

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **ANIMAL CHARITY EVALUATORS**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 348
 City or town State ZIP code
Berkeley CA 94701
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
36-4684978

E Telephone number
(619) 363-1402

G Gross receipts \$ **3,366,744**

F Name and address of principal officer:
LEAH EDGERTON PO BOX 348, BERKELEY, CA 94701

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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.ANIMALCHARITYEVALUATORS.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2013**

M State of legal domicile: **IL**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO FIND AND PROMOTE THE MOST EFFECTIVE WAYS TO HELP ANIMALS. WE DO THIS BY PROVIDING FREE RESOURCES AND ADVICE TO DONORS AND ADVOCATES LOOKING TO DO THE GREATEST GOOD WITH THEIR TIME AND MONEY.</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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	23
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,703,684	3,364,567
	9 Program service revenue (Part VIII, line 2g)	9	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	2,177
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,703,693	3,366,744
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	756,337	3,528,266
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	696,732	775,643
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 31,666		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	164,824	191,993
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,617,893	4,495,902
19 Revenue less expenses. Subtract line 18 from line 12	2,085,800	-1,129,158	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,674,778	End of Year 3,235,779
	21 Total liabilities (Part X, line 26)	441,008	1,058,461
	22 Net assets or fund balances. Subtract line 21 from line 20	3,233,770	2,177,318

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: Leah Edgerton Date: 4/21/2020
 Type or print name and title: LEAH EDGERTON EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: Andres D. Garcia, CPA Preparer's signature: Andres D. Garcia, CPA Date: 4/21/2020 Check if self-employed PTIN: P01317557
 Firm's name ▶ Andres D. Garcia, CPA Firm's EIN ▶ 46-1669541
 Firm's address ▶ 9655 Granite Ridge Drive, Suite 200, San Diego, CA 92123 Phone no. 858-431-9423

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: OUR MISSION IS TO FIND AND PROMOTE THE MOST EFFECTIVE WAYS TO HELP ANIMALS. WE DO THIS BY PROVIDING FREE RESOURCES AND ADVICE TO DONORS AND ADVOCATES LOOKING TO DO THE GREATEST GOOD WITH THEIR TIME AND MONEY.

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 216,441 including grants of \$) (Revenue \$ 50,000) EDUCATION & ADVOCACY: ANIMAL CHARITY EVALUATORS PROVIDED FREE RESOURCES ON EFFECTIVE ANIMAL ADVOCACY TO 156,000 WEBSITE VISITORS IN 2019. WE PRESENTED OUR RESEARCH FINDINGS AT SEVERAL PUBLIC EVENTS, AND ACTED AS A CONSULTANT TO DOZENS OF SIGNIFICANT DONORS. WE PROMOTED OUR RESEARCH THROUGH SOCIAL MEDIA AND THROUGH ADVERTISING.

4b (Code:) (Expenses \$ 428,521 including grants of \$ 50,228) (Revenue \$ 375,715) RESEARCH & RECOMMENDATIONS: IN 2019, WE COMPLETED 12 CHARITY REVIEWS USING OUR SEVEN RIGOROUS CRITERIA TO PROVIDE RECOMMENDATIONS TO ADVOCATES AND DONORS ON CHARITIES THAT ARE DOING HIGHLY IMPACTFUL WORK, AND REVIEWED 165 APPLICATIONS TO OUR EFFECTIVE ANIMAL ADVOCACY FUND, ISSUING 66 GRANTS. WE PUBLISHED REPORTS ON ANIMAL ADVOCACY IN INDIA AND BRASI, FARMED FISH WELFARE, AND THE IMPORTANCE OF WELFARE BIOLOGY. WE WROTE A SERIES OF BLOG POSTS OFFERING ADVICE RELATED TO REMOTE WORK. WE SELECTED 5 RESEARCH PROJECTS TO RECEIVE GRANTS TO EXPLORE IMPORTANT TOPICS IN ANIMAL ADVOCACY.

