Cash Used in Investing Activities	(47,425)
Cash Flows from Financing Activities	
Proceeds from Line of Credit	100,000
Principal Payments on Capital Leases Payable	(10,781)
Net Cash Provided by Financing Activities	89,219
Net Increase in Cash and Cash Equivalents	638,284
Cash and Cash Equivalents, Beginning of Year	1,037,327
Cash and Cash Equivalents, End of Year	\$ 1,675,611

Noncash Transaction from Financing Activities

During the year ended July 31, 2019, the Organization entered into capital lease agreements for office equipment valued at approximately \$20,000.

NOTES TO FINANCIAL STATEMENTS JULY 31, 2019

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Alley Cat Allies, Inc. (the Organization), was incorporated under the laws of the State of Delaware on October 16, 1991.

Alley Cat Allies, Inc.'s mission is to transform and develop communities to protect and improve the lives of cats.

The Organization is funded primarily by contributions.

The major programs of the Organization are as follows:

Advocacy

Advocacy is central to the Organization's work, and the Organization mobilizes grassroots and works directly with key decision makers across hundreds of municipalities including elected officials, government agencies, veterinarians, and corporations and provides grants to create positive, lifesaving change for cats. The Organization is also working to transform shelters by publishing and promoting 'blueprints' that serve as handbooks and toolkits to adopt lifesaving programs and change systems, providing grants and resources, providing onsite webinars and workshops, and working with community leaders on collaboration and ordinance changes and work in the field one on one with local coalitions.

Humane Care and Outreach

The Organization provides direct, hands-on cat care including spay and neuter and humane education and kitten care across dozens of metropolitan areas such as Jacksonville, FL, Houston, TX, Atlantic City, NJ, Northern California and many other cities and counties across the country to further mission impact. The Organization also provides funding and resources to nonprofit 501(c)(3) entities to support Trap-Neuter-Return (TNR), veterinarian care, Return To Field (RTF), and Shelter, Neuter, Return (SNR), disaster relief, and other related matters. The Organization provides training, workshops, webinars, conferences, networking, and collaborations.

Law and Policy

The Organization educates and mobilizes grassroots and works with key decision makers and communities on critical lifesaving state and local policy issues such as TNR ordinances. The Organization also provides resources to achieve justice in cat cruelty cases, abolish dangerous laws for cats, and pass humane ordinances and state laws with progressive language that protect cats and caregivers.

Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting. Consequently, revenue is recognized when earned and expenses when incurred.

NOTES TO FINANCIAL STATEMENTS JULY 31, 2019

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

The Organization is exempt under Section 501(c)(3) of the Internal Revenue Code (the Code) from the payment of taxes on income other than unrelated business income. No provision for income tax is required for the year ended July 31, 2019, as the Organization had no net unrelated business income. In addition, the Organization has been determined by the Internal Revenue Service not to be a private foundation within the meaning of Section 509(a) of the Code.

The Organization requires that a tax position be recognized or derecognized based on a "more-likely-than-not" threshold. This applies to positions taken or expected to be taken in a tax return. The Organization does not believe its financial statements include, or reflect, any uncertain tax positions.

The Organization's IRS Form 990, Return of Organization Exempt from Income Tax, is subject to examination by the taxing authorities, generally for three years after filing.

Cash and Cash Equivalents

Cash and cash equivalents include cash in checking accounts and short-term investments with an original maturity of three months or less, excluding amounts held in the investment accounts.

Investments

Investments are recorded at fair market value.

Risks and Uncertainties

The Organization invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Contributions and Bequests Receivable

Contributions and bequests receivable consist primarily of amounts due from pledges that were not received by the Organization at year end. Management reviews the collectability of the accounts on a regular basis. No reserve for doubtful accounts is deemed necessary as all amounts are deemed to be fully collectible. Contributions are recognized when the donor makes an unconditional promise to give.

Property and Equipment

Property and equipment are recorded at cost, if purchased, or fair market value at date of donation, if contributed, and depreciated over the estimated useful lives using the straight-line method. Leasehold improvements are amortized over the lesser of the term of the related lease or estimated useful life of the asset. Repairs and maintenance costs are expensed as incurred. The Organization follows the practice of capitalizing all expenditures for property and equipment exceeding \$500.

NOTES TO FINANCIAL STATEMENTS JULY 31, 2019

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions

The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Restricted contributions for which the restrictions are met in the year received are considered contributions without donor restrictions for financial statement purposes.

Pre-Publication Costs

Pre-publication costs represent direct costs incurred in the development of educational titles prior to publication. These costs are recognized as intangible assets where the title will generate probable future economic benefits within their normal operating cycle and costs can be measured reliably. Pre-publication assets are amortized beginning with the publication of the title over estimated economic lives of five years or less, the estimate of the expected operating life cycle of the title.

Deferred Rent

The Organization's lease for office space includes predetermined annual increases in rent payments. Generally accepted accounting principles require that lease expense for such operating leases be recognized on a straight-line basis over the life of the lease. Accordingly, a deferred rent liability has been established for this predetermined annual increase, which will be amortized over the life of the lease.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited. These expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, benefits, and other personnel expenses, rent and building costs, and general operating costs. These expenses are allocated on the basis of estimates of time and effort by employees or on the basis of headcount. Expenses directly identifiable to specific programs and supporting activities are presented accordingly.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS JULY 31, 2019

2. ADOPTION OF ACCOUNTING STANDARDS UPDATE 2016-14

For the year ended July 31, 2019, the Organization adopted the Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities. This update addresses the complexity and understandability of net asset classification and provides information about liquidity and availability of resources. The changes required by the update have been applied retrospectively to all periods presented. A key change under ASU 2016-14 is the terminology of net asset classes used in these financial statements. Amounts previously reported as temporarily restricted and permanently restricted net assets, if applicable, are now reported as net assets with donor restrictions. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions. Additionally, ASU 2016-14 requires a presentation of expenses on a functional basis.

3. LIQUIDITY AND AVAILABLE RESOURCES

The Organization's cash flows have seasonal variations due to the timing of receipt of contribution revenue and vendor payments. The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due

As of July 31, 2019, the following financial assets and liquidity sources are available for general operating expenditures in the year ending July 31, 2020:

Description	 Amount
Cash and Cash Equivalents	\$ 1,675,611
Investments	1,913,116
Contributions and Bequests Receivable, Less Noncurrent Portion	 1,945,917
Total Financial Assets and Liquidity Resources Available	\$ 5,534,644

The Organization also has a \$500,000 line of credit which can be utilized to meet cash flow needs.

4. CONCENTRATIONS

The Organization maintains cash balances at financial institutions in the Washington, D.C., metropolitan area. The accounts at these institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The Organization also maintains an account with a brokerage firm. The account contains cash and securities. Balances are insured up to \$500,000 (with a limit of \$100,000 for cash) by the Securities Investor Protection Corporation. At times during the year, the Organization's cash and securities balances exceeded the insured amounts. Management monitors the risk but does not anticipate any credit losses and has not experienced any credit losses on these financial instruments.

NOTES TO FINANCIAL STATEMENTS JULY 31, 2019

5. SPLIT-INTEREST AGREEMENTS

Charitable Gift Annuities

The Organization has entered into contracts with annuitants to pay periodic stipulated payments to the annuitants or other designated individuals that terminate at specified times. The Organization records a liability based on the present value of the future payments resulting from the annuity contracts at the date of the gift. The excess (or deficiency) in the amount of each annuity gift over the liability is recorded as contributions in the accompanying statement of activities.

The present value of payments to beneficiaries of gift annuities is calculated using discount rates which represent the risk-free rates in existence at the date of gift. Gains or losses resulting from changes in actuarial assumptions and accretions of the discount are recorded as increases or decreases in the statement of activities.

Beneficial Interest in Remainder Trust

The Organization is one of the beneficiaries of an irrevocable charitable trust (the Trust) established by a donor. Under terms of the Trust, the Organization receives annual distributions from the Trust's investment income and will receive 7.5% of the Trust's remainder principal in fiscal year 2026.

