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Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2010****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 8/01 , 2010, and ending 7/31 , 2011**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☒ Amended return
- ☐ Application pending

ALLEY CAT ALLIES, INC.
7920 NORFOLK AVENUE #600
BETHESDA, MD 20814-2525

D Employer identification number

52-1742079

E Telephone number

240-482-1993

G Gross receipts \$ 6,211,467.

F Name and address of principal officer DONNA M. WILCOX
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No

If 'No,' attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.ALLEYCAT.ORG**H(c)** Group exemption number ▶**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L Year of formation** 1991 **M State of legal domicile:** DE**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ALLEY CAT ALLIES' MISSION IS TO TRANSFORM AND DEVELOP COMMUNITIES TO PROTECT AND IMPROVE THE LIVES OF CATS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	109
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,070,592.	5,903,254.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,835.	89,462.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,600.	32,561.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,171,027.	6,025,277.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,650.	30,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,504,907.	1,802,259.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 722,887.		
	17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24d)	2,747,823.	3,267,247.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,269,380.	5,099,506.
	19 Revenue less expenses. Subtract line 18 from line 12	901,647.	925,771.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		4,081,557.	4,996,929.
22 Net assets or fund balances. Subtract line 21 from line 20		313,944.	332,159.
		3,767,613.	4,664,770.

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.

Sign Here	Signature of officer: <u>Donna M. Wilcox</u>		Date: <u>1/6/2012</u>		
	Type or print name and title: <u>Donna M. Wilcox</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self employed	PTIN
	DOUGLAS P. ARKIN	<u>[Signature]</u>	1/4/2012		N/A
	Firm's name ▶ ARKIN AND COMPANY	Firm's EIN ▶ N/A			
	Firm's address ▶ 15020 SHADY GROVE RD STE 460 ROCKVILLE, MD 20850-6318	Phone no (301) 340-1550			

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

☒ Yes ☐ No

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

TEEA0113L 12/21/10

Form 990 (2010)

SCANNED JAN 25 2012

RECEIVED
JAN 17 2012
IRS-OSC

17

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒**1** Briefly describe the organization's mission:SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,876,571. including grants of \$ 30,000.) (Revenue \$)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ 766,162. including grants of \$) (Revenue \$)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ 293,438. including grants of \$) (Revenue \$)
SEE SCHEDULE O**4d** Other program services (Describe in Schedule O)(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses 3,936,171.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
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		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	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		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
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, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		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)		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		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		X
20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If 'Yes,' complete Schedule R, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	28	
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	28	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a 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)? b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
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	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a 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		
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	13b	
c Enter the amount of reserves on hand	13c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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 to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year	1 a 6	
b Enter the number of voting members included in line 1a, above, who are independent	1 b 3	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8 a X	
b Each committee with authority to act on behalf of the governing body?	8 b X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O SEE SCHEDULE O.	9 X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?	10 a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b	
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12 c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	15 a X	
b Other officers of key employees of the organization SEE SCHEDULE O	15 b X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ CORPORATION 7920 NORFOLK AVENUE, #600, BETHESDA, MD 20814 240-482-1993

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA R. ROBINSON PRESIDENT	60	X		X				134,714.	0.	0.
(2) DONNA M. WILCOX CHAIRPERSON/VP	50	X		X				139,650.	0.	0.
(3) IRINA DLINE SECRETARY	0	X		X				0.	0.	0.
(4) RACHEL GORLIN DIRECTOR	0	X						0.	0.	0.
(5) KARYEN CHU TREASURER	0	X		X				0.	0.	0.
(6) BRITT A COCANOUR EXECUTIVE DIREC	50			X				0.	0.	0.
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										
(17) -----										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
1 b Sub-total								274,364.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								274,364.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
THOMPSON MAILING 21 NAUS WAY, PO BOX 150 BLOOMSBURG, PA 17815-0150	MAILING SERVICES	170,835.
HBP, INC. 952 FREDERICK STREET HAGERSTOWN, MD 21740	MAILING SERVICES	207,294.
COMMONWEALTH MAILING SYSTEM 1700 VENABLE STREET RICHMOND, VA 23223	MAILING SERVICES	755,290.
IDEA TECH ASSOCIATES, INC. 820 GIBBON STREET ALEXANDRIA, VA 22314	INFO TECHNOLOGY	130,446.
HUMANE ASSOCIATES, INC. 1201 SOUTH RED CLIFFS DRIVE KANAB, UT 84741	CONSULTING	271,695.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns...	1 a 288,784.				
	b Membership dues...	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 5,614,470.				
	g Noncash contributions included in lns 1a-1f: \$	112,642.				
h Total. Add lines 1a-1f			5,903,254.			
PROGRAM SERVICE REVENUE	2 a Business Code					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		65,702.			65,702.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents.	(i) Real (ii) Personal				
	b Less: rental expenses.					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	180,127. 200.				
	c Gain or (loss)	156,167. -200.				
	d Net gain or (loss)	23,960.	23,760.	23,760.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19.	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a 45,042.				
	b Less: cost of goods sold	b 29,823.				
	c Net income or (loss) from sales of inventory		15,219.	15,219.		
Miscellaneous Revenue Business Code						
11 a LIST RENTAL INCOME		15,720.			15,720.	
b ROYALTY INCOME		1,382.			1,382.	
c ADOPTION REVENUE		240.			240.	
d All other revenue						
e Total. Add lines 11a-11d			17,342.			
12 Total revenue. See instructions			6,025,277.	38,979.	0.	83,044.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	30,000.	30,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	321,844.	247,815.	61,042.	12,987.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,159,700.	897,002.	182,597.	80,101.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	50,415.	38,954.	8,293.	3,168.
9 Other employee benefits	132,091.	102,264.	21,581.	8,246.
10 Payroll taxes	138,209.	106,790.	22,733.	8,686.
11 Fees for services (non-employees):				
a Management				
b Legal	26,231.	21,850.	2,579.	1,802.
c Accounting	75,544.	58,370.	12,426.	4,748.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees.				
g Other	25,009.	19,323.	4,114.	1,572.
12 Advertising and promotion	124,948.	115,130.	769.	9,049.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	306,586.	238,801.	44,102.	23,683.
17 Travel	62,290.	55,013.	1,049.	6,228.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,748.	12,646.	74.	28.
20 Interest	4,118.	3,182.	677.	259.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,810.	32,028.	6,354.	2,428.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>PRINTING AND PUBLICATIONS</u>	927,457.	615,871.	1,051.	310,535.
b <u>CONSULTANTS</u>	669,637.	603,347.	13,982.	52,308.
c <u>POSTAGE AND SHIPPING</u>	537,057.	368,608.	2,079.	166,370.
d <u>COMPUTER EXPENSES</u>	232,109.	181,014.	36,836.	14,259.
e <u>GENERAL OPERATING COSTS</u>	124,164.	101,581.	12,923.	9,660.
f All other expenses	98,539.	86,582.	5,187.	6,770.
25 Total functional expenses. Add lines 1 through 24f	5,099,506.	3,936,171.	440,448.	722,887.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	1,105,350.	710,968.		394,382.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	534,848.	1	285,464.
	2 Savings and temporary cash investments	309,286.	2	610,171.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	314,211.	4	438,227.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	1,500.
	8 Inventories for sale or use	17,072.	8	10,876.
	9 Prepaid expenses and deferred charges	90,048.	9	60,440.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 482,532.		
	b Less: accumulated depreciation.	10b 354,576.	10c	127,956.
	11 Investments — publicly traded securities	2,680,337.	11	3,445,725.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	31,570.	15	16,570.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,081,557.	16	4,996,929.	
LIABILITIES	17 Accounts payable and accrued expenses	188,134.	17	204,897.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.	125,810.	25	127,262.
	26 Total liabilities. Add lines 17 through 25	313,944.	26	332,159.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	3,442,617.	27	4,226,543.
	28 Temporarily restricted net assets	324,996.	28	438,227.
	29 Permanently restricted net assets.		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	3,767,613.	33	4,664,770.
	34 Total liabilities and net assets/fund balances	4,081,557.	34	4,996,929.

