Acknowledgement and General Information for Entities That File Returns Electronically

2019

Name(s) as shown on return

Employer Identification Number

National Animal Care and Control A	**-***8707
Entity address	
40960 California Oaks Road	
Murrieta, CA 92562	
Thank you for participating in IRS e-file.	
1. x 2019 990 income tax return for Federal	was filed electronically.
The electronic filing services were provided by <u>Liu Associates</u>	<u> </u>
2. x 990 income tax return was accepted on 08-27-2020	using a Personal Identification Number (PIN) as
an electronic signature. The entity entered a PIN or authorized the Electronic Return Orig The submission ID assigned to this return is 5435582020240wfy1vm2	Inator (ERO) to enter or generate a Fire signature.

PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Drake 2019 - MEF ACK files processed

IDNumber Type 742158707 990

Acc Date

Reject Codes

08-27-2020 A

NATIONAL ANIMAL CARE AND CONTROL A

SubmissionId: 5435582020240wfy1vm2

990 Form

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A	For the	e 2019 calendar	year, or tax year beg	inning	, 2	019, and er	nding		, 20	
В	Check if a	applicable:	C Name of organization	ational Animal Care	and Control	A		D Empl	loyer identification number	
Ц	Address o	change	Doing business as						74-2158707	
Ц	Name cha	ange	Number and street (or	P.O. box if mail is not delivered to street a	ddress)	Room	/suite	E Telep	hone number	
	Initial retu	ım	40960 Californ	nia Oaks Road					(240) 508-7965	
	Final retur	rn/terminated	City or town, state or p	rovince, country, and ZIP or foreign postal	code			G Gross receipts		
	Amended	f return	Murrieta, CA	92562				\$	692,203	
	Applicatio	on pending	F Name and address of	principal officer: Diane Weber			H(a) Isthisa	group return	for subordinates? Yes X No	
			Same as C abov	<i>r</i> e			H(b) Are all			
i	Tax-exem	pt status: X 50	01(c)(3)) (insert no.) 4947(a)(1)	or				st. (see instructions)	
	Website:			, ((() () ()			H(c) Group			
K	Form of o	organization: Co	orporation Trust X A	ssociation Other	L Year of	formation: 1			gal domicile: CA	
	art I	Summary								
A	1		the organization's miss	sion or most significant activities:	Betterme	nt of th	ne Animal	Cont	rol Profession	
41	- Paragraphic Control of Control									
& Governance				4,7						
rna										
2	2	Chack this hav	▶ ☐ if the organization	n discontinued its operations or o	disposed of more th	nan 25% of i	ite not accete			
8								1 2		
රේ	3			erning body (Part VI, line 1a)				-	12	
Activities	4			rs of the governing body (Part VI, n calendar year 2019 (Part V, line				4	12	
Ž	5				(2a)			5	2	
Ac	6		volunteers (estimate if					6	25	
	1			Part VIII, column (C), line 12				7a	34,123	
	b	Net unrelated b	usiness taxable income	from Form 990-T, line 39			• • • • • •	7b	(5,465)	
			Prior Year		Current Year					
a	8	Contributions a			0					
Revenue	9	9							658,080	
Š	10	Investment inco	me (Part VIII, column (0			
æ	11	Other revenue (Part VIII, column (A), li		37	,042	34,123			
	12	Total revenue - a	add lines 8 through 11	(must equal Part VIII, column (A)	, line 12)		669	,789	692,203	
	13	Grants and sim	ilar amounts paid (Part	IX, column (A), lines 1-3)					0	
	14	Benefits paid to	or for members (Part I	X, column (A), line 4)				1	0	
un.	15	Salaries, other of	compensation, employe	e benefits (Part IX, column (A), li	nes 5-10)		221	,500	177,001	
Expenses	16a		ndraising fees (Part IX,					-	0	
en	b		g expenses (Part IX, co			0			A CONTRACTOR OF THE PROPERTY O	
EX	17		(Part IX, column (A), I	Participation of the Control of the			121	,213	535,347	
_				equal Part IX, column (A), line 2	(5)			,713		
	1		penses. Subtract line			-		-	712,348	
	9		polices. Cabildot III C	TO ROTH HIC 12				,924)	(20,145)	
tso	20	Total assets (Pa	rt Y line 16\			Be	ginning of Curre		End of Year	
Net Assets or	21	Total liabilities (F						,357	191,797	
let	22		nd balances. Subtract	line 24 from line 20		· · ·		,215	161,744	
Pa	rt II	Signature		line 21 from line 20			85	,142	30,053	
				me including account in a total to						
true,	, correct, a	and complete. Declar	itial i have examined this reti ation of preparer (other than o	um, including accompanying schedules ar fficer) is based on all information of which	nd statements, and to the preparer has any know	ie best of my kn ledge.	owledge and beli	et, it is		
								No.		
Sig	n		hompson		***************************************					
_		Signature of	officer					Dat	te	
Hei	re	John T	hompson, Execu	tive Director						
		Type or print	name and title							
		Print/Type prepare	er's name	Preparer's signature	Date		Check	X if	PTIN	
Pai		Linda S E	oldvik		08-27	7-2020	self-emp		P01458245	
	parer		Liu Ass	ociates	- House and the second		Firm's EIN			
Use	Only	Firm's address		irons Road			Phone no.			
				g VA 20165		-		240-5	899-4990	
May	the IRS	discuss this reti		nown above? (see instructions)				240-6	□ Vaa	