The present value of the Trust's principal is calculated using discount rates which represent the risk-free rates in existence at the date of the gift. Gains or losses resulting from changes in actuarial assumptions and accretions of the discount are recorded as increases or decreases in the respective net asset class in the statement of activities.

6. RETIREMENT PLANS

The Organization maintains both a 403(b) tax deferred annuity plan (the 403(b) Plan) and a money purchase plan (the MP Plan) for eligible employees. Under the 403(b) Plan, employees may elect to defer a portion of their compensation up to certain Internal Revenue Service limits. The MP Plan provides for a match of up to 2% of compensation based on employee deferrals to the 403(b) Plan and an additional employer contribution of 3% of compensation. Employees vest in the MP Plan based on length of service. For the year ended July 31, 2019, the Organization made contributions to both plans totaling approximately \$58,400.

NOTES TO FINANCIAL STATEMENTS JULY 31, 2019

7. PROPERTY AND EQUIPMENT

As of July 31, 2019, the Organization's property and equipment consisted of the following:

Description	 Amount
Equipment	\$ 444,130
Equipment Held under Capital Lease	19,565
Software and Website	540,501
Furniture and Fixtures	144,329
Vehicles	138,134
Rental Property	1,221,026
Leasehold Improvements	 101,851
	2,609,536
Less Accumulated Depreciation and Amortization	 (1,233,511)
Property and Equipment, Net	\$ 1,376,025

8. OFFICE LEASING ARRANGEMENT

The Organization has a lease for office and storage space which expires in June 2021. The lease contains a five-year renewal option at 95% of the prevailing market rate. In addition to the base rent, the Organization is required to pay its pro-rata share of operating expenses and real estate taxes over the base amount.

The following is a schedule of future minimum lease payments:

For the Years Ending July 31,	 Amount
2020	\$ 467,803
2021	 438,977
Total Future Minimum Lease Payments	\$ 906,780

For the year ended July 31, 2019, rent expense was approximately \$482,400.

9. CAPITAL LEASING ARRANGEMENT

During the year ended July 31, 2019, the Organization began leasing office equipment under capital leases which expire in August 2023. The assets and liabilities under the capital leases are recorded at the lower of the present value of the minimum lease payments or the fair value of the assets. The assets are amortized over the shorter of the related lease term or the estimated useful life. Amortization on the equipment held under the capital leases is included with depreciation expense. Accumulated amortization of the assets under capital lease was approximately \$5,000 as of July 31, 2019.

NOTES TO FINANCIAL STATEMENTS JULY 31, 2019

9. CAPITAL LEASING ARRANGEMENT (CONTINUED)

The following is a schedule of future minimum lease payments under the capital lease:

	-	
For the Years Ending July 31,	A	mount
2020 2021	\$	4,271 4,271
2022		4,271
2023		2,766
2024		62
Total Minimum Lease Payments		15,641
Less Amount Representing Interest		(994)
Present Value of Net Minimum Lease Payments	\$	14,647

10. FAIR VALUE MEASUREMENTS

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels as follows:

Level 1 - inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets (examples include mutual funds);

Level 2 - inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability other than quoted prices, either directly or indirectly, including inputs in markets that are not considered to be active (examples include corporate or municipal bonds);

Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement. The inputs into the determination of fair value require significant management judgment (examples include certain private equity securities and split-interest agreements).

The following presents the Organization's assets measured at fair value as of July 31, 2019:

July 31, 2019	Level 1	Le	vel 2	Level 3	Total
Equity Securities and Mutual Funds Cash, Held in Investment Accounts	\$ 2,111,832 36,275	\$	-	\$ 	\$ 2,111,832 36,275
Subtotal	2,148,107		-	-	2,148,107
Beneficial Interest in Charitable Trust	 		-	216,685	 216,685
Total	\$ 2,148,107	\$	-	\$ 216,685	\$ 2,364,792

Level 1 investments are valued based on quotations as reported on national exchanges. The beneficial interest in the charitable trust (the Trust) was valued using the Organization's pro-rata percentage interest in the Trust and the present value of the quoted market prices for the Trust assets.

NOTES TO FINANCIAL STATEMENTS JULY 31, 2019

10. FAIR VALUE MEASUREMENTS (CONTINUED)

For the year ended July 31, 2019, the change in assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) was as follows:

July 31, 2019	 Amount
Beginning Balance	\$ 191,494
Change in Present Value	32,720
Distributions	 (7,529)
Ending Balance	\$ 216,685

11. NET ASSETS WITH DONOR RESTRICTIONS

As of July 31, 2019, the Organization's net assets with donor restrictions were available for the following purposes:

Purpose	_	Amount
Subsequent Years' Activities	\$	2,167,892
Total Net Assets With Donor Restrictions	\$	2,167,892

For the year ended July 31, 2019, net assets were released from restrictions by incurring expenses satisfying the purpose restrictions or time restrictions as follows:

Purpose	Amount				
Subsequent Years' Activities	\$	1,380,464			
Net Assets Released from Restrictions	\$	1,380,464			

12. ALLOCATION OF JOINT COSTS

During the year ended July 31, 2019, the Organization conducted activities that included requests for contributions and program components. Those activities included mail campaigns, informational materials, program activities and special program events. The total joint costs of conducting these activities for the year ended July 31, 2019, which are not specifically attributable to particular components of the activities, were allocated as follows:

Description		Amount
Program Expenses	\$	1,353,319
Development Expenses	1	150,048
Total Joint Costs	\$	1,503,367

13. CONTRIBUTIONS AND BEQUESTS RECEIVABLE

Contributions and bequests receivable consisted of the following as of July 31, 2019:

Description	 Amount
Contributions and Bequests Receivable Due in Less Than One Year Contributions and Bequests Receivable Due in One to Five Years	\$ 1,945,917 10,000
Total Contributions and Bequests Receivable Less Discount to Present Value	 1,955,917 (482)
Contributions and Bequests Receivable, Net	\$ 1,955,435

Contributions and bequests receivable have been discounted at a rate of 1.65% at July 31, 2019.

NOTES TO FINANCIAL STATEMENTS JULY 31, 2019

14. LINE OF CREDIT

The Organization maintains a \$500,000 secured line of credit with a bank which expires October 29, 2020. Interest on the line of credit is charged at prime plus 1%, but will never be less than 6.25%. The line is collateralized by all of the Organization's assets and is subject to certain covenants as stipulated by the lender. As of July 31, 2019, the line of credit account balance was \$100,000. Subsequent to the year end, the Organization paid the line of credit balance in full.

15. SUBSEQUENT EVENTS

The spread of COVID-19 (coronavirus disease) has had a disruptive impact on the daily life and operations of individuals, businesses, and nonprofit organizations around the world. There is uncertainty about financial and economic impacts in all sectors of the economy. The financial markets have experienced significant volatility, and this may continue for an extended period of time. In light of these circumstances, management continues to assess how best to adapt to changed circumstances.

Subsequent events were evaluated through May 21, 2020, which is the date the financial statements were available to be issued.

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury

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.