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12).	1	6,025,277.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,099,506.
3	Revenue less expenses. Subtract line 2 from line 1	3	925,771.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,767,613.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-28,614.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,664,770.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2010)

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. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ALLEY CAT ALLIES, INC.

Employer identification number

52-1742079

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III — Functionally integrated
 - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")	4,136,371.	4,422,491.	4,793,650.	5,074,576.	5,903,254.	24,330,342.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	56,946.	65,443.	60,143.	31,773.	45,042.	259,347.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	4,193,317.	4,487,934.	4,853,793.	5,106,349.	5,948,296.	24,589,689.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						24,589,689.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.	4,193,317.	4,487,934.	4,853,793.	5,106,349.	5,948,296.	24,589,689.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	113,471.	147,835.	91,220.	76,791.	83,044.	512,361.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b.	113,471.	147,835.	91,220.	76,791.	83,044.	512,361.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,306,788.	4,635,769.	4,945,013.	5,183,140.	6,031,340.	25,102,050.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.0 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	97.7 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	2.0 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	2.3 %

19a 33-1/3% support tests – 2010. 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. ▶ ☒

b 33-1/3% support tests – 2009. 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 did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

SCHEDULE C
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities****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. ► See separate instructions.**

OMB No 1545-0047

2010**Open to Public
Inspection****If the organization answered 'Yes,' to 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,' to 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,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

ALLEY CAT ALLIES, INC.

Employer identification number

52-1742079

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures. ► \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ► \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. ► \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ► \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ► \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures
(The term 'expenditures' means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)

2,088.

b Total lobbying expenditures to influence a legislative body (direct lobbying)

2,465.

c Total lobbying expenditures (add lines 1a and 1b)

4,553.

d Other exempt purpose expenditures

4,264,827.

e Total exempt purpose expenditures (add lines 1c and 1d)

4,269,380.

f Lobbying nontaxable amount Enter the amount from the following table in both columns

363,469.

If the amount on line 1e, column (a) or (b) is:

The lobbying nontaxable amount is:

Not over \$500,000

20% of the amount on line 1e.

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000.

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000.

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)

90,867.

h Subtract line 1g from line 1a. If zero or less, enter -0-

0.

i Subtract line 1f from line 1c. If zero or less, enter -0-

0.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes☐ No**4-Year Averaging Period Under Section 501(h)**
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying non-taxable amount	394,341.	322,001.	363,469.	363,469.	1,443,280.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,164,920.
c Total lobbying expenditures	2,973.	10,492.	3,598.	4,553.	21,616.
d Grassroots nontaxable amount	98,585.	80,500.	90,867.	90,867.	360,819.
e Grassroots ceiling amount (150% of line 2d, column (e))					541,229.
f Grassroots lobbying expenditures	2,973.	4,119.	1,329.	2,088.	10,509.

BAA

Schedule C (Form 990 or 990-EZ) 2010

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

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV.			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

- Complete if the organization answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010**Open to Public Inspection**

Name of the organization

Employer identification number

ALLEY CAT ALLIES, INC.

52-1742079

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		69,646.	43,424.	26,222.
d Equipment		310,596.	229,190.	81,406.
e Other		102,290.	81,962.	20,328.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				127,956.

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15) ▶	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ANNUITY PAYABLE	41,829.
(3) DEFERRED RENT CREDIT	85,433.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶	
127,262.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		6,025,277.
2	Total expenses (Form 990, Part IX, column (A), line 25)		5,099,506.
3	Excess or (deficit) for the year Subtract line 2 from line 1		925,771.
4	Net unrealized gains (losses) on investments		-28,614.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		-28,614.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		897,157.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,996,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-28,614.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-28,614.
3	Subtract line 2e from line 1	3	6,025,277.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,025,277.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,099,506.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,099,506.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,099,506.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ALLEY CAT ALLIES, INC.

Employer identification number

52-1742079

Part I General Information on Grants and Assistance

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 criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

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 non-cash assistance	(h) Purpose of grant or assistance
(1) LOUISIANA SPCA 1700 MARDI GRAS BLVD							SUPPORT FOR UNWANTED ANIMALS IN
(2) NEW ORLEANS, LA 70114	72-0471368	501 (C) (3)	10,000.	0.	NONE	NONE	NO SPAY & NEUTER FREE
SOUTHERN ANIMAL FOUND							FOR LOW INCOME SUPPORT
(3) 1823 MAGAZINE STREET NEW ORLEANS, LA 70131	72-1324028	501 (C) (3)	10,000.	0.	NONE	NONE	SANCTUARY NEEDS FOR ANIMALS IN NEW ORLEANS AREA
(4) SPAY MART							
(5) PO BOX 6493 METAIRIE, LA 70009	72-1418016	501 (C) (3)	10,000.	0.	NONE	NONE	
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations

3

3 Enter total number of other organizations

0

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

ALLEY CAT ALLIES HAS FIRST HAND EXPERIENCE WITH RECIPIENT ORGANIZATION. A REPORT

SUMMARIZING THE USE OF THE FUNDS IS REQUESTED AND RECEIVED FROM ALL RECIPIENT

ORGANIZATIONS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

ALLEY CAT ALLIES, INC.

Employer identification number

52-1742079

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	112,642	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2010

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ALLEY CAT ALLIES, INC.