	1990 (2019) National Animal Care and Control A	74-2158707 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u>
1	Briefly describe the organization's mission:	
	Betterment of the Animal Control Profession	
2	Did the organization undertake any significant program services during the year which were not	
	prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progressives?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grams to total expenses, and revenue, if any, for each program service reported.	10 NO (14) 10 NO (15) 10 NO (16)
4a	(Code:) (Expenses \$ 554,791 including grants of \$) (Revenue \$ 607,652)
	Training and conference activitiesThrough the Trainings and	
	Animaal Care & Control Profession get up-to-date training a	
	are able to exchange experiences, ideas and new technologies	
	humans safe while caring for animals	
~*		
4b	(Code:) (Expenses \$95,429 including grants of \$) (Revenue \$ 50,428)
	Membership duesthrough membership, members receive up-to-	
	practices for the profession. Members have a forum by which	
	regarding quesions on best practices. And they exchange idea	as on how best to do their jobs and o
	new technologies.	
4¢	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.4	Other and the Control of the Control	
4d	Other program services (Describe on Schedule O.)	
	-11	venue \$
1e	Total program service expenses • 650,220	

9) National Animal Care and Control A
Checklist of Required Schedules 74-2158707

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
٠	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		_X
Ĭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in 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		<u>x</u>
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		X
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
h	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a		<u>X</u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2019)

Par	t IV Checklist of Required Schedules (continued)	Yes	No
	and the state of the second of	Tes	140
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		x
	Part IX, column (A), line 2? If "Yes, complete schedule I, Parts Fand III"		- 21
3	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		х
	employees? If Yes, complete schedule 3		21
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		Х
	through 24d and complete Schedule K. II No., 90 to line 25d		- 42
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception.		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		
	to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf or issuer for boilds outstanding at any time during the year."		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	+	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	-	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	1	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		
	persons? If "Yes," complete Schedule L, Part III		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):		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		
_	"Yes," complete Schedule L, Part IV		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		
٠	"Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		
30	conservation contributions? If "Yes," complete Schedule M		x
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		T
32	complete Schedule N, Part II		x
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		+-
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		×
	sections 301.7/01-2 and 301.7/01-3? If Yes, complete scriedule R, Part II III	+	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		
	Of TV, and Part V, line 1		X
35a	Did the organization have a controlled childy within the meaning of section 512(b)(10).	+	3
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)(15): ii 166, 5500,550 5500,550 5500,550	'	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1_
	related organization? If "Yes," complete Schedule R, Part V, line 2	+	3
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	+-	1 3
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		
	19? Note: All Form 990 filers are required to complete Schedule O. 38	X	1
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance		_
	Check if Schedule O contains a response or note to any line in this Part V		\perp
		Yes	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	The state of the s		
C	The state of the s		1
_	reportable gaming (gambling) winnings to prize winners?	x	1

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O X 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 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X q X h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? h Section 501(c)(7) organizations. Enter: 10 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 a Gross income from other sources (Do not net amounts due or paid to other sources b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year h 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which h 13b Enter the amount of reserves on hand C Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 X excess parachute payment(s) during the year? If "Yes." see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.