Go to wave its conformation and the information

2018 Open to Public

Inspection and ending JUL 31, C Name of organization D Employer identification number Address change ALLEY CAT ALLIES, INC. Name 52-1742079 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 240-482-1980 7920 NORFOLK AVENUE 600 termin-11,140,793. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende BETHESDA, MD 20814 H(a) is this a group return F Name and address of principal officer: REBECCA ROBINSON Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ► WWW.ALLEYCAT.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other ▶ L Year of formation; 1991 M State of legal domicile; DE Part I Summary Briefly describe the organization's mission or most significant activities: TO TRANSFORM & DEVELOP Governance COMMUNITIES TO PROTECT & IMPROVE THE LIVES OF CATS. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 55 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 0. 7b **Prior Year** 10,665,228. 10,787,229. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 98,904. 124,467. 132,295. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 917. 10,896,427. 10.989.613. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 434,549. 711,299. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 3,582,164. 2,729, 162. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 6,737,508. 7,187,054. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,754,221. 10,627,515. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ... 142,206. 362,098. 19 Revenue less expenses. Subtract line 18 from line 12 5 Beginning of Current Year End of Year 7,441,998. 7,942,879. 20 Total assets (Part X, line 16) 079,194. 21 Total liabilities (Part X, line 26) 1,433,426. 6,362,804. Net assets or fund balances. Subtract line 21 from line 20 6,509,453. 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 (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign REBECCA ROBINSON, PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature Paid HOLLY CAPORALE HOLLY CAPORALE 06/19/20 P00235685 self-employed Firm's name COUNCILOR, BUCHANAN & MITCHELL, Preparer Firm's EIN 52-1711839 Firm's address 7910 WOODMONT AVE. STE. 500 Use Only BETHESDA, MD 20814 Phone no. (301) 986-0600

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2018) ALLEY CAT ALLIES, INC. 52-1742079 Page 2
Pa	till Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
4	Briefly describe the organization's mission:
1	ALLEY CAT ALLIES' MISSION IS TO TRANSFORM AND DEVELOP COMMUNITIES TO
	PROTECT AND IMPROVE THE LIVES OF CATS. OUR THREE MAIN PROGRAM AREAS
	PROTECT AND IMPROVE THE LIVES OF CATS. OUR TRACE MAIN PROGRAM AREAS
	ARE: HUMANE CARE AND OUTREACH, LAW AND POLICY, AND ADVOCACY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,719,378 • Including grants of \$ 197,640 •) (Revenue \$)
	ADVOCACY - THE ORGANIZATION MOBILIZES GRASSROOTS AND WORKS DIRECTLY
	WITH KEY DECISION MAKERS ACROSS HUNDREDS OF MUNICIPALITIES INCLUDING
	ELECTED OFFICIALS, GOVERNMENT AGENCIES, VETERINARIANS, AND CORPORATIONS
	AND PROVIDES GRANTS TO CREATE POSITIVE, LIFESAVING CHANGE FOR CATS. THE
	ORGANIZATION IS ALSO WORKING TO TRANSFORM SHELTERS BY PUBLISHING AND
	PROMOTING 'BLUEPRINTS' THAT SERVE AS HANDBOOKS AND TOOLKITS TO ADOPT
	LIFESAVING PROGRAMS AND CHANGE SYSTEMS, PROVIDING GRANTS AND RESOURCES,
	PROVIDING ONSITE WEBINARS AND WORKSHOPS, AND WORKING WITH COMMUNITY
	LEADERS ON COLLABORATION AND ORDINANCE CHANGES AND WORK IN THE FIELD
	ONE ON ONE WITH LOCAL COALITIONS.
	ONE ON ONE WITH BOCKE CONDITIONS.
	0.101.000
4b	(Code:) (Expenses \$ 2,191,000 · Including grants of \$ 513,659 ·) (Revenue \$)
	HUMANE CARE AND OUTREACH - THE ORGANIZATION PROVIDES DIRECT, HANDS-ON
	CAT CARE INCLUDING SPAY AND NEUTER AND HUMANE EDUCATION AND KITTEN CARE
	ACROSS DOZENS OF METROPOLITAN AREAS SUCH AS JACKSONVILLE, FL, HOUSTON,
	TX, ATLANTIC CITY, NJ, NORTHERN CALIFORNIA AND MANY OTHER CITIES AND
	COUNTIES ACROSS THE COUNTRY TO FURTHER MISSION IMPACT. THE ORGANIZATION
	ALSO PROVIDES FUNDING AND RESOURCES TO NONPROFIT 501(C)(3) ENTITIES TO
	SUPPORT TRAP-NEUTER-RETURN (TNR), VETERINARIAN CARE, RETURN TO FIELD
	(RTF), AND SHELTER, NEUTER, RETURN (SNR), DISASTER RELIEF, AND OTHER
	RELATED MATTERS. THE ORGANIZATION PROVIDES TRAINING, WORKSHOPS,
	WEBINARS, CONFERENCES, NETWORKING, AND COLLABORATIONS.
	WEDINARD, COMPERENCED, NEIWORKING, AND COMMEDIATIONS.
	1.255.116
4c	(Code:) (Expenses \$ 1,376,146 · Including grants of \$) (Revenue \$)
	LAW & POLICY - THE ORGANIZATION EDUCATES AND MOBILIZES GRASSROOTS AND
	WORKS WITH KEY DECISION MAKERS AND COMMUNITIES ON CRITICAL LIFESAVING
	STATE AND LOCAL POLICY ISSUES SUCH AS THE ORDINANCES. THE ORGANIZATION
	ALSO PROVIDES RESOURCES TO ACHIEVE JUSTICE IN CAT CRUELTY CASES,
	ABOLISH DANGEROUS LAWS FOR CATS, AND PASS HUMANE ORDINANCES AND STATE
	LAWS WITH PROGRESSIVE LANGUAGE THAT PROTECT CATS AND CAREGIVERS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 9,286,524.
	Form 990 (2018)

	11511 OTTOONIOS OF FROGUES		_	1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	1
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		\vdash
	public office? If "Yes," complete Schedule C, Part I	3	1	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		\vdash	1
•	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	Ė		\top
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		Ť	т	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ŀ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			\vdash
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VII	11b		X
C	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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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)? If "Yes," complete Schedule D, Part X	11f	X	_
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
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			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Α
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			х
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Δ
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	10		- 43
17		17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
10	complete Schedule G, Part III	19		x
20=	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			
	demostic government on Part IV column (A) line 12 if "Ves " complete Schadula I Parts I and II	24	x	

Form 990 (2018)	ALLEY	CAT	ALLIES,	INC.	52-1742079	Page 4
Part IV Checklist	of Required S	chedu	lles (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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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	-	_	\vdash
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	67.10		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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):			35
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
-	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	30	25	
1 01	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 1a 48		. 45	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
-	(gambling) winnings to prize winners?	1c	X	
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	4			

-			Yes	No										
2 a	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	4												
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X											
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)													
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X										
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O													
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a													
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X										
b	If "Yes," enter the name of the foreign country: ▶													
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			x										
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?													
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X										
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?													
6a	, , , , , , , , , , , , , , , , , , , ,			4.7										
	any contributions that were not tax deductible as charitable contributions?	6a		Х										
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts													
_	were not tax deductible?	6b												
7	Organizations that may receive deductible contributions under section 170(c).			v										
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?	-		X										
b		7b												
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			х										
al.	to file Form 8282?	7c		Α										
a	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X										
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X										
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/											
9 h		7h	N/											
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	111												
•	sponsoring organization have excess business holdings at any time during the year? N/A	8												
9	Sponsoring organizations maintaining donor advised funds.													
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a												
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b												
10	Section 501(c)(7) organizations. Enter:													
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A													
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b													
11	Section 501(c)(12) organizations. Enter:													
a	Gross income from members or shareholders N/A 11a													
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													
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			16										
8	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.		1100											
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		13-13											
	Enter the amount of reserves on hand 13c			v										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X										
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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	4.	- 1	v										
	excess parachute payment(s) during the year?	15	-	X										
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		x										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		41										
_	If "Yes," complete Form 4720, Schedule O.	Form	990 (2018\										
		1 41111	222											

52-1742079 ALLEY CAT ALLIES, INC. 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 Section 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 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 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 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization

	exempt status with respect to such arrangements?		16b	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶WV, WI, VA, UT, TN, SC, R	I,PA,OR	<u>, ok ,</u>	OH, N

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

CHARLENE PEDROLIE, CHIEF OPERATING OFFICER - 240-482-1998

7920 NORFOLK AVENUE, #600, BETHESDA, MD 20814

06 12-31-16 SEE SCHEDULE O FOR FULL LIST OF STATES

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

taxable entity during the year?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

Form 990 (2018)