Employer identification number

52-1742079

FORM 990, PART III, LINE 4A - CONTINUED

CONTINUATION OF LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

HUMANE CARE AND OUTREACH

NATIONAL FERAL CAT DAY 2010 - ALLEY CAT ALLIES LAUNCHED NATIONAL FERAL CAT DAY TO

RAISE AWARENESS ABOUT FERAL CATS, PROMOTE TRAP-NEUTER-RETURN, AND RECOGNIZE THE

MILLIONS OF COMPASSIONATE AMERICANS WHO CARE FOR THEM. EVERY YEAR, PEOPLE IN

COMMUNITIES ACROSS THE COUNTRY HOLD HUNDREDS OF EVENTS ON NATIONAL FERAL CAT DAY TO

DRAW ATTENTION TO THE CAUSE AND MAKE A DIFFERENCE IN THE LIVES OF CATS.

FOR NATIONAL FERAL CAT DAY'S 10TH ANNIVERSARY, INDIVIDUALS AND ORGANIZATIONS HELD

178 EVENTS IN 38 STATES-A 70% INCREASE IN EVENTS OVER THE YEAR BEFORE. THE EVENTS

RANGED FROM INNOVATIVE EDUCATION AND OUTREACH EVENTS TO SPECIAL SPAY/NEUTER DAYS,

FROM CAREGIVING EVENTS LIKE SHELTER-BUILDING WORKSHOPS AND CAT FOOD DRIVES TO

INVENTIVE FUNDRAISERS. WE RE-LAUNCHED THE WWW.ALLEYCAT.ORG/NFCD WEBSITE TO HELP

PEOPLE PREPARE FOR AND PLAN THEIR NATIONAL FERAL CAT DAY EVENTS AND PRODUCED AN

INFORMATIONAL BOOKLET THAT WAS MAILED TO OVER 100,000 OF OUR CONSTITUENTS.

EVENTS/CONFERENCES - ALLEY CAT ALLIES CONTINUES TO SPEAK AND EXHIBIT AT EVENTS AND

CONFERENCES ACROSS THE COUNTRY, INTRODUCING AND INFORMING ATTENDEES ABOUT ISSUES

SURROUNDING STRAY AND FERAL CATS. THIS YEAR WE ATTENDED 15 CONFERENCES WITH

THOUSANDS OF TOTAL ATTENDEES, WHERE WE PERSONALLY CONNECTED WITH 1,600 PEOPLE WHO

STOPPED BY OUR TABLES AND WORKSHOPS TO GET ANSWERS TO THEIR QUESTIONS AND GATHER

INFORMATION.

BOARDWALK CATS PROJECT - IN THE 11TH YEAR OF THE PROJECT, ALLEY CAT ALLIES ENHANCED

OUR BOARDWALK CATS PROJECT WITH SOME NEW ADDITIONS-WE NEARLY DOUBLED THE VOLUNTEER

Name of the organization

ALLEY CAT ALLIES, INC.

Employer identification number

52-1742079

BASE CARING FOR OUR 18 BOARDWALK COLONIES AND EXPANDED OUR ADOPTABLE CATS PROGRAM BY
TAKING ON THE ADOPTION CENTER AT THE LOCAL PETSMART.

THE NATIONAL CAT HELP DESK - WE LAUNCHED OUR NATIONAL CAT HELP DESK PROGRAM THIS
YEAR-THE FIRST OF ITS KIND. THIS DEDICATED TEAM PROVIDES SUPPORT TO MORE THAN 600
PEOPLE AND GROUPS A MONTH SEEKING HUMANE APPROACHES FOR CATS.

FORM 990 - EXPLANATION OF AMENDED RETURN

AMOUNTS RELATED TO JOINT COSTS ON PAGE 10, PART IX, LINE 26 WERE OMITTED FROM
ORIGINALLY FILED RETURN.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

ALLEY CAT ALLIES' MISSION IS TO TRANSFORM AND DEVELOP COMMUNITIES TO PROTECT AND
IMPROVE THE LIVES OF CATS. OUR THREE LARGEST ACTIVITIES INCLUDE: PROVIDING
RESOURCES, PROGRAMS, AND OUTREACH TO PROTECT AND IMPROVE THE LIVES OF CATS (HUMANE
CARE AND OUTREACH); ADVOCATING FOR AND SUPPORTING POLICIES THAT ARE IN THE BEST
INTEREST OF CATS (LAW AND POLICY); AND INCREASING UNDERSTANDING OF CATS (EDUCATION
AND AWARENESS).

ALLEY CAT ALLIES COMMEMORATED OUR 20TH ANNIVERSARY OF INCORPORATION THIS YEAR. OUR
TWO DECADES OF EXPERIENCE IN GRASSROOTS ORGANIZING, HANDS-ON ACTIVISM, AND EDUCATION
EMPOWERS POLICYMAKERS, VETERINARIANS, NONPROFIT AND VOLUNTEER GROUPS, ACTIVISTS, AND
CAREGIVERS NATIONWIDE WITH THE TOOLS AND KNOWLEDGE TO PRACTICE, TEACH, AND ADVOCATE
FOR HUMANE CARE FOR CATS IN THEIR OWN COMMUNITIES. FROM OUR HEADQUARTERS IN
BETHESDA, MARYLAND, ALLEY CAT ALLIES' STAFF OF NEARLY 30 PEOPLE PROVIDES THE
NATIONAL VOICE FOR CATS AND THE MILLIONS OF AMERICANS THAT VALUE CATS' LIVES.

OVER THE PAST 20 YEARS, WE'VE LED THE MOVEMENT FOR CATS' HUMANE CARE IN AMERICA AND
CELEBRATED MAJOR VICTORIES AND NEW ADVANCES EVERY YEAR. IN CELEBRATION OF OUR 20TH
YEAR, WE COLLECTED THESE MEMORIES AND OTHERS INTO AN INTERACTIVE TIMELINE THAT TELLS

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FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

OUR STORY: THE MILESTONES PROJECT, A MULTIMEDIA LOOK AT EVERYTHING WE ACCOMPLISHED

(AVAILABLE AT WWW.ALLEYCAT.ORG/MILESTONES).

AND OUR STORY CONTINUES. IN FISCAL YEAR 2011, WE EXPANDED OUR STAFF AND RESOURCES TO
BE THE TRUSTED SOURCE FOR INFORMATION AND EDUCATIONAL MATERIALS ON CATS AND THE
BIGGEST VOICE FOR CATS EFFECTING CHANGE.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

HUMANE CARE AND OUTREACH

EVERY KITTY - EVERY CITY PROGRAM - ALLEY CAT ALLIES CONTINUES THE EVERY KITTY - EVERY
CITY PROGRAM TO HELP COMMUNITIES ACROSS THE COUNTRY PROVIDE A HOLISTIC APPROACH TO
CAT CARE. THIS YEAR WE CONCENTRATED OUR EFFORTS IN GREATER NEW ORLEANS, LOUISIANA;
CHICAGO, ILLINOIS; WASHINGTON, DC; BALTIMORE, MARYLAND; ATLANTIC CITY, NEW JERSEY;
AND MONESSEN, PENNSYLVANIA.