4c (Code:) (Expenses \$ 3,592,169 including grants of \$ 3,478,039) (Revenue \$ 2,293,933) FUNDRAISING FOR SUPPORTED CHARITIES: IN 2019, WE CONTINUED TO ENCOURAGE DONATIONS TO OUR RECOMMENDED CHARITIES AND OUR EFFECTIVE ANIMAL ADVOCACY (EAA) FUND. WE DISTRIBUTED 66 GRANTS FROM OUR EAA FUND SUPPORTING PROMISING CHARITIES AND PROJECTS. THIS YEAR WE INFLUENCED OVER \$8.9 MILLION IN DONATIONS TO OUR RECOMMENDED CHARITIES AND EAA FUND.

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 4,237,131

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		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? <i>If "Yes," complete Schedule D, Part VI.</i>		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? <i>If "Yes," complete Schedule D, Part VII.</i>		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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	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?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring 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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		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?		
15a	The organization's CEO, Executive Director, or top management official.		X
15b	Other officers or key employees of the organization		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ See Attached Statement
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶

 GINA STUESSY (608) 446-2243

 1682 SCENIC AVENUE APT. 3, BERKELEY, CA 94709

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) PERSIS ESKANDER CHAIR	4.00 0.00	X		X				0	0	0
(2) ERIC HERBOSO SECRETARY	2.00 0.00	X		X				0	0	0
(3) ALLISON SMITH TREASURER	1.00 0.00	X		X				0	0	0
(4) SAM BANKMAN-FRIED BOARD MEMBER	1.00 0.00	X						0	0	0
(5) S. GREENBERG BOARD MEMBER	1.00 0.00	X						0	0	0
(6) JON BOCKMAN BOARD MEMBER	1.00 0.00	X						0	0	0
(7) JONAS MUELLER BOARD MEMBER	1.00 0.00	X						0	0	0
(8) JEFF SEBO BOARD MEMBER	1.00 0.00	X						0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							0	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		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? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	205				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,364,362				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,988				
	h	Total. Add lines 1a-1f ▶		3,364,567				
	Program Service Revenue	2a	----- Business Code		0			
		b	-----		0			
c		-----		0				
d		-----		0				
e		-----		0				
f		All other program service revenue		0				
g		Total. Add lines 2a-2f ▶		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,177			2,177	
	4	Income from investment of tax-exempt bond proceeds ▶		0				
	5	Royalties ▶		0				
	6a	Gross rents	(i) Real					
			(ii) Personal					
			6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss) ▶		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			7a	0				
	b	Less: cost or other basis and sales expenses	7b	0	0			
	c	Gain or (loss)	7c	0	0			
	d	Net gain or (loss) ▶		0				
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18						
			8a					
0								
b	Less: direct expenses	8b	0					
c	Net income or (loss) from fundraising events ▶		0					
9a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		0						
b	Less: direct expenses	9b	0					
c	Net income or (loss) from gaming activities ▶		0					
10a	Gross sales of inventory, less returns and allowances							
		10a						
		0						
b	Less: cost of goods sold	10b	0					
c	Net income or (loss) from sales of inventory ▶		0					
Miscellaneous Revenue	11a	----- Business Code		0				
	b	-----		0				
	c	-----		0				
	d	All other revenue		0				
	e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions ▶		3,366,744	0	0	2,177		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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 domestic organizations domestic governments. See Part IV, line 21	1,711,819	1,711,819		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,816,447	1,816,447		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
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			
7	Other salaries and wages	707,183	527,558	157,702	21,923
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	26,872	18,175	7,942	755
10	Payroll taxes	41,588	31,025	9,274	1,289
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	4,207		4,207	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	70,957	55,877	15,080	
12	Advertising and promotion	11,793	11,793		
13	Office expenses	7,096	2,682	4,414	
14	Information technology	3,137	3,137		
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	39,602	28,295	11,307	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	7,226		7,226	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	EVENTS	7,434	7,434		
b	PROFESSIONAL DEVELOPMENT	2,488		2,488	
c	SOFTWARE	4,603	648	1,912	2,043
d	CREDIT CARD PROCESSING	25,430	21,520	3,910	
e	All other expenses MISCELLANEOUS	8,020	721	1,643	5,656
25	Total functional expenses. Add lines 1 through 24e	4,495,902	4,237,131	227,105	31,666
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,600,886	1	884,243
	2 Savings and temporary cash investments	0	2	702,676
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,546,129	4	1,357,437
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	8,275	9	12,721
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities	519,488	11	278,702
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,674,778	16	3,235,779	
Liabilities	17 Accounts payable and accrued expenses	12,786	17	15,836
	18 Grants payable	428,222	18	1,042,625
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	441,008	26	1,058,461
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,228,406	27	1,063,659
	28 Net assets with donor restrictions	2,005,364	28	1,113,659
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
	32 Total net assets or fund balances	3,233,770	32	2,177,318
33 Total liabilities and net assets/fund balances	3,674,778	33	3,235,779	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,366,744
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,495,902
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,129,158
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,233,770
5	Net unrealized gains (losses) on investments	5	72,706
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,177,318