X

16a

Form 990 (2018) ALLEY CA Part VII Compensation of Officers, I		_				v E	mp	loyees, Highest C	52-1742	2079 Page 7
Employees, and Independen	nt Contract	or	S						•	
Check if Schedule O contains a resp	onse or note to	o ar	ıy lin	e in	this	Par	t VII		***************************************	
Section A. Officers, Directors, Trustees, Key	Employees, a	nd	High	nest	Co	mpe	nsa	ted Employees		
1a Complete this table for all persons required to	be listed. Re	port	con	npe	nsat	lon f	or th	ne calendar year ending	with or within the org	anization's tax yea
List all of the organization's current officer. Enter -0- in columns (D), (E), and (F) if no compen List all of the organization's current key en List the organization's five current highest of	sation was pai oployees, if any	d. y. S	ee in	str	ıctio	ns fo	or de	afinition of "key employe	9e."	
able compensation (Box 5 of Form W-2 and/or Box										
 List all of the organization's former officers reportable compensation from the organization a List all of the organization's former director more than \$10,000 of reportable compensation fine. 	nd any related	org	janiz at red	atio	ns. ed, i	n th	e cal	pacity as a former direc		
List persons in the following order: individual trus and former such persons.	-							•	s; highest compensat	ted employees;
Check this box if neither the organization n	or any related	org	aniza	atio	n co	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	fdc	not c		sition		one	Reportable	Reportable	Estimated
	hours per		k, unie					compensation	compensation	amount of
	week	-	T	T	T	1	100,	from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	88 OF C	stee			Highest compensated employee		(W-2/1099-MISC)	(**-2/1033-141100)	organization
	organizations	tar.	natitutional trustee		ag/o	ошре		,		and related
	below	vidua	tution	*	Key employee	lest c	Former	i i		organizations
	line)	Jan	Inst	Officer	Key	E E	ě			
(1) REBECCA ROBINSON	70.00			_				0.45 600	_	05 065
PRESIDENT & CHAIR	50.00	X		X	_	_		247,689.	0.	25,895.
(2) DONNA WILCOX	70.00	7.7						171 025	_	21 254

	week	ОПП	micer and a director/trustee					from	from related	other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) REBECCA ROBINSON	70.00	П				Г				
PRESIDENT & CHAIR		X		X				247,689.	0.	25,895.
(2) DONNA WILCOX	70.00									
VICE PRESIDENT	20208-0	X		X	L			171,835.	0.	21,254.
(3) ANNE LYNCH	0.50									
SECRETARY		X			L			0.	0.	0.
(4) JUSTIN ORAVETZ	0.50									
TREASURER		X						0.	0.	0.
(5) PATRICIA E, KAUFFMAN	0.50	П								
MEMBER		X						0.	0.	0.
(6) KEVIN LEE	0.50									
MEMBER		X						0.	0.	0.
(7) CHARLENE PEDROLIE	70.00	П				Г				
CHIEF OPERATING OFFICER				X				176,020.	0.	4,946.
							-4-	62.		
		П								

832007 12-31-16

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		-	stimat	
	hours per	box, unless person is both at officer and a director/trustee						compensation compensati					
	(list any	Veek					,	from the	from related organizations		COR	otner otners	
	hours for	or director				P		organization	(W-2/1099-MIS			rom th	
	related	99 Or	alge			nsate		(W-2/1099-MISC)	(-,		aniza	
	organizations	trust	al fr		886	ошра					an	d rela	ted
	below	Individual trustee	Institutional trustee	180	кеу епіріоува	Highest compensated employee	Former				org	anizat	ions
	line)	Indi	Inst	Officer	Key	計量	휸				\vdash		120 10
							Г						
		_			-	Н	L						
							Г						
		Н	_		-		H						
			L		_		L						
			Н		-	H	Н			-			
			Ш			Ш	_			_	_		
1b Sub-total		_	_	_	_		—	595,544.		0.	5	2,0	95.
c Total from continuation sheets to Part Vi	I, Section A						-	0.		0.			0.
d Total (add lines 1b and 1c)								595,544.		0.	5	2,0	95.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	DOVE	e) wt	so re	eceived more than \$100	,000 of reportable	В			
compensation from the organization			992.307.000	*********	8.00/1.00		0001000						3
										- 73		Yes	No
3 Did the organization list any former officer,	director, or tru	stee	, ke	y en	nplo	yee,	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	-
5 Did any person listed on line 1a receive or a												100	v
rendered to the organization? If "Yes," com	plete Schedule	Jf	or st	ich j	Ders	on_					5		X
Section B. Independent Contractors								t at a selection at the se	\$400.000 -f				
1 Complete this table for your five highest co										pens	ation	rom	
the organization. Report compensation for	the calendar ye	ear e	enai	ng w	vitin (OF WI	TUTHE		/ear.		(0	*1	
(A) Name and business	address							(B) Description of s	ervices	C	ompe		n
CHAPMAN, CUBINE, ADAMS &		- 2	200	0.0	1.5	TT					<u> </u>		
ST NORTH, SUITE 500, ARL	INGTON.	V	1 2	222	201	Ĺ		CONSULTING			54	2,5	02.
JEMAL PHILLIPS LLC							\dashv			-			
702 H ST NW , WASHINGTON	, DC 200	01	L				-	LANDLORD			47	6,3	57.
ACTION MAILINGS, INC.							\neg						
90 COMMERCE DR, ASTON, PA	A 19014						_	DIRECT MAIL	SERVICE		29	8,7	91.
PLANET DIRECT		_									0.0	0 -	70
7251 COPPERMINE DR, MANAS				.09	,			NEWSLETTER S			23	9,7	/6.
ARCHER & GREINER PC, ONE		IIA	Ш				- 1	GOVERNANCE &			0.0	<i>c</i> c	76
SQUARE, HADDONFIELD, NJ (18033							REGISTRATION	SEKVICE		43	6,8	10.

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2018)