EVERY KITTY - EVERY CITY IS A COMPREHENSIVE APPROACH TO FERAL CAT CARE THAT INCLUDES
TRAP-NEUTER-RETURN EXPERTISE AND AWARENESS, INCREASED ACCESSIBILITY TO AFFORDABLE
SPAY/NEUTER, EDUCATION AND OUTREACH, AND GRASSROOTS ORGANIZING. ALLEY CAT ALLIES
ASSISTS COMMUNITY VOLUNTEERS, LOCAL GROUPS, AND PRIVATE SHELTERS THAT ARE ALREADY
PRACTICING TRAP-NEUTER-RETURN OR ARE STARTING NEW PROGRAMS; SPONSORS MONTHLY
WORKSHOPS, OPEN TO THE PUBLIC, FOR ADVICE AND INSTRUCTION; AND RECRUITS AND HELPS
TRAIN LOCAL VETERINARIANS ON HIGH-VOLUME, LOW-COST SPAY AND NEUTER TECHNIQUES.

WE LAUNCHED AN INTENSIVE CAMPAIGN IN MONESSEN, PENNSYLVANIA AFTER HEARING FROM A
NUMBER OF CITIZENS WHOSE CATS WERE ROUNDED UP AND KILLED AS PART OF A NEW POLICY
QUIETLY ENACTED BY THE TOWN'S CITY COUNCIL. WHEN OUR CALLS FOR A MORATORIUM ON THE

Name of the organization

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

CATCH AND KILL POLICY WENT UNANSWERED, WE LAUNCHED A CAMPAIGN IN THE TOWN THAT STARTED WITH RALLYING SUPPORTERS, AND CONTINUED WITH HUMANE CARE OUTREACH-INCLUDING AN ALLEY CAT ALLIES SPONSORED SPAY DAY-AND PROMOTING BETTER LEGISLATIVE ACTIONS. OUR COMPREHENSIVE STRATEGY IN MONESSEN WILL BE USED TO BUILD OUR CAPACITY TO PROTECT MORE CATS NATIONWIDE.

FERAL FRIENDS NETWORK - MEMBERS OF OUR FERAL FRIENDS NETWORK ARE OUR ON-THE-GROUND ALLIES PROVIDING PEOPLE WITH LOCAL TRAP-NEUTER-RETURN AND SPAY/NEUTER EXPERTISE. THE NETWORK IS A GROUP OF ORGANIZATIONS, INDIVIDUALS, AND VETERINARY PRACTICES WHO CAN PROVIDE GUIDANCE, KNOWLEDGE, AND SERVICES TO HELP A PERSON NEW TO FERAL CATS AND THEIR CARE. LAUNCHED SOON AFTER WE FORMED, THE FERAL FRIENDS NETWORK HAS HELPED TENS OF THOUSANDS OF INDIVIDUALS OVER THE YEARS OBTAIN THE RESOURCES THEY NEED TO START ORGANIZED TNR PROGRAMS IN THEIR OWN COMMUNITIES.

IN 2011, THE NETWORK GREW BY 6%: 1,066 MEMBERS OF THE NETWORK HELPED ADVOCATES, CAREGIVERS, AND INTERESTED INDIVIDUALS NEW TO THE MOVEMENT BY PROVIDING THEIR FERAL CAT EXPERTISE AND SERVICES. THANKS TO OUR MEMBERS IN 49 STATES (AND WASHINGTON, DC) AND 16 COUNTRIES, ALLEY CAT ALLIES WAS ABLE TO CONNECT 4,500 INDIVIDUALS SEEKING LOCAL RESOURCES.

GRASSROOTS ADVOCACY - ALLEY CAT ALLIES MONITORS AND SUPPORTS ACTIVISTS IN THE LEGISLATIVE ARENA (SEE BELOW), BUT WE ALSO WORK ON COMMUNITY ORGANIZING. THE ORGANIZATION TRACKS AND INFLUENCES HUNDREDS OF CASES NATIONALLY EACH YEAR. MOST NOTABLY, ALLEY CAT ALLIES SPOKE OUT IN SUPPORT OF CATS AND THEIR CAREGIVERS AT THE FOLLOWING LOCATIONS: ATLANTIC CITY, NEW JERSEY; BRIGHAM YOUNG UNIVERSITY IN PROVO, UTAH, THE RAVENSWOOD, NEW YORK HOUSING PROJECT; PUNTA GORDA, FLORIDA; RIVERBANK, CALIFORNIA; BREVARD COUNTY, FLORIDA; YUMA, ARIZONA; AND COLUMBIA, MISSOURI.

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

OUTREACH KITS - ALLEY CAT ALLIES SENDS OUTREACH KITS TO CITIZENS INTERESTED IN FERAL CATS TO HELP THEM EDUCATE AND DISSEMINATE INFORMATION IN THEIR COMMUNITIES. WE SUPPLY AN AVERAGE OF 100 A MONTH AND APPROXIMATELY 1,200 A YEAR TO THE PUBLIC.

SEE PAGE 1 OF SCHEDULE O FOR CONTINUATION OF THE PROGRAM SERVICE ACCOMPLISHMENTS OF THE HUMANE CARE AND ADVOCAY PROGRAM.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION AND AWARENESS

CAT CARE - WE PRODUCED NUMEROUS NEW ONLINE MATERIALS DIRECTED AT HUMANE CARE FOR CATS, INCLUDING NEW CONTENT ON HOW TO TELL THE DIFFERENCE BETWEEN STRAY AND FERAL CATS AND A VIDEO AND FACT SHEET ON HOW TO SOOTH A SCARED CAT TO BRING OUT HER BEST PERSONALITY FOR ADOPTION. WE ALSO CREATED A NEW RESOURCE ON SOCIALIZING FERAL KITTENS, PROVIDING AN OVERVIEW OF STEPS TO TAKE WHEN CARING FOR KITTENS AT THAT CRUCIAL STAGE.