Part VI Reported for Schedule CO contains a response or role for any in in this Part VI		990 (2019) National Animal Care and Control A	0"			
Section A. Governing Body and Management 1s. Enter the number of voling members of the governing body at the end of the tax year if them are material differences in volting rights arrong members of the governing body or if the governing body or if the governing body or if the governing body degreated road authority to an exceptive committee, outpin or Schodule O. 5. Enter the number of volting members included in line fa, above, who are independent committee, outpin or Schodule O. 5. Enter the number of volting members included in line fa, above, who are independent or similar committee, outpin or Schodule O. 5. Enter the number of volting members included in line fa, above, who are independent or similar committee, outpin or Schodule O. 5. Did any official, director, trustee, or key employees the amagement or property of the pro	Par	(2019) National Animal Care and Control Tyes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N Governance, Management, and Management,				
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tox year if them are material differences in voting rights among members of the governing body, or if the governing body designed broad submity to an executive committee, organization pody designed broad submity to an executive committee, organization pody designed broad submity to an executive committee, organization pody designed broad submity to an executive committee, organization pody designed broad submity to an executive committee, organization pode submity to an executive committee, organization pode submit to an executive committee or similar committee, organization pode submit to an executive committee or similar committee, organization pode submit to a meaning member of voting members or the governing body or a bublishes relationship with any other official explication from the members or submittee or submittee organization pode submittee with submittee organization pode submittee organization		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in schedule 3. 350 instances.			X	
1. Enter the number of voling members of the governing body at the end of the tax year If there are material differences in volting rights among members of the governing body, or if the governing body designed to root authority of one executive committee, copian or Schedule O. Did any officer, director, trustee, or key employee to a management consult or a significant of control or the management dudies customanly performed by or under the direct my other officer, director, trustee, or key employees to a management company or other person? 3		Check if Schedule O contains a response or note to any into average				
1st Eniet the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body defeated broad authority to an executive committee, explain on Schedule O. Entire the number of voting members included in line 1a, above, who are independent 2	Sect	tion A. Governing Body and Management		Yes	No	
these are material differences in violing rights among members of the governing body, or if they governing body delayated broad authority to an executive committee or similar committee, explain on Scheduler or violing interests and interest of the governing body delayated broad authority to an executive committee or similar committee, explain on Scheduler or key employee are a family relationship or a business relationship with any other officer, director, investe, or key employees are a family relationship or a business relationship with any other officer, director, sincertor, or frustress, or key employees to a management company or other person? 3		12				
if the governing body delegated brook authority to an executive committee or similar committee, register on Scheduler 1. b Einer the number of vicing members included in line 1a, above, who are independent 1. Did any officor, director, tustee, or key employee he a family relationship or a businesse relationship with any other offices, directors, or trustees, or key employee he a family relationship or a businesse relationship with any other offices, directors, or trustees, or key employees to a management company or other person? 3 bid the organization takes any significant changes to its governing documents since the prior Form 990 was filed? 4 bid the organization become aware during the year of a significant diversion of the organization seaseds? 5 bid the organization have members or stockholders? 6 bid the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? A real may operamized became aware, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? A real may operamized became aware of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 bid the organization than the governing body? 6 bid the organization than the governing body? 7 bid became of the properties of the governing body? 8 bid the organization than the governing body? 9 bid here governing body? 10 bid the organization than the governing body? 11 bid became of the post of the governing body? 12 bid became of the properties of the power of the governing body? 13 bid became of the governing body? 14 bid bid the organization than the power of the governing body? 15 bid here governing body? 16 bid bid the organization than the power of the governing the governing the special power of the governing the governing the governing body before fining the form? 16 bid the organization have a winten organized to the names and	1a	Enter the number of voting members of the governing body at the end of the tax year				
be Either the number of violing methates included in line 1a, above, who are independent Description Descript		If there are material differences in voting rights among members of the governing body, or				
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Did the organization have a written document retention and destruction policy? 13	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	120			
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Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Did the organization's CEO, Executive Director, or top management official Did the organization in f"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Dif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure The List the states with which a copy of this Form 990 is required to be filed 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. Describe on 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			-		+	
Did the process for determining compensation and destruction policy? Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Ida Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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. Own website Another's website Description 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	13		-		+	
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(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) Describe on 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		Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)				
Own website Another's website V Upon request Other (explain on Schedule O) 19 Describe on 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records		(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
Describe on 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		Own website Another's website Upon request Other (explain on Schedule O)				
and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records	19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
20 State the name, address, and telephone number of the person who possesses the organization's books and records		and financial statements available to the public during the tax year.				
John Thompson (240)508-7965, 40960 California Oaks Road, Murrieta, CA 92562	20	State the name, address, and telephone number of the person who possesses the organization's books and records				
		John Thompson (240)508-7965, 40960 California Oaks Road, Murrieta, CA 92562			10.7	