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.		X
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization ANIMAL CHARITY EVALUATORS	Employer identification number 36-4684978
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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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	468,019	845,041	2,946,928	3,703,684	3,364,567	11,328,239
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			2,965			2,965
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	468,019	845,041	2,949,893	3,703,684	3,364,567	11,331,204
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						11,331,204

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	468,019	845,041	2,949,893	3,703,684	3,364,567	11,331,204
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					2,177	2,177
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	2,177	2,177
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 VI.)			359	9		368
13 Total support. (Add lines 9, 10c, 11, and 12.)	468,019	845,041	2,950,252	3,703,693	3,366,744	11,333,749

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.98%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	0.02%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. 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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

ANIMAL CHARITY EVALUATORS

Employer identification number

36-4684978

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) North America	0	5	PROGRAM SERVICES	RESEARCH	97,878
(2) Europe (Including Iceland and Greenland)	0	9	PROGRAM SERVICES	RESEARCH AND COMMUNICATIONS	190,924
(3) North America	0	5	GRANTMAKING		122,763
(4) Europe (Including Iceland and Greenland)	0	9	GRANTMAKING		891,380
(5) East Asia and the Pacific	0	0	GRANTMAKING		131,000
(6) South America	0	0	GRANTMAKING		426,165
(7) South Asia	0	0	GRANTMAKING		162,639
(8) Middle East and North Africa	0	0	GRANTMAKING		67,500
(9) Russia and the Neighboring States	0	0	GRANTMAKING		15,000
(10) Europe (Including Iceland and Greenland)	0	9	PROGRAM SERVICES	CONFERENCES AND TRAINING	3,504
(11) Europe (Including Iceland and Greenland)	0	9	GENERAL / ADMIN		8,877
(12) East Asia and the Pacific	0	0	PROGRAM SERVICES	CONFERENCES AND MEETINGS	2,292
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	46			2,119,922
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	46			2,119,922

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	214,230	WIRE TRANSFER	0		
(2)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	50,000	WIRE TRANSFER	0		
(3)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	44,000	WIRE TRANSFER	0		
(4)			Europe (Including Iceland and	ANIMAL ADVOCACY RESEARCH GRANT	5,400	CHECK	0		
(5)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	20,000	WIRE TRANSFER	0		
(6)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	17,438	WIRE TRANSFER	0		
(7)			North America	SUPPORTED CHARITY; SUPPORT	25,000	WIRE TRANSFER	0		
(8)			East Asia and the Pacific	SUPPORTED CHARITY; SUPPORT	15,000	WIRE TRANSFER	0		
(9)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	10,426	WIRE TRANSFER	0		
(10)			East Asia and the Pacific	SUPPORTED CHARITY; SUPPORT	40,000	WIRE TRANSFER	0		
(11)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	30,000	WIRE TRANSFER	0		
(12)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	46,212	WIRE TRANSFER	0		
(13)			South Asia	SUPPORTED CHARITY; SUPPORT	92,039	WIRE TRANSFER	0		
(14)			East Asia and the Pacific	SUPPORTED CHARITY; SUPPORT	76,000	WIRE TRANSFER	0		
(15)			South America	SUPPORTED CHARITY; SUPPORT	25,000	WIRE TRANSFER	0		
(16)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	20,000	WIRE TRANSFER	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **27**