WE LAUNCHED A BRAND NEW WEB CENTER FOCUSED ON COMMUNITY RELATIONS. THE TOPICS ARE ALL GEARED TOWARD HELPING THOSE WHO ARE HELPING CATS POSITIVELY INTERACT WITH THEIR COMMUNITIES AND NEIGHBORHOODS. THE CENTER INCLUDES TIPS FOR EDUCATING YOUR NEIGHBORS AS WELL AS GUIDES AND TRICKS FOR PREEMPTIVELY AVOIDING POTENTIAL CONFLICTS WITH NEIGHBORS. WE ALSO PROVIDE A UNIQUE AND COMPREHENSIVE GUIDE TO TROUBLESHOOTING WITH COMMUNITY MEMBERS, WHICH INCLUDES TIPS FOR RESOLVING ISSUES, NEGOTIATING, AND DEALING WITH VIOLENT THREATS. THE CENTER FEATURES AN ALLEY CAT ALLIES CASE STUDY OF A SUCCESSFUL COMMUNITY RELATIONS CAMPAIGN, A VIDEO ON COLLABORATING AND COOPERATING WITH NEIGHBORS, AND A PODCAST FROM THE FORMER DIRECTOR OF OPERATIONS OF THE CAT

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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

WELFARE SOCIETY IN SINGAPORE, DAWN KUA ON MEDIATION.

NEWSLETTER -FOUR ISSUES OF OUR ALLEY CAT ACTION NEWSLETTER WERE MAILED TO OVER 100,000 SUPPORTERS, AND SPREAD THE NEWS OF OUR ONGOING TRIUMPHS AND PROJECTS AS WELL AS OUR ACTIVITIES AND PROGRESS TOWARDS PROTECTING THE LIVES OF CATS NATIONWIDE.

RESEARCH - WE PRINTED MATERIALS THIS YEAR REVIEWING SCIENTIFIC EVIDENCE OF THE VACUUM EFFECT. "THE VACUUM EFFECT: WHY CATCH AND KILL DOESN'T WORK" SUCCESSFULLY OUTLINES THE FUTILE APPROACH OF CATCH AND KILL. WE ALSO PUBLISHED THE FINDINGS FROM OUR TEN-YEAR SPAY/NEUTER CLINIC, WHICH MIRROR THAT OF PEER-REVIEWED STUDIES: 98% OF CATS BROUGHT TO ALLEY CAT ALLIES CLINIC OVER THE TEN-YEAR PERIOD WERE RETURNED TO THEIR OUTDOOR HOME. ANOTHER 1% HAD POSITIVE OUTCOMES. THE DATA CONFIRMS THAT FERAL CATS LIVE HEALTHY LIVES OUTDOORS: LESS THAN HALF OF A PERCENT WERE EUTHANIZED DUE TO MEDICAL ISSUES.

EXPOSING MISINFORMATION - THIS YEAR WE STEPPED UP OUR EFFORTS TO CORRECT MISINFORMATION AND MYTHS ABOUT CATS' IMAGINED IMPACT ON WILDLIFE. WHEN FERAL CATS WERE TARGETED AND THREATENED, ALLEY CAT ALLIES MADE SURE THE FACTS WERE BROUGHT TO LIGHT.

THE MISINFORMATION ABOUT CATS, INCLUDING THE PREVIOUSLY MENTIONED PAPER WRITTEN BY STUDENTS AT THE UNIVERSITY OF NEBRASKA, USED FLAWED RESEARCH AND SCARE TACTICS TO SUPPORT THEIR CLAIMS AGAINST CATS; DISREGARDED THE SCIENTIFIC EVIDENCE PROVING THE EFFECTIVENESS OF TRAP- NEUTER-RETURN; AND IGNORED THE REAL THREAT TO ANIMALS-HUMANS AND OUR IMPACT. ALLEY CAT ALLIES' RESEARCH AND EDUCATIONAL OUTREACH WORKED TO CORRECT THE MISCONCEPTIONS AND EFFECTIVELY COUNTER THE OPPOSITION WITH LETTERS TO THE EDITOR, MEDIA OUTREACH, AND EDUCATIONAL RESOURCES.

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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THIS INCLUDED SUBMITTING COMMENTS TO THE U.S. FISH AND WILDLIFE SERVICE DRAFT ASSESSMENT PLAN FOR THE FLORIDA KEYS NATIONAL WILDLIFE REFUGES, WHICH PROMOTED TRAPPING AND KILLING FERAL CATS. THE FWS IS STILL CONSIDERING OURS AND OTHER COMMENTS SUBMITTED TO THEIR PLAN, AND THE PLAN IS CURRENTLY ON HOLD UNTIL A FINAL ENVIRONMENTAL ASSESSMENT IS AVAILABLE.

NATIONAL MEDIA PRESENCE - AS ALLEY CAT ALLIES' PRESENCE IN TRADITIONAL AND SOCIAL MEDIA GROWS, OUR OPPORTUNITIES TO PROMOTE THE HUMANE TREATMENT OF CATS ALSO INCREASE. THIS YEAR, FEATURES ON NBC NIGHTLY NEWS AND THE DAILY SHOW WITH JON STUART PUT FERAL CATS AND TRAP-NEUTER-RETURN ON THE NATIONAL STAGE. MORE THAN 200 ARTICLES FEATURING ALLEY CAT ALLIES APPEARED IN NEWSPAPERS ACROSS THE COUNTRY, INCLUDING THE MODESTO BEE THE PITTSBURG POST-GAZETTE, AND THE MIAMI HERALD AS WELL AS ANIMAL TRADE MEDIA LIKE FELINE WELLNESS, STEVE DALE'S MY PET WORLD SYNDICATED COLUMN, CAT FANCY'S ONLINE CATCHANNEL.COM, AND ANIMAL PEOPLE.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

LAW AND POLICY

THROUGH LEGISLATIVE ACTIVITIES AND GRASSROOTS ADVOCACY, ALLEY CAT ALLIES WORKS TO PROTECT AND IMPROVE THE LIVES OF CATS.

ACROSS THE UNITED STATES, ALLEY CAT ALLIES MONITORS AND ENGAGES IN LEGISLATIVE ACTIVITY TO SERVE THE BEST INTEREST OF CATS. ALLEY CAT ALLIES ADVOCATES FOR LEGISLATION BOTH DIRECTLY WITH LEGISLATORS AND THEIR STAFF, AND BY MOBILIZING OUR GRASSROOTS SUPPORTERS TO TAKE ACTION ON ISSUES OF IMPORTANCE. THE FOLLOWING ARE SOME LEGISLATIVE HIGHLIGHTS WHERE ALLEY CAT ALLIES WAS INSTRUMENTAL IN PROTECTING CATS THIS YEAR.

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

UTAH - UTAH'S H.B. 210 WOULD HAVE MADE IT LEGAL TO SHOOT A FERAL CAT IN THE STATE.