\$100,000 of compensation from the organization

Program Service Contributions, Giffs, Gran Revenue and Other Similar Amount 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	b MA c Fu d Re e Grown f All sin g No h To a f All g To Involt income	ederated campaigns lembership dues undraising events elated organizations overnment grants (contribution I other contributions, gifts, grants, milar amounts not included above shocksh contributions included in lines 1a otal. Add lines 1a-1f I other program service revent otal. Add lines 2a-2f vestment income (including di ther similar amounts) come from investment of tax-e	1b 1c 1d ns) 1e , and 1f 1f 1c 1f; \$	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenué excluded from tax under sections 512 - 514
Program Service Revenue 3 4 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	b MA c Fu d Re e Grown f All sin g No h To a f All g To Involve income	lembership dues undraising events elated organizations overnment grants (contribution) I other contributions, gifts, grants, milar amounts not included above ancesh contributions included in lines to otal. Add lines 1a-1f	1b 1c 1d ns) 1e , and 1f 1f 1c 1f; \$	10,699,803.	10,787,229.			
Program Service Revenue 3 4 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	c Fu d Re e Gc f All sinn g No c d d f All g To Inv ott	undraising events elated organizations overnment grants (contribution) I other contributions, gifts, grants, milar amounts not included above meash contributions included in lines 1a otal. Add lines 1a-1f I other program service revent otal. Add lines 2a-2f evestment income (including di ther similar amounts) come from investment of tax-e	1c 1d ns) 1e , and 1f 1f 1 le	Business Code	10,787,229.			
Program Service Revenue 3 4 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	c Fu d Re e Gc f All sinn g No c d d f All g To Inv ott	undraising events elated organizations overnment grants (contribution) I other contributions, gifts, grants, milar amounts not included above meash contributions included in lines 1a otal. Add lines 1a-1f I other program service revent otal. Add lines 2a-2f evestment income (including di ther similar amounts) come from investment of tax-e	1c 1d ns) 1e , and 1f 1f 1 le	Business Code	10,787,229.			
Program Service Revenue 3 4 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	d Ree Garage Gar	elated organizations overnment grants (contribution) I other contributions, gifts, grants, milar amounts not included above preash contributions included in lines to otal. Add lines 1a-1f II other program service revent otal. Add lines 2a-2f evestment income (including di ther similar amounts) come from investment of tax-e	1d ns) 1e , and 1f a-1f: \$	Business Code	10,787,229.			
Program Service Revenue 3 4 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	e Gof All sinners of All sinners of All sinners of All sinners of All since of All	overnment grants (contribution of the contributions, gifts, grants, milar amounts not included above oncash contributions included in lines 1st otal. Add lines 1s-1f	ns) 1e , and 1f a-1f: \$	Business Code	10,787,229.			
Program Service Revenue 3 4 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	sing No. h To	milar amounts not included above speak contributions included in lines 1st otal. Add lines 1s-1f. If other program service revenues and a dd lines 2s-2f. If vestment income (including distributions) and the similar amounts) and the similar amounts of tax-scome from investment of tax-scome from investmen	ueividends, inter	Business Code	10,787,229.			
Program Service Revenue 3 4 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	g No. h To a b c d e f All g To inv	oncash contributions included in lines 1st otal. Add lines 1s-1f If other program service revenues and a dd lines 2s-2f ovestment income (including distributions amounts) ocome from investment of tax-score from investm	ue	Business Code	10,787,229.			
Program Service Revenue 3 4 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	h To	I other program service revenuntal. Add lines 2a-2f vestment income (including dither similar amounts)	ueividends, inter	Business Code	10,787,229.	AND THE REAL PROPERTY OF THE PERSON OF THE P		
Program Service Revenue 3 4 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	h To	I other program service revenuntal. Add lines 2a-2f vestment income (including dither similar amounts)	ueividends, inter	Business Code	10,787,229.	AND THE COMMENT OF TH		
Program Service Revenue 3 4 5 6 8 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	a b c d e f All g To	Il other program service revenuntal. Add lines 2a-2f	ueividends, inter	Business Code				
3 4 5 6 8 8 8 8	d e f All g To ott	Il other program service revenuntal. Add lines 2a-2fvestment income (including dither similar amounts)	ividends, inter					
3 4 5 6 8 8 8 8	d e f All g To ott	Il other program service revenuntal. Add lines 2a-2fvestment income (including dither similar amounts)	ividends, inter					
3 4 5 6 8 8 8 8	d e f All g To inv oti	Il other program service revenuntal. Add lines 2a-2f	ividends, inter					
3 4 5 6 8 8 8 8	e f All g To Inv ott	Il other program service revenuntal. Add lines 2a-2f	ividends, inter					
3 4 5 6 8 8 8 8	g To Inv oth Inc	otal. Add lines 2a-2f vestment income (including di ther similar amounts) come from investment of tax-e	ividends, inter					
3 4 5 6 8 8 8 8	g To Inv oth Inc	otal. Add lines 2a-2f vestment income (including di ther similar amounts) come from investment of tax-e	ividends, inter				170	
3 4 5 6 8 8 8 8	g To Inv oth Inc	otal. Add lines 2a-2f vestment income (including di ther similar amounts) come from investment of tax-e	ividends, inter					
4 5 6 a k	oti	ther similar amounts) come from investment of tax-e						(
5 6 a k c c c c c c c c c c c c c c c c c c	Inc	come from investment of tax-e		est, and				
5 6 a k c c c c c c c c c c c c c c c c c c	Inc	come from investment of tax-e			80,008.			80,008
6 a k	Ro							
7 a		oyalties						
7 a			(i) Real	(ii) Personal				
7 s	a Gr	ross rents	44,223					
7 a	b Le	ess: rental expenses	0 .					
7 s		ental income or (loss)	44,223.					HOTO CONTRACT
k c	d Ne	et rental income or (loss)			44,223.			44,223,
0	a Gr	ross amount from sales of	(i) Securities	(ii) Other				
0	as	sets other than inventory	195,639.					11.02 15.55
	b Le	ess: cost or other basis						
	an	nd sales expenses	151,180.					
	c Ga	ain or (loss)	44,459					
enue,	d Ne	et gain or (loss)			44,459.			44,459.
Vent		ross income from fundraising o						
>		cluding \$						
2		ontributions reported on line 1						
b		art IV, line 18						
		ess: direct expenses			CHRONIES NO	EVERY BEEF		
		et income or (loss) from fundra	-				ς'	
9 a		ross income from gaming activ			1 1 1 1 1 1 1	The Late of		
		art IV, line 19		-				
		ess: direct expenses			THE PARTY NEWS	E-SI II CHI II		D. North P. Co.
		et income or (loss) from gamin						
10 a		ross sales of inventory, less re						
		nd allowances			- 27/18/4			
10		ess: cost of goods sold						THE PERSON
c	c Ne	et income or (loss) from sales	of inventory					
		Miscellaneous Revenue		Business Code	22 624	72 604	- 7	AN ACTUAL
	_	THER INCOME		900099	33,694.	33,694.		
	ь _							<u> </u>
				\vdash				
	c _	other revenue			22.501			
	d All	otal. Add lines 11a-11d		······ 💍 -	33,694.	22 604		160 600
832009 12-3	d All e To	tal revenue. See instructions			10,989,613.	33,694.	0.	168,690. Form 990 (2018)

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	97
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 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	744 000	E11 000		
	and domestic governments. See Part IV, line 21	711,299.	711,299.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			366	
5	Compensation of current officers, directors,	AEA 210	407 007	44,258.	2,953.
_	trustees, and key employees	454,218.	407,007.	44,230.	4,333
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,725,252.	1,534,797.	179,350.	11,105.
7	Other salaries and wages	1,725,252.	1,334,797.	1/3,330.	11,103.
8	Pension plan accruals and contributions (include	32,896.	30,581.	2,083.	232.
	section 401(k) and 403(b) employer contributions)	358,618.	328,243.	27,962.	2,413.
9	Other employee benefits	158,178.	144,869.	12,272.	1,037.
10	Payroli taxes	130,1/0.	144,003.	14,614.	1,037.
11	Fees for services (non-employees):				
a	Management	290,143.	279,536.	8,726.	1,881.
	Legal	33,540.	24,797.	8,464.	279.
	Accounting	33,340.	44,131.	0,402.	217.
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17	4 406		4,496.	
f	Investment management fees	4,496.		4,430.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2 014 617	2,324,649.	355,030.	134,938.
	column (A) amount, list line 11g expenses on Sch 0.)	2,814,617.		333,030.	6,055.
12	Advertising and promotion	201 016	101,496.	19,714.	40,668.
13	Office expenses	281,016. 296,139.	220,634.	6,630.	17,695.
14	Information technology	290,139.	271,814.	0,030+	17,033.
15	Royalties	531,817.	474,121.	52,451.	5,245.
16	Occupancy	274,872.	263,433.	9,399.	2,040.
17	Travel	2/4,0/2.	203,433.	3,333.	2,020.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	31,750.	31,750.		
19	Conferences, conventions, and meetings	31,/30.	31,750.		
20	Interest				
21	Payments to affiliates	223,634.	199,035.	22,363.	2,236.
22	Depreciation, depletion, and amortization	53,781.	47,499.	5,337.	945.
23	Insurance	33,701.	41,433.	3,337.	252.
24	Other expenses. Itemize expenses not covered above, (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	POSTAGE & SHIPPING	1,070,034.	963,678.	1,238.	105,118.
b	PRINTING & PUBLICATION	874,670.	790,800.		83,870.
-	GENERAL OPERATING EXPEN	159,879.	136,486.	13,139.	10,254.
d	CAGING	139,115.	200/2000	/	139,115.
		20072201			
	All other expenses Total functional expenses. Add lines 1 through 24e	10,627,515.	9,286,524.	772,912.	568,079.
25 26	Joint costs. Complete this line only if the organization		2,200,0220	,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		Į.		
	Check here Kill if following SOP 98-2 (ASC 958-720)				
	Land a second des to a fixed eag-150)			··	Form 990 (2018

Form 990 (2018)

Total liabilities and net assets/fund balances

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
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.