,	1 1 0 A	000000000000000000000000000000000000000
/	Form 990 (2019)	mal Care + Control Association 74-2158707 Page 7
	Part VII Compensation Independent	n of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Check if Sched	lule O contains a response or note to any line in this Part VII
	Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compensated Employees
		all persons required to be listed. Report compensation for the calendar year ending with or within the
	 List all of the organization. Enter -0- in organization. 	tion's current officers, directors, trustees (whether individuals or organizations), regardless of amount of columns (D), (E), and (F) if no compensation was paid.
		on's current key employees, if any. See instructions for definition of "key employee."
	 List the organization's 	five current highest compensated employees (other than an officer, director, trustee, or key employee) empensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

- organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organize (A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an stee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Scott Giacoppo	5									
President				~				0	n	
(2) Adam Ricci	5									
Vice President				~				0	0	
(3) Janee Boswell	5									
Secretary				1				0	0	0
(4) Kristen Hassen-Auerbach							П			
Director	2	~						0	0	O
(5) Nicholas Lippincott							\Box			V
Executive Committee	2	V						ol	0	
(6) Alice Burton					\neg			- 0	v	0
Director	2	V						0	0	
(7) Cindy Wiemann					\neg			9	U	0
Director	2	~						0	0	
(8) Cindy Walden							\vdash	- O	- 0	0
Director	2	~						0	0	•
(9) Clint Thacker				\exists	\top				- 0	0
Director	2	~	- 1							
(10) Ed Jamison			\dashv					0	0	0
Director	2	~								
(11) Josh Fisher		-	\dashv	\dashv	-		+	0	0	0
Director	2	V								
(12) Lauren Bluestone			+	\dashv	+	-	\dashv	0	0	0
Director	2	-				1				
(13) John Thompson		-	+	\dashv	+		+	0	0	0
Executive Director	40					-				
(14)	- V	-+	+	+	+	-	+			

	(A) Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both a officer and a director/trustee					(D) Reportable compensation from the organization	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and related organizatio	
(15)			professional series and series ar	200	and the Control of th	A STATE OF THE PERSON NAMED IN		and the state of t				
(16)			erenalism in Stage state, party	A CONTRACTOR OF THE PARTY OF TH		41/10/10		NA SERVICE STATE OF THE SERVIC				
(17)			STATE OF THE PARTY	And the second s	-	- Control of the Cont		Commence of the Commence of th				
<u>(18)</u>			A Paragraphic Control of the Control	A. Charles of the Control of the Con	Community	The same of the sa	***************************************	of re-positional due fourtement of an				- Control of the Cont
<u>(19)</u> _			normal residence of the second	100	- Company (Company)	The state of the s	And the second second	1				
(20)					- Inches	Parameter School School School	O'u Presidine					The second secon
(21)			a victorio per prima pri		mai nderyvi goden ybi najmi pada	A STATE OF THE PARTY OF THE PAR	and the same of th					
(22)			en er	Contract of Contra	The second secon	Committee of the fire	The state of the s					· · · · · · · · · · · · · · · · · · ·
(23)			Angelini de servicio de servic		and organization of the second	And the second s	And the first of the second					
(24)_			Control of the Contro	The state of the s	and the state of t	The state of the s		The second secon				
(25)		The special section of	And the second s	Continued of Continued	OTHER DESIGNATION OF THE PERSON OF THE PERSO	-		er iguseas anning of the steam				
1b	Subtotal				,			•				
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)					٠.		•	101 107			***************************************
2	Total number of individuals (including but not limited	d to those liste		/e) v	vho i	ecei	ved mo	ore ti	101,197 nan \$100,000 of	0		0
	reportable compensation from the organization										1	Yes No
3	Did the organization list any former officer, director,			e, o	r hig	hest	compe	ensa	ted			ics No
4	employee on line 1a? If "Yes," complete Schedule J										3	x
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than \$										-	diameter Country
	individual										4	x
5	Did any person listed on line 1a receive or accrue or							ation	n or individual		The second	Appendix and a second a second and a second
Sacti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sche	edule J	for :	such	per	son	1			5	х
1	Complete this table for your five highest compensate	od indonenda				L _4 _		d	11 0400 000			
	compensation from the organization. Report compe	nsation for the	e calen	dar	year	endi	ng with	n or i	within the organiza	or tion's tax year.		
	(A) Name and business address						A CONTRACTOR OF THE PERSON OF		(B) Description of service		(C) Compensa	ation
							Jacob Marie Control					
										1		
2	Total number of independent contractors (including	hut not limite	d to the	eo I	ictor	aha	(A) (A)	^				
	received more than \$100,000 of compensation from	the organizat	tion	oc II	SIEC	aDO	ve) wn	J				