TWICE THE BILL WAS CONSIDERED BY THE STATE'S HOUSE OF REPRESENTATIVES, BUT WITH

ALLEY CAT ALLIES' INTERVENTION AND HELP FROM ADVOCATES, THE DEADLY LANGUAGE THAT

WOULD HAVE REPEALED ANTI-CRUELTY LAW PROTECTIONS FOR CATS WAS REMOVED. UTAH'S S.B.

57 WAS INTRODUCED, A BILL THAT PROMOTED HUMANE CARE FOR FERAL CATS AND ALLOWED

EARTIPPED CATS TO BE TRANSFERRED TO TNR PROGRAMS UPON ENTERING SHELTERS. ALLEY CAT

ALLIES WORKED TO ENSURE THAT LAW HAD THE BEST LANGUAGE TO SERVE THE NEEDS OF CATS,

AND THAT BILL WAS SIGNED INTO LAW.

CALIFORNIA - ALLEY CAT ALLIES SUCCESSFULLY ENGAGED IN A MULTI-YEAR EFFORT TO STOP

CALIFORNIA'S S.B. 250, A BILL THAT WOULD HAVE DISCOURAGED CARE FOR CATS BY

LOW-INCOME FAMILIES AND FERAL CAT CAREGIVERS. AT THE SAME TIME ALLEY CAT ALLIES

EXPRESSED ITS OPPOSITIONS DIRECTLY TO CALIFORNIA LEGISLATORS, ALLEY CAT ALLIES ALSO

MOBILIZED ITS SUPPORTERS IN THE STATE TO DIRECTLY CONTACT THEIR ELECTED

REPRESENTATIVES. ALLEY CAT ALLIES SENT SEVERAL SUPPORTER ALERTS ON S.B. 250; THE

FINAL ALERT CAUSED CALIFORNIA RESIDENTS TO SEND MORE THAN 15,000 LETTERS TO THEIR

ASSEMBLY MEMBERS URGING DEFEAT OF THE BILL. TOGETHER, THESE EFFORTS HELPED STOP S.B.

250.

ILLINOIS - ALLEY CAT ALLIES WAS A CRUCIAL PLAYER IN STOPPING PROPOSED LANGUAGE FOR

ILLINOIS' ANIMAL CONTROL BILL. IN AN OVERHAUL OF ANIMAL CONTROL LAWS PROPOSED BY AN

ASSOCIATION OF ILLINOIS COUNTY ANIMAL CONTROL DEPARTMENTS, ALLEY CAT ALLIES HELPED

GET THE CAT PROVISIONS DROPPED. THE PROPOSED CHANGES WOULD HAVE PROHIBITED CATS

OUTDOORS AND GUTTED THE STATE SPAY/NEUTER FUND.

MARYLAND - ALLEY CAT ALLIES ALSO SUPPORTED MARYLAND'S COMPANION BILLS (MARYLAND'S

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

H.B. 339/S.B. 639), WHICH CREATED A STATE TASK FORCE TO EXAMINE SPAY/NEUTER FUNDS, AND TESTIFIED IN FAVOR OF THEM AT A SENATE COMMITTEE HEARING BEFORE THEY WERE SIGNED INTO LAW.

ANTI-CRUELTY - ALLEY CAT ALLIES ALSO MONITORS AND TRACKS CRUELTY CASES ACROSS THE UNITED STATES. AS ANTI-CRUELTY LAWS PROTECT CATS IN EVERY STATE AND THE DISTRICT OF COLUMBIA, WE TRACK THESE CASES TO ENSURE INSTANCES OF CRUELTY ARE BEING APPROPRIATELY INVESTIGATED, PROSECUTED, AND PUNISHED.

IN ADDITION TO OUR WORK ON UTAH'S INTRODUCED BILL THAT WOULD HAVE MADE SHOOTING CATS LEGAL (SEE ABOVE), ALLEY CAT ALLIES COUNTERED A PAPER FROM THE UNIVERSITY OF NEBRASKA THAT RECOMMENDED SHOOTING CATS AS A MEANS OF POPULATION CONTROL WITH A RESEARCHED RESPONSE.

FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS

KARYEN CHU

306 PINWOOD AVE

SILVER SPRING, MD 20901

IRINA DLINE

4116 ELLICOTT ST NW

WASHINGTON, DC 20016

RACHEL GORLIN

6207 4TH ST. NW

WASHINGTON, DC 20011

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TREASURER OF THE BOARD OF DIRECTORS AND THE PRESIDENT OF THE ORGANIZATION REVIEW THE 990 TOGETHER WITH THE PREPARER PRIOR TO FINALIZING RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY WITH EACH MEMBER TO DETERMINE IF THERE ARE ANY POSSIBLE CONFLICTS THAT NEED TO BE ADDRESSED.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

ANNUALLY, THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE SALARIES OF THE PRESIDENT, VICE PRESIDENT, AND EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS CONSIDERS COMPARABILITY DATA IN ARRIVING AT THEIR DECISION. THESE DECISIONS ARE MADE WITHOUT THE INPUT OF THE PRESIDENT AND VICE PRESIDENT WHO BOTH SERVE AS DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

NO OTHER OFFICERS OR KEY EMPLOYEES RECEIVED COMPENSATION FROM ALLEY CAT ALLIES, INC.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION WILL HAVE 990 AVAILABLE ON ITS OWN WEB SITE WITHIN THE YEAR. THE 990 IS AVAILABLE THROUGH OTHER WEB SITES THAT ROUTINELY COLLECT SUCH DATA (GUIDESTAR). THE ORGANIZATION MAKES THE FORM 1023 AVAILABLE UPON REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. THE FINANCIAL AUDIT OF THE ORGANIZATION IS ALSO AVAILABLE UPON REQUEST.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 9

CLIENT 212

ALLEY CAT ALLIES, INC.

52-1742079

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ -28,614.
\$ -28,614.

CASH REQUIREMENTS**CASH REQUIRED FOR NEGOTIABLE CHECKS &/OR ELECTRONIC FUNDS TRANSFERS (EFT) FOR CHECK DATE 01/06/12: \$27,693.40****TRANSACTION SUMMARY**

SUMMARY BY TRANSACTION TYPE -	TOTAL ELECTRONIC FUNDS TRANSFER (EFT)	9,129.40
	TOTAL NEGOTIABLE CHECKS	18,564.00
	CASH REQUIRED FOR NEGOTIABLE CHECKS &/OR EFT	27,693.40
	TOTAL REMAINING DEDUCTIONS / WITHHOLDINGS / LIABILITIES	0.00
	CASH REQUIRED FOR CHECK DATE 01/06/12	27,693.40

TRANSACTION DETAIL**ELECTRONIC FUNDS TRANSFER - Your financial institution will initiate transfer to Paychex at or after 12:01 A.M. on transaction date.**

TRANS. DATE	BANK NAME	ACCOUNT NUMBER	PRODUCT	DESCRIPTION	BANK DRAFT AMOUNTS & OTHER TOTALS
01/06/12	SUNTRUST BANK	xxxxxxxx6913	Taxpay®	Employee Withholdings	
				Social Security	1,043.70
				Medicare	360.35
				Fed Income Tax	3,671.32
				MD Income Tax	1,210.63
				Total Withholdings	6,286.00
				Employer Liabilities	
				Social Security	1,540.70
				Medicare	360.35
				Fed Unemploy	117.60
				MD Unemploy	824.75
				Total Liabilities	2,843.40
				EFT FOR 01/06/12	9,129.40
				TOTAL EFT	9,129.40

NEGOTIABLE CHECKS - Check amounts will be debited when payees cash checks. Funds must be available on check date.