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

2018

Inspection

Name of the organization

Employer identification number

16	23		EY CAT ALL]		INC.					52-1742079
13	17.	Reason for Public	Charity Status	(All orga	nizations must	complete t	his part.) S	See instructions	3.	
The	organ	ization is not a private foun								
1		A church, convention of cl	hurches, or associati	ion of ch	urches describ	ed in secti	on 170(b)	(1)(A)(i).		
2		A school described in sec								
3		A hospital or a cooperative		*	•			(111).		
4		A medical research organi							(III). Ente	r the hospital's name.
		city, and state:	•						,	,
5		An organization operated	for the benefit of a co	ollege or	university own	ed or opera	ated by a	overnmental u	nit descr	ibed in
		section 170(b)(1)(A)(Iv). (,	,		
6		A federal, state, or local go		mental i	mit described in	section 1	70/hV1VA	West		
7	X	An organization that norma							ne neners	of public described in
		section 170(b)(1)(A)(vi). (0		area po	acor ito oupport	nom a go	101111110110	a diffic of norma	ie genere	a pablic deadlibed iii
8		A community trust describ		V4VAV6	I /Complete Da	et 11 \				
9	一	An agricultural research or					od in ooni	unotion with a	and area	t college
•		or university or a non-land-								
		university:	grant conege or agric	saltale (sec ilisuluctions	, Ericer cire	rianie, ci	ly, and state of	Tie colle	ga or
10			ally receives: (1) more	then 2	2 1/20/ of its out	nnort from	a a a a d'alla e al		bla face	and super vacalate from
10		An organization that norma							-	
		activities related to its exer								
		income and unrelated businesses		(less se	ection 511 tax) 1	rom busine	esses acq	uirea by the or	ganization	1 atter June 30, 1975.
11		See section 509(a)(2). (Co		. h h A	44 <i>6</i>	-f-t- O		201-111		
10	Ħ	An organization organized			•					
12	\Box	An organization organized								
		more publicly supported or								Check the box in
		lines 12a through 12d that								
3		Type I. A supporting org								
		the supported organizati				a majority	of the dire	ctors or truste	es of the	supporting
		organization. You must								
D		Type II. A supporting org								
		control or management of				same pers	ons that c	ontrol or manag	ge the su	pported
	_	organization(s). You mus						22 111		
C		Type III functionally inte							y integrat	ed with,
		Its supported organizatio		,						
d		Type III non-functional		_					-	, ,
		that is not functionally in							an atten	tiveness
	_	requirement (see instruct		-						
0		Check this box if the orga						a Type I, Type I	l, Type III	
		functionally integrated, o								~
f	Ente	r the number of supported	organizations							
g		ide the following information				E first to the name	-la-lies lielad			
	(1)	Name of supported organization	(ii) EIN		e of organization ped on lines 1-10	in your govern	nization listed no document?	(v) Amount of r		(vi) Amount of other
		organization			see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
								0.000		
							0.00			
Tota	1	2000							327	

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	0173100	0265575	10058919.	10665220	10797229	48950143
	include any "unusual grants.")	8173192.	9265575.	10029313.	10003220.	10/0/223.	40330143.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	8173192.	9265575	10058919.	10665228	10787229.	48950143.
	Total. Add lines 1 through 3	01/3192.	3203313.	10030313.	10003220.	10707225	203302131
5	The portion of total contributions				The state of the		
	by each person (other than a			F. 1 1			
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the				2 1 3 3		1
	amount shown on line 11,						
	column (f) Public support, Subtract line 5 from line 4.						48950143.
-	etion B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	8173192.	9265575.	10058919.	10665228.	10787229.	48950143.
	Gross income from interest.						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	60,272.	81,214.	84,164.	116,912.	124,231.	466,793.
0	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	30,280.	43,722.	78,268.	113,004.	33,694.	298,968.
11	Total support. Add lines 7 through 10		DECEMBER 1				49715904.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop						.
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) di	ivided by line 11,	column (f))		14	98.46 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14	.,,,		15	98.55 %
16a	33 1/3% support test - 2018. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
b	33 1/3% support test - 2017. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop I	nere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets to	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	in Part VI how th	e
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publi	cly supported org	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	and see instruction	ns
					Sche	edule A (Form 99)	0 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ALLEY CAT ALLIES, INC.

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 falled to qualify under Part II. If the organization falls i	to
100 1 10 1 10 1 10 1 1 1 1 1 1 1 1 1 1	

Se	ction A. Public Support	Jointy product con	pioto i dat inj						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017		(e) 2018	(f) Tot	tal
	Gifts, grants, contributions, and	(4) 2014	(5)2515	(0) 2010	(4) 2011		0,2010	1,7,10	
	membership fees received. (Do not								
	include any "unusual grants.")						ļ		
2	Gross receipts from admissions.					+			
-	merchandise sold or services per-						1		
	formed, or facilities furnished in		İ	1		1			
	any activity that is related to the					1			
	organization's tax-exempt purpose		-			+			
3	Gross receipts from activities that			-		1			
	are not an unrelated trade or bus-				1				
	iness under section 513					+			
4	Tax revenues levied for the organ-						- 1		
	ization's benefit and either paid to		l.						
	or expended on its behalf					\vdash			
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge			ļ		-			
	Total. Add lines 1 through 5					-			
78	Amounts included on lines 1, 2, and						- 1		
	3 received from disqualified persons					<u> </u>			
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that		1	1		1	- 1		
	exceed the greater of \$5,000 or 1% of the		1			1	İ		
	amount on line 13 for the year							*	
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Sec	tion B. Total Support			<u>.</u>					
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017		(e) 2018	(f) Tot	al
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						1		
	acquired after June 30, 1975								
C	Add lines 10a and 10b					Τ			
	Net income from unrelated business					П			
	activities not included in line 10b, whether or not the business is			1					
	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.)								
	First five years. If the Form 990 is for	r the organization's	s first, second, this	d. fourth, or fifth to	ax vear as a section	n 501	(c)(3) organiz	ation.	
	check this box and stop here								—
Sec	tion C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2018 (column (f))		15			%
	Public support percentage from 2017					16			%
	tion D. Computation of Inve								
17	Investment income percentage for 20	18 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17			%
	Investment income percentage from					18			%
	33 1/3% support tests - 2018. If the						%, and line 1	7 is not	
									
b	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
_	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization								
	3 10-11-18						A (Form 990	or 990-E2	2) 2018
				15	2011				

Vac No

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
----------------	--------------	---------------

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

		Yes	No
			1
	1		
	2		
1	20		
	3a		
Ì	3b		
ı	3c		
- 1	4a		
	4b		
- 1	4c		
		44	
	5a	_	
- 1			
	5b	_	
	5c		
	_ = _ }		
1			
	6		-
	7		
	8		
	9a		
			=
	9b		
	9c		
	45		
	10a		-
	401		1
	10b		

Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990-EZ) 2018 ALLEY CAT ALLIES, INC.	a Oras		2-1/4/20/9 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting	y Orga	New 00 4070 (evelois is	Dod VI \ Con Instructions A
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust of	1 Nov. 20, 1970 (explain in	Part VI.) See instructions. A
Sect	other Type III non-functionally integrated supporting organizations must co lon A - Adjusted Net Income	inplete s	(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		5		
	Portion of operating expenses paid or incurred for production or	\top		
	collection of gross income or for management, conservation, or	1 1		
	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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		6	8170	
7	Recoveries of prior-year distributions	7	1001 33 4	
8	Minimum Asset Amount (add line 7 to line 6)	8		
	clon C - Distributable Amount			. Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u></u>
4		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	anization (see
-	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part VI. See Instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2014

b Excess from 2015

c Excess from 2016

d Excess from 2017

e Excess from 2018

7 Excess distributions carryover to 2019. Add lines 3j

Schodule A	(Form 990 or 990-E	7) 2018	ALLEY	CAT	ALLIES.	INC.	52-1742079	Page 8
PartVI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	Informalines 1,	nation. P 2, 3b, 3c, 4 ines 2 and 3	rovide the b, 4c, 5a 3: Part IV	ne explanations a, 6, 9a, 9b, 9c, f. Section E. line	required by Pa 11a, 11b, and s 1c. 2a. 2b. 3a	art II, line 10; Part II, line 17a or 17b; Part III, line 12; 11c; Part IV, Section B, lines 1 and 2; Part IV, Secti a, and 3b; Part V, line 1; Part V, Section B, line 1e; I nplete this part for any additional information.	on C,
	(See instructions.)							
						<u> </u>		
	-3,4							
			-				-	
				_				
		-						<u> </u>
			//					
832028 10-11-	18					20	Schedule A (Form 990 or 990	0-EZ) 201

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization		Employer identification number
AL	LEY CAT ALLIES, INC.	52-1742079
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	Sol(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions,
General Rule		
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	, or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductly to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the	cational purposes, or for the
year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious applies any of the parts unless the General Rule applies to this organization because it as, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (I Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F	

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

Employer identification number

ALLEY CAT ALLIES. INC.