Part	VIII	Statement of Revenue Check if Schedule O contains a response of	or no	te to any line in this	Part VIII			
			Page 1 August 1 Augus		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a	A Comment of the Comm				
57 to	b	Membership dues	1b	and the second s				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c					
פֿ פֿ	d		1d					
FA	e	Government grants (contributions)	1e					
a is	f	All other contributions, gifts, grants,				formula a America		
Sir	1	and similar amounts not included above	1f	Observation of the contract of				Part and the same of the same
but	q		••					
E O	9		1g	\$				A CONTRACTOR OF THE CONTRACTOR
ပ္သန္	h	Total. Add lines 1a-1f						and a second
	+ "	Total Addition to the second		Business Code				
4	22	Membership dues		611710	50,428	50,428		
Program Service Revenue	1	Training Activities		611430				
ue Le	C		PORTOR BOARD	011430	607,652	607,652		
n S	d			and the state of t				
Re	e			And the state of t				
õ		All other program service revenue						
ш	1	Total. Add lines 2a-2f			CEO 000			
***************************************					658,080			
	3	Investment income (including dividends, intere other similar amounts)						
	4	Income from investment of tax-exempt bond pr	1					
	5	Royalties						
	3			1				
	C-	(i) Real		(ii) Personal				
	1	Gross rents 6a						
	1	Less: rental expenses 6b						
	1		6c					
	a	rental income or (loss)						
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets other than inventory		The state of the s				
ø	b	Less: cost or other basis						
Revenue		and sales expenses · · 7b						- Andrews
eVe	1	Gain or (loss) · · · · · 7c	· ·					
	1	Net gain or (loss)						
Other	8a	Gross income from fundraising	And the second	Application of the state of the				
Ó		events (not including \$						
		of contributions reported on line						
	١.	1c). See Part IV, line 18	8a					
	1	Less: direct expenses	8b					
	1	Net income or (loss) from fundraising events	•					
	Ja	Gross income from gaming						
	١.	activities, See Part IV, line 19	9a					
	1	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	• •	•				
	10a	Gross sales of inventory, less	-					
			10a					
	1	Less: cost of goods sold	10b					Quantities of the second secon
	С	Net income or (loss) from sales of inventory						
S				Business Code		and the second s		
e on	1	Advertising		541800	34,123		34,123	
lan enu	b							Account of the Control of the Contro
eve	С		-		and the same of th			
Miscellanous Revenue	1	All other revenue	•		Action Common	1		
	1	Total. Add lines 11a-11d			34,123			
	12	Total revenue. See instructions			692,203	658,080	34,123	0

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 25,299 trustees, and key employees 101,197 75,898 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,201 46,886 44,685 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 14,414 3,287 17,701 10 11,217 9,134 2,083 11 Fees for services (nonemployees): Legal 950 950 3,150 3,150 d Professional fundraising services. See Part IV, line 17 e Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 3,979 3,979 12 13 11,514 15,353 3,839 14 Information technology 12,081 12,081 15 16 17 8,269 33,077 24,808 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 411,411 411,411 20 21 22 Depreciation, depletion, and amortization 23 7,473 7,473 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,577 a Miscellaneous 5,577 printing and publications 20,155 20,155 4,795 Postage and shipping 4,795 d bank fees 17,346 17,346 All other expenses 25 Total functional expenses. Add lines 1 through 24e- . . 62,128 712,348 650,220 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

.