TRANS. DATE	BANK NAME	ACCOUNT NUMBER	PRODUCT	DESCRIPTION	TOTAL
01/06/12	SUNTRUST BANK	xxxxxxxx6913	Payroll	Check Amounts	18,564.00
				TOTAL NEGOTIABLE CHECKS	18,564.00

PAYCHEX WILL MAKE THESE TAX DEPOSIT(S) ON YOUR BEHALF - This information serves as a record of payment.

DUE DATE	PRODUCT	DESCRIPTION
01/11/12	Taxpay®	FED IT PMT Group
01/11/12	Taxpay®	MD Income Tax
		34,995.34
		1,210.63
		REPLACEMENT

DEPARTMENT SUMMARY

0030 0030-8302 Miller Kaplan & Rajagopal PC

HOURS										EARNINGS					TOTAL	
CHECK DATE	REG	OT	VAC	HOL	SICK	ALL OTHER HOURS	REG	OT	VAC	HOL	SICK	BONUS	COMM	ALL OTHER EARNINGS	TOTAL	
**** 100 PHYSICIANS																
01/05/12							49,680.30								49,680.30	
MTD (JAN)							49,680.30								49,680.30	
QTD (Q1)							49,680.30								49,680.30	
YTD (2012)							49,680.30								49,680.30	
**** 200 MANAGERS																
01/05/12							8,278.73					11,000.00			8,278.73	
01/06/12															11,000.00	
MTD (JAN)							8,278.73					11,000.00			19,278.73	
QTD (Q1)							8,278.73					11,000.00			19,278.73	
YTD (2012)							8,278.73					11,000.00			19,278.73	
**** 300 STAFF																
01/05/12							30,400.45								30,400.45	
01/06/12												13,850.00			13,850.00	
MTD (JAN)							30,400.45					13,850.00			44,250.45	
QTD (Q1)							30,400.45					13,850.00			44,250.45	
YTD (2012)							30,400.45					13,850.00			44,250.45	
**** ALL ORGANIZATIONAL UNITS																
01/05/12							88,359.48								88,359.48	
01/06/12												24,850.00			24,850.00	
MTD (JAN)							88,359.48					24,850.00			113,209.48	
QTD (Q1)							88,359.48					24,850.00			113,209.48	
YTD (2012)							88,359.48					24,850.00			113,209.48	
REIMBURSEMENTS & OTHER PAYMENTS																
CHECK DATE	EXP REIMB NON TAX	1099-MISC	OWNER DRAW	TOTAL	PUC	DO NOT USE-MEMO	LEAVE BAL-MEMO	OTHER ITEMS (DO NOT INCREASE NET PAY)								
01/05/12								M-2.93								
01/06/12								M-2.93								
MTD (JAN)								M-2.93								
QTD (Q1)								M-2.93								
YTD (2012)								M-2.93								
EMPLOYEE WITHHOLDINGS																
CHECK DATE	SOC SEC	MEDICARE	FED INCOME TAX	STATE INCOME TAX	LOCAL INCOME TAX	LOCAL INCOME TAX	LOCAL INCOME TAX	ALL OTHER WITHHOLDINGS	TOTAL							
01/05/12	3,685.37	1,272.33	16,348.55	DC	20.81				27,248.62							
01/06/12				MD	5,921.56											
MTD (JAN)	1,043.70	360.35	3,671.32	MD	1,210.63				6,286.00							
QTD (Q1)	4,729.07	1,632.68	20,019.87	DC	20.81				33,534.62							
YTD (2012)	4,729.07	1,632.68	20,019.87	MD	7,132.19				33,534.62							
01/05/12				ALL	7,153.00				33,534.62							
01/06/12				ALL	7,153.00				33,534.62							
MTD (JAN)				ALL	7,153.00				33,534.62							
QTD (Q1)				ALL	7,153.00				33,534.62							
YTD (2012)				ALL	7,153.00				33,534.62							

DEPARTMENT SUMMARY

0030 0030-8302 Miller Kaplan & Rajagopal PC

EMPLOYEE DEDUCTIONS									
CHECK DATE	401K	401K GTHUP	401K LOAN	CHILDSPRT	DENTAL PRE	DIR DEP	GARNISHMENT	HSA EE INDIVIDUAL	MED
01/05/12	5,216 25	1,146 54	156 69		216 00				
01/06/12									
MTD (JAN)	5,216 25	1,146 54	156 69		216 00				
QTD (Q1)	5,216 25	1,146 54	156 69		216 00				
YTD (2012)	5,216 25	1,146 54	156 69		216 00				

EMPLOYEE DEDUCTIONS									
CHECK DATE	MED EE PRETAX	MISC	ALL OTHER DEDUCTIONS						
01/05/12	396 00								7,310 90
01/06/12									
MTD (JAN)	396 00								7,310 90
QTD (Q1)	396 00								7,310 90
YTD (2012)	396 00								7,310 90

EMPLOYER LIABILITIES									
CHECK DATE	SOC SEC	MEDICARE	FED UNEMPLOY	STATE UNEMPLOYMENT (SUI)	SUI RATE	ALL OTHER LIABILITIES			NET PAY
01/05/12	5,440 34	1,272 33	354 43	MD 2,351 99	3 7%				53,799 96
01/06/12	1,540 70	360 35	117 60	MD 824 75	3 7%				18,564 00
MTD (JAN)	6,981 04	1,632 68	472 03	MD 3,176 74					72,363 96
QTD (Q1)	6,981 04	1,632 68	472 03	ALL 3,176 74					72,363 96
YTD (2012)	6,981 04	1,632 68	472 03	ALL 3,176 74					72,363 96

FEDERAL LIABILITY									
CHECK DATE	TOTAL	CHECK DATE	TOTAL 941 TAX LIABILITY						
01/05/12	9,419 09	01/05/12	28,018 92						
01/06/12	2,843 40	01/06/12	6,976 42						
MTD (JAN)	12,262 49	MTD (JAN)	34,995 34						
QTD (Q1)	12,262 49	QTD (Q1)	34,995 34						
YTD (2012)	12,262 49	YTD (2012)	34,995 34						