52-1742079

art II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. 'om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		 	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		-	

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

B23454 11-08-18

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2018

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	ne of organization			Empl	oyer identification number
	ALLEY C	AT ALLIES, INC.			52-1742079
Pa	rt I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
		100		7//	
1	Provide a description of the organiz	zation's direct and indirect political	ıl campaign activities i	n Part IV.	
2	Political campaign activity expendit	tures		▶\$	
	Volunteer hours for political campai				
Pa	rt I-B Complete if the org	janization is exempt unde	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955	> \$	
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	\$	
	If the organization incurred a section				
	Was a correction made?				Yes No
b	if "Yes," describe in Part IV. rt I-C Complete if the org			event nection E01/	01/21
	Enter the amount directly expended				
2	Enter the amount of the filing organ				
	exempt function activities				
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here ar	id on Form 1120-POL,	D 0	
	line 17b				Yes No
4	Did the filing organization file Form Enter the names, addresses and er	1120-POL for this year?	0 -6 -8	litical accordant to a select	
5	made payments. For each organiza	nployer identification number (Ein	from the filing organiz	ation's funds. Also enter th	ne amount of political
	contributions received that were pr	omntly and directly delivered to a	separate political orga	inization, such as a separa	te segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	de information in Part	IV.	
_	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Harrie	(6) / (61000	(0) 2	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
		L			
	-				

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

Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 ALLEY CAT ALLIES, INC. 52-1742079 Page 3

[Part II-8] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(8))	(1	0)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
	Volunteers?				
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C					
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f					-
9					
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1	Other activities?				
_	Total. Add lines 1c through 1i				
30	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			-	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			grade toward	WEST FILE
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or se	ection	- 24 T E 126 - 11
CIT	501(c)(6).),(o),(o	0,, 01 30	Jouon	
-	33 1(0)(0).			Yes	No
4	Were substantially all (90% or more) dues received nondeductible by members?		1		
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
100000	till-B Complete if the organization is exempt under section 501(c)(4), section		CONTRACTOR OF THE PARTY OF THE	etion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2					
_	expenses for which the section 527(f) tax was paid).				
a	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
=	Taxable amount of lobbying and political expenditures (see instructions)				
	t IV Supplemental Information		0		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lieth Deet II./	A lines 1 c	and 2 /eee	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	nou, rait ir	T, IIIICA I E	111U Z (366	
ISITU	ctions); and Part IPB, line 1. Also, complete this part for any additional information.				
_					
_					
_					
_					
		Schedule	C (Form	990 or 990	-EZ) 2018

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALLEY CAT ALLIES, INC.

Employer identification number 52-1742079

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised i	funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

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Sche		AT ALLIES,						742079	
Pa	Organizations Maintaining (Collections of A	rt, Hist	orical Tr	easures, or	Other	Similar Ass	ets(continu	ied)
3	Using the organization's acquisition, access	ion, and other recor	ds, check	any of the	following that a	are a sign	ificant use of its	collection	items
	(check all that apply):		-						
а	Public exhibition		ı ∐ı	oan or exc	hange program	ns			
b	Scholarly research			Other					
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	in how th	ey further t	he organization	's exemp	t purpose in Pa	rt XIII,	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or other	similar as	sets		
	to be sold to raise funds rather than to be m	aintained as part of	the organ	nization's co	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "Y	es" on Fo	rm 990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	s or other asse	ets not inc	luded	_	
	on Form 990, Part X?						L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:					
								Amount	
C	Beginning balance	***********************					1c		
	Additions during the year						1d		
0	Distributions during the year						1e		
f	Ending balance						1f		
28	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	ustodial accour	nt ilability	·L	_ Yes	No No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatio	n has been	provided on Pa	art XIII			
Pa	t V Endowment Funds. Complete	f the organization ar	nswered	'Yes" on Fo					
		(a) Current year	(b) Pi	ior year	(c) Two years I	back (d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses		1000000						
d	Grants or scholarships		- 00				<u></u>		
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administere	d for the	organization	_	
	by:								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on So	chedule R?				. 3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.					
Pai	t VI Land, Buildings, and Equipm						<	-ole	
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990, F	Part X, line	10.		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Accu		(d) Book	value
_		basis (investi	ment)	basis		depre	riation		011
1a	Land				1,216.				,216.
b	Buildings				9,810.		4,757.		,053.
C	Leasehold improvements			V//// 100	1,851.		2,452.		,399.
d	Equipment				3,695.		5,992.		,703.
e	Other				2,964.	71	0,310.		,654.
Total	Add lines to through to (Column (d) must e	roual Form 990 Part	X colum	n (R) line 1	Oc. I			1.376	,025.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (notuding name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(b) book value	(c) Metriod of Valuation. Cost of	and or your market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		195 and 200
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
	Description		50,965.
(1) SECURITY DEPOSIT	D GUADIMADI E	CTEM ANNUITHTEC	234,991
(2) INVESTMENTS RESTRICTED FO	K CHARITABLE	GIFT ANNOTITES	216,685.
(3) BENEFICIAL INTEREST IN RE	MAINDER TRUST		57,212.
(4) OTHER ASSETS (5) PRE-PUBLICATION COSTS			282,750.
(0)			2027.500
(6)			
			-
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0 15)		842,603.
Part X Other Liabilities.	d 19./		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990, Part X. line	25.
(-) Description of liability		(b) Book value	
(a) Description of liability (1) Federal income taxes			
(2) DEFERRED RENT		82,664.	
(3) ANNUITIES PAYABLE		126,722.	
(4) CAPITAL LEASE PAYABLE		14,647.	
(5) LINE OF CREDIT		100,000.	
(6)			
(7)		PE	
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

324,033.

50343-01

SCHEDULE I (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

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

2018	Open to Public	Inspection

Employer identification number 52-1742079

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Part I General Information on Grants and Assistance criteria used to award the grants or assistance?

ALLEY CAT ALLIES, INC.

Name of the organization Department of the Treasury Internal Revenue Service

2

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additi	onal space is need	ed.			•
1 (a) Name and address of organization or government	(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
							TO PROVIDE SUPPORT FOR
PIGS ANIMAL SANCTUARY							DIRECT CARE OF ANIMALS
1112 PERSIMMON LANE	200770000	10110110	000	c			AND PROMOTE ALLEY CAT
SHEFEKUSTOWN, WV 20445	070#7/0-66	DOT(C)(3)	* AAA * PCT	5			ADDIES CHARITABLE MISSION
ALACHUA COUNTRY HUMANE SOCIETY,							TO PROVIDE AN EMERGENCY
INC 4205 NW 6TH ST -							GRANT FOR HURRICANE
GAINESVILLE, FL 32609	59-1908492	501(C)(3)	5,000.	0.			MICHAEL
							TO PROVIDE SUPPORT FOR
ALLIANCE FOR CONTRACEPTION IN CATS					*		THE RESEARCH OF
& DOGS - 11145 NW OLD CORNELIUS							NON-SURGICAL SPAY/NEUTER
PASS RD - PORTLAND, OR 97231	41-2185841	501(C)(3)	20,000.	.0			FECHNIQUES WHICH FURTHERS
							TO PROVIDE SUPPORT FOR
CATNIP FOUNDATION AT BIG SKY RANCH							FRAP-NEUTER-RETURN
15442 JACK FORK RD			1				PROGRAM IN LOS ANGELES,
FOLSOM, LA 70437	47-4528787	501(C)(3)	20,000.	.0			CALIFORNIA
FIELDHAVEN FELINE CENTER			2				EMERGENCY GRANT FOR
2754 IRONWOOD LANE							LIFESAVING SUPPLIES AND
LINCOLN, CA 95648	30-0240425	501(C)(3)	70,000.	.0			VETERINARY MEDICAL FEES
HOMEWARD TRAILS ANIMAL RESCUE							TO PROVIDE SUPPORT FOR
PO BOX 100968							TRAP-NEUTER-RETURN
ARLINGTON, VA 22210	32-0086330	501(C)(3)	10,000,	0 °			PROGRAM
bac (2)(a) (3) acitaco de vadam se ladas sedas C		eldet 1 oril odt ri beteil ereiterineere treemmerse	oldet todie				