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 172,989 181,194 2 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 67,368 10,603 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation - - - - 10b 10c b Investments - publicly traded securities -----11 11 12 Investments - other securities. See Part IV, line 11 - - - - - - - - -12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 240,357 191,797 17 17 132,997 88,145 18 18 19 19 22,218 73,599 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 161,744 155,215 Organizations that follow FASB ASC 958, check here ► X

Net Assets or Fund Balances

EEA

27

29

30

31

32

and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

Net assets without donor restrictions

Net assets with donor restrictions

and complete lines 29 through 33.

Capital stock or trust principal, or current funds

Form 990 (2019)

30,053

191,797

30,053

27

28

29

30

31

32

33

85,142

85,142

240,357

orm	n 990 (2019) National Animal Care and Control A 74	-21587	07	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>- 🔲 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		692,	203
2	Total expenses (must equal Part IX, column (A), line 25)	2		712,	348
3	Revenue less expenses. Subtract line 2 from line 1	3		(20,	145)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		85,	142
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(34,	944)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		30,	053
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<i></i>			· 🔲
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		- 2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		- 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
EA			Form	990 (2	2019)

10 12

SCHEDULE A

Public Charity Status and Public Support

OMB No. 1545-0047 2019

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.irs.gov/Form990 for instructions and the latest information. Employer identification number

Open to Public Inspection

ame	. Or tire	a a company and a company	1 7				74-2158707				
	rt I	Reason for Public Chari	ty Status (All o	rganizations must co	omplete t	his part.)					
		nization is not a private foundation bec									
1	П	A church, convention of churches, or				(i).					
2	H	A school described in section 170(b									
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	H	A medical research organization oper				0(b)(1)(A)	(iii). Enter the				
~	ш	hospital's name, city, and state:									
5	П	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
J		section 170(b)(1)(A)(iv). (Complete									
6	П	A federal, state, or local government		described in section 170	(b)(1)(A)(v)						
7	Н	An organization that normally receive	s a substantial part	of its support from a gover	nmental un	it or from th	ne general public				
•		described in section 170(b)(1)(A)(vi									
8	П	A community trust described in secti									
9	H	An agricultural research organization			ed in conjunc	tion with a	land-grant college				
,		or university or a non-land-grant colle									
		university:	ogo or agriculturo (o								
0	x	An organization that normally receive	s: (1) more than 33	1/3% of its support from o	ontributions	, members	ship fees, and gross				
•		receipts from activities related to its	exempt functions - s	ubject to certain exception	s, and (2) n	o more tha	n 33 1/3% of its				
		support from gross investment incom	ne and unrelated bus	siness taxable income (les	s section 5	11 tax) fron	n businesses				
		acquired by the organization after Jul									
1	П	An organization organized and opera	ted exclusively to tes	at for public safety. See se	ction 509(a)(4).					
12	П	An organization organized and opera					arry out the purposes				
		of one or more publicly supported org	ganizations described	d in section 509(a)(1) or s	section 509	(a)(2). See	e section 509(a)(3).				
		Check the box in lines 12a through 1	2d that describes th	ne type of supporting organ	nization and	complete l	lines 12e, 12f, and 12g.				
	а	Type I. A supporting organizatio	n operated, supervis	ed, or controlled by its sup	ported orga	nization(s)	, typically by giving				
		the supported organization(s) th									
		supporting organization. You mu									
	b	Type II. A supporting organization									
		control or management of the su	ipporting organization	on vested in the same pers	ons that co	ntrol or ma	nage the supported				
		organization(s). You must com									
	C	Type III functionally integrate									
		its supported organization(s) (se									
	d	Type III non-functionally integ									
		that is not functionally integrated	d. The organization of	generally must satisfy a dis	stribution red	quirement a	and an attentiveness				
		requirement (see instructions).	ou must complete	Part IV, Sections A and	D, and Par	t V.					
	е	Check this box if the organization	n received a written	determination from the IR	S that it is a	Type I, Ty	pe II, Type III				
		functionally integrated, or Type I	Il non-functionally in	ntegrated supporting organ	ization.						
	f	Enter the number of supported orga	nizations · · ·								
	g	Provide the following information about	out the supported or	ganization(s).	1		1				
		i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the or		(v) Amount of monetary support (see	(vi) Amount of other support (see			
				(described on lines 1-10 above (see instructions))	docum	r governing ent?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Tot	iol.					1 12					