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EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
**** 200 MANAGERS Fischer, Betty G 10	Bonus			5,000.00		Social Security 210.00 Medicare 72.50	Check # 8696 Check Amt 4,717.50
	EMPLOYEE TOTAL			5,000.00		282.50	Net Pay 4,717.50
	Bonus			6,000.00		Social Security 252.00 Medicare 87.00 Fed Income Tax 2,622.73 MD Income Tax 500.00	Check # 8697 Check Amt 2,538.27
	EMPLOYEE TOTAL			6,000.00		3,461.73	Net Pay 2,538.27
**** 300 STAFF Damico, Donna 5	Bonus			500.00		Social Security 21.00 Medicare 7.25 Fed Income Tax 45.87 MD Income Tax 33.79	Check # 8698 Check Amt 392.09
	EMPLOYEE TOTAL			500.00		107.91	Net Pay 392.09
	Bonus			200.00		Social Security 8.40 Medicare 2.90 Fed Income Tax 50.00 MD Income Tax 11.31	Check # 8699 Check Amt 127.39
	EMPLOYEE TOTAL			200.00		72.61	Net Pay 127.39
Dorsey, Crystal N 38	Bonus			500.00		Social Security 21.00 Medicare 7.25 MD Income Tax 4.24	Check # 8700 Check Amt 467.51
	EMPLOYEE TOTAL			500.00		32.49	Net Pay 467.51
	Bonus			750.00		Social Security 31.50 Medicare 10.88 Fed Income Tax 93.37 MD Income Tax 53.51	Check # 8701 Check Amt 560.74
	EMPLOYEE TOTAL			750.00		189.26	Net Pay 560.74
Gebicke, Darlene T 11	Bonus			1,500.00		Social Security 63.00 Medicare 21.75 Fed Income Tax 219.81 MD Income Tax 113.14	Check # 8702 Check Amt 1,082.30
	EMPLOYEE TOTAL			1,500.00		417.70	Net Pay 1,082.30
	Bonus			200.00		Social Security 8.40 Medicare 2.90	Check # 8703 Check Amt 188.70
	EMPLOYEE TOTAL			200.00		11.30	Net Pay 188.70

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EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
**** 300 STAFF (cont.) Landsman, Renee A 15	Bonus			100.00		Social Security 4.20 Medicare 1.45 Fed Income Tax 8.00	Check # 8704 Check Amt 86.35
	EMPLOYEE TOTAL			100.00		13.65	Net Pay 86.35
	Bonus			500.00		Social Security 21.00 Medicare 7.25 Fed Income Tax 18.85 MD Income Tax 32.94	Check # 8705 Check Amt 419.96
Milline, Mary I 16	EMPLOYEE TOTAL			500.00		80.04	Net Pay 419.96
	Bonus			750.00		Social Security 31.50 Medicare 10.88 Fed Income Tax 8.27 MD Income Tax 14.37	Check # 8706 Check Amt 684.98
	EMPLOYEE TOTAL			750.00		65.02	Net Pay 684.98
Pagano, Daniela 39	Bonus			750.00		Social Security 31.50 Medicare 10.88 Fed Income Tax 39.52 MD Income Tax 33.94	Check # 8707 Check Amt 634.16
	EMPLOYEE TOTAL			750.00		115.84	Net Pay 634.16
	Bonus			500.00		Social Security 21.00 Medicare 7.25	Check # 8708 Check Amt 471.75
Parkison, Bonnie H 21	EMPLOYEE TOTAL			500.00		28.25	Net Pay 471.75
	Bonus			2,000.00		Social Security 84.00 Medicare 29.00 Fed Income Tax 326.63 MD Income Tax 152.89	Check # 8709 Check Amt 1,407.48
	EMPLOYEE TOTAL			2,000.00		592.52	Net Pay 1,407.48
Rivera, Elida 48	Bonus			500.00		Social Security 21.00 Medicare 7.25 Fed Income Tax 4.23 MD Income Tax 24.00	Check # 8710 Check Amt 443.52
	EMPLOYEE TOTAL			500.00		56.48	Net Pay 443.52
	Bonus			1,500.00		Social Security 63.00 Medicare 21.75 Fed Income Tax 144.81 MD Income Tax 93.57	Check # 8711 Check Amt 1,176.87
Ruane, Erin C 24	EMPLOYEE TOTAL			1,500.00			Net Pay 1,176.87
	Bonus						
	EMPLOYEE TOTAL						

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EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
**** 300 STAFF (cont.) Ruane, Erin C (cont.) 24	EMPLOYEE TOTAL			1,500.00		323.13	Net Pay 1,176.87
	Bonus			1,500.00		63.00 Social Security 21.75 Medicare 31.15 Fed Income Tax 54.43 MD Income Tax	Check # 8712 Check Amt 1,329.67
Shaw, Beth-Carol 50	EMPLOYEE TOTAL			1,500.00		170.33	Net Pay 1,329.67
	Bonus			600.00		25.20 Social Security 8.70 Medicare 14.23 Fed Income Tax 30.40 MD Income Tax	Check # 8713 Check Amt 521.47
Steinberg, Vivien 29	EMPLOYEE TOTAL			600.00		78.53	Net Pay 521.47
	Bonus			750.00		31.50 Social Security 10.88 Medicare 43.85 Fed Income Tax 53.51 MD Income Tax	Check # 8714 Check Amt 610.26
Vann, Lillian 30	EMPLOYEE TOTAL			750.00		139.74	Net Pay 610.26
	Bonus			750.00		31.50 Social Security 10.88 Medicare 4.59 MD Income Tax	Check # 8715 Check Amt 703.03
EMPLOYEE TOTAL	EMPLOYEE TOTAL			750.00		46.97	Net Pay 703.03
COMPANY TOTALS 20 Person(s) 20 Transaction(s)	EMPLOYEE TOTAL			750.00			Net Pay 703.03
	Bonus			24,850.00		1,043.70 Social Security 360.35 Medicare 3,671.32 Fed Income Tax 1,210.63 MD Income Tax	Check Amt 18,564.00
COMPANY TOTALS	COMPANY TOTAL			24,850.00		6,286.00	Net Pay 18,564.00
	Employer Liabilities					1,540.70 Social Security 360.35 Medicare 117.60 Fed Unemploy 824.75 MD Unemploy	
TOTAL EMPLOYER LIABILITY	TOTAL EMPLOYER LIABILITY					2,843.40	
	TOTAL TAX LIABILITY					9,129.40	

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