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Schedule I (Form 990) (2018)

Schedule I (Form 990) ALLIEY CAT ALLIES, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
HUMANE NETWORK 7250 PEMBROKE DR RENO, NV 89502	53-0225390	501(C)(3)	123,003.	o			IO PROVIDE SUPPORT FOR IMPROVING AND PROTECTING CARS LIVES WHICH FURTHERS THE MISSION OF ALLEY CAT
HUMANE SOCIETY OF LOUISIANA PO BOX 740321 NEW ORLEANS, LA 70174	58-1795272	501(C)(3)	25,000.	0			EMERGENCY GRANT FOR USE FOR DISASTER RESPONSE, CRITICAL VETERINARY CARE, AND LIFESAVING SUPPLIES
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	59~0624410	501(C)(3)	7,500.	.0			EMERGENCY GRANT FOR HURICANE MICHAEL
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	59-0624410	501(C)(3)	16,500.	0			TO PROVIDE SUPPORT FOR TRAP-NEUTER-RETURN PROGRAM
MAYOR'S ALLIANCE FOR NYC'S ANIMALS 244 5TH AVENUE, SUITE R-290 NEW YORK, NY 10001	73-1653635	501(C)(3)	100,000.	.0			SUPPORT OF COMMUNITY OUTREACH AND HUMANE SUCCATION/TRAINING IN ALL FIVE BOROUGHS OF NEW YORK
OPERATION SPAY BAY 3520 E 15TH ST PANAMA CITY, FL 32404	45-2931723	501(C)(3)	32,708.	°°			TO PROVIDE SUPPORT FOR TRAP-NEUTER-RETURN PROGRAM
PANAMA CITY BEACH PAWS AND CLAWS 7300 S LAGOON DRIVE PANAMA CITY BEACH, FL. 32408	14-1839943	501(C)(3)	5,000.	0			EMERGENCY GRAWT FUND
PENSACOLA HUMANE SOCIETY 5 N Q STREET PENSACOLA, FL 32505	59-6002691	501(C)(3)	28,019.	0			TO PROVIDE SUPPORT FOR VETERINARY EXPENSES AND FRANSPORT FOR COMMUNITY CATS TO FURTHER THE
							Schedule I (Form 990)

Schedule I (Form 990) (2018) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (Form 990) (2018) ALLEY CAT ALLIES, INC.
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. GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR THE RESEARCH OF NON-SURGICAL SPAY/NEUTER TECHNIQUES WHICH FURTHERS ALLEY CAT ALLIES' (d) Amount of non-cash assistance THE ORGANIZATION REQUIRES PROGRESS REPORTS FROM GRANTEES. (c) Amount of cash grant MISSION TO IMPROVE AND PROTECT THE LIVES OF CATS 822102 11-02-18 (b) Number of recipients ALLIANCE FOR CONTRACEPTION IN CATS & DOGS NAME OF ORGANIZATION OR GOVERNMENT: COLUMN (H): (a) Type of grant or assistance LINE 1, PART I, LINE 2: (H) PURPOSE OF Schedule | (Form 990) (2018) PART II,

Page 2

52-1742079

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number 52-1742079 ALLEY CAT ALLIES, INC.

Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ... 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate In, or receive payment from, a supplemental nonqualified retirement plan? 4b X 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part Vil, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2018

Regulations section 53,4958-6(c)? ...

Schedule J (Form 990) 2018 ALLEY CAT ALLIES, INC. 52~1742079

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(J/(D)	in column (B) reported as deferred on prior Form 990
(1) REBECCA ROBINSON	8	247,689.	0.	0	23,564.	2,331.	273,584.	0
PRESIDENT & CHAIR	8		0				0	0
(2) DONNA WILCOX	ε	171,835.	0		21,01	23	193,08	0
VICE PRESIDENT	8	0	0					0
(3) CHARLENE PEDROLIE	€	176,020.	0		4,67	26	180,96	0
CHIEF OPERATING OFFICER	8	0	0.	0		0		0
	€							
	(3)							
	€							
	1							
	8							
	8							
	(3)							
	€							
	0							
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	(1)							
	8							
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Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

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.lrs.gov/Form990 for the latest information.

OMB No. 1545-0047 2018 Ocen to Public inspection.

Department of the Tressury Name of the organization

Employer Identification number

52-1742079 ALLEY CAT ALLIES, INC. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WAS PREPARED BY OUR AUDITING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE 990 IS CIRCULATED TO THE FULL BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTERESTS. FORM 990, PART VI, SECTION B, LINE 15: ALLEY CAT ALLIES USES COMPENSATION DATA AND SURVEY TO ASSESS THE REASONABLENESS OF EACH PERSON'S TOTAL COMPENSATION. THE COMPARABILITY DATA ARE DRAWN FROM INDUSTRY SURVEYS AND DATA SOURCES FOR COMPARABLE POSITIONS IN ORGANIZATIONS OF SIMILAR SCOPE, OPERATING BUDGET, LOCATION, AND TYPE. THE BOARD OF DIRECTORS THEN APPROVES COMPENSATION AS A PART OF THE BUDGET APPROVAL PROCESS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: WV,WI,VA,UT,TN,SC,RI,PA,OR,OK,OH,NY,NM,NJ,NH,NC,MS,MN,MI,ME,MD,MA,KY,KS,IL HI, GA, FL, CT, CO, CA, AR, AL, AK, WA, DC, NV, ND FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL HAVE THE 990 AVAILABLE ON ITS OWN WEBSITE AND THE 990 IS AVAILABLE THROUGH OTHER WEBSITES THAT ROUTINELY COLLECT SUCH DATA (GUIDESTAR). THE ORGANIZATION MAKES FORM 1023 AND ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization ALLEY CAT ALLIES, INC.	Employer identification num 52-1742079
ADDBI CAI ADDIES, INC.	32 1/42017
FORM 990, PART IX, LINE 11G, OTHER FEES:	
VETERINARIAN FEES:	
PROGRAM SERVICE EXPENSES	138,74
MANAGEMENT AND GENERAL EXPENSES	70
FUNDRAISING EXPENSES	
TOTAL EXPENSES	139,51
DEVELOPMENT CONSULTANT:	
PROGRAM SERVICE EXPENSES	361,01
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	40,11
TOTAL EXPENSES	401,12
MEDIA CONSULTANT:	
PROGRAM SERVICE EXPENSES	125,32
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	125,32
COMPUTER CONSULTANT:	
PROGRAM SERVICE EXPENSES	327,60
MANAGEMENT AND GENERAL EXPENSES	30,23
FUNDRAISING EXPENSES	9,52
TOTAL EXPENSES	367,36
PHOTOGRAPHER & VIDEOGRAPHER FEE:	
PROGRAM SERVICE EXPENSES	102,36 Schedule O (Form 990 or 990-EZ) (2
832212 10-10-18 40 510619 759370 50343-0000 2018.05091 ALLEY CAT A	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization ALLEY CAT ALLIES, INC.	Employer identification number 52-1742079
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	102,365.
COMMUNICATIONS CONSULTANT:	
PROGRAM SERVICE EXPENSES	228,210.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,615.
TOTAL EXPENSES	230,825.
PROGRAM CONSULTANT FEES:	
PROGRAM SERVICE EXPENSES	91,440.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	91,440.
OTHER CONSULTANT FEES:	
PROGRAM SERVICE EXPENSES	949,945.
MANAGEMENT AND GENERAL EXPENSES	324,091.
FUNDRAISING EXPENSES	82,616.
TOTAL EXPENSES	1,356,652.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,814,617.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	