Schedule A (Form 990 or 990-EZ) 2019

National Animal Care and Control A

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

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

Section A Public Support

-	Cuon A. Public Support			1				
Ca	lendar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19	(f) Total
1	Gifts, grants, contributions, and membership fees				1			
	received. (Do not include any "unusual grants.")	66,717	75,926	112,815	61,555			317,013
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the		and the second s	XX				
	organization's tax-exempt purpose	469,611	767,320	470,524	571,192			2,278,647
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513 .							
4	Tax revenues levied for the			9				
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5	536,328	843,246	583,339	632,747			2,595,660
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							2,595,660
	ction B. Total Support							
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19	(f) Total
9	Amounts from line 6	536,328	843,246	583,339	632,747		100	2,595,660
10a	Gross income from interest, dividends,				S. Continue and		the transmittee	
	payments received on securities loans, rents,			WA	all-free adjust		-	
	royalties, and income from similar sources		150	30	ĺ		en Arradona	180
b	Unrelated business taxable income (less			The state of the s	· ·		The second secon	
	section 511 taxes) from businesses				- Caracteristic Control of Contro		Total and a second	
	acquired after June 30, 1975				The state of the s		No.	
С	Add lines 10a and 10b		150	30				180
11			American de la constante de la				- A steadysteel	
	activities not included in line 10b, whether						-	
	or not the business is regularly carried on	32,068	33,806				100	65,874
12	Other income. Do not include gain or		and the second					
	loss from the sale of capital assets		-				-	
	(Explain in Part VI.)		4,367					4,367
13	Total support. (Add lines 9, 10c, 11,						- William I	
	and 12.)	568,396	881,569	583,369	632,747			2,666,081
14	First five years. If the Form 990 is for the or							
0	organization, check this box and stop here							
	ction C. Computation of Public Suppor							
	Public support percentage for 2019 (line 8, c					15		97.36 %
10	Public support percentage from 2018 Sched	ule A, Part III, II	ne 15			16		96.42 %
	ction D. Computation of Investment Inc					,		
17	1 3 (17		0.00 %
	Investment income percentage from 2018 Sc					18	4.15.5	0.00 %
ıya	Da 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization > X							
O	33 1/3% support tests - 2018. If the organiz							
20	line 18 is not more than 33 1/3%, check this	box and stop he	ere. The organ	ization qualifie	s as a publicly	support	ed org	anization ► [
<u>2</u> U	Private foundation. If the organization did n	ot check a box (on line 14, 19a,	or 19b, check	this box and s	ee instr	uctions	▶ □

SCHEDULE O (Form 990 or 990-EZ)

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.

2019

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

74-2158707 National Animal Care and Control A 01. Members or stockholder classes and rights (Part VI, line 6) All members having voting rights. 02. Member election for additional members (Part VI, line 7a) All members are eligible to vote for and elect the Officers of the Organization 03. Governing body decisions (Part VI, line 7b) The members of the organization ratify any dues increases. 04. Form 990 governing body review (Part VI, line 11) The Executive Director and Treasurer review the Form 990 after it has been efiled by the Accountant 05. Conflict of interest policy compliance (Part VI, line 12c) The Organization does have a conflict of interest policy. And all board members are reminded of this at least once a year. All board members acknowledge any conflicts or lack thereof at least annually. 06. CEO, executive director, top management comp (Part VI, line 15a) the board of directors asked other organizations similar to its size what they paid an executive director. They considered this and the area that the CEO lives in to guide their compensation decision 07. Governing documents, etc, available to public (Part VI, line 19) Documents are made available to the public on as requested basis