3 Enter total number of other organizations or entities **8**

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SUPPORTED CHARITY; SUPPORT MISSION	Europe (Including Iceland and Greenland)	1	25,000	WIRE TRANSFER	0		
(2) SUPPORTED CHARITY; SUPPORT MISSION	Russia and the Neighboring States	1	15,000	WIRE TRANSFER	0		
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I Line 2 Animal Charity Evaluators evaluates charities based on 7 criteria, listed below. Those which perform best on these criteria are named Top or Standout Charities and we collect donations on their behalf. Top Charities are reviewed each year and Standouts reviewed every 2 years, to ensure that they used our donors' funds well. If, upon review, we determine that a supported charity no longer deserves our recommendation, we phase out collecting donations on their behalf.

Part I Line 2 Criterion: 1) Does the charity engage in programs that seem likely to be highly impactful? 2) Does the charity have room for more funding and concrete plans for growth? 3) Does the charity operate cost-effectively, according to our best estimates? 4) Does the charity possess a strong track record of success? 5) Does the charity identify areas of success and failure and respond appropriately? 6) Does the charity have strong leadership and a well-developed strategic vision? 7) Does the charity have a healthy culture and a sustainable structure? For the Research Fund grants, applications are evaluated based on (i) the relevance of the proposal to animal advocacy, (ii) the strength of the evidence that the study design is likely to achieve, and (iii) the likelihood of success. We require grant recipients to submit a detailed expense report and a summary of their research results, and require them to comply with an open science policy. We follow up with grant holders at least twice a year.

Part I Line 2 For the Effective Animal Advocacy Fund grants, applications are evaluated during an extensive review process. We base our decisions on considerations including the expected impact and the probability the project will be carried out successfully. Grant recipients are required to sign an agreement to confirm they will use the funds for the intended purpose only. Four months after disbursing the grants we require grant recipients to submit a report on their activities related to the grant including an expense report and their achievements made possible by the grant.

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(17)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	10,303	WIRE TRANSFER	0		
(18)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	37,846	WIRE TRANSFER	0		
(19)			North America	SUPPORTED CHARITY; SUPPORT	10,500	WIRE TRANSFER	0		
(20)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	22,000	WIRE TRANSFER	0		
(21)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	10,000	WIRE TRANSFER	0		
(22)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	184,950	WIRE TRANSFER	0		
(23)			Middle East and North Africa	SUPPORTED CHARITY; SUPPORT	35,000	WIRE TRANSFER	0		
(24)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	40,000	WIRE TRANSFER	0		
(25)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	15,000	WIRE TRANSFER	0		
(26)			North America	SUPPORTED CHARITY; SUPPORT	25,000	WIRE TRANSFER	0		
(27)			Middle East and North Africa	SUPPORTED CHARITY; SUPPORT	32,500	WIRE TRANSFER	0		
(28)			South America	SUPPORTED CHARITY; SUPPORT	242,880	WIRE TRANSFER	0		
(29)			South Asia	SUPPORTED CHARITY; SUPPORT	61,600	WIRE TRANSFER	0		
(30)			South America	SUPPORTED CHARITY; SUPPORT	108,285	WIRE TRANSFER	0		
(31)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	16,500	WIRE TRANSFER	0		
(32)			North America	SUPPORTED CHARITY; SUPPORT	58,580	CHECK	0		
(33)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	19,147	WIRE TRANSFER	0		
(34)			East Asia and the Pacific	SUPPORTED CHARITY; SUPPORT	50,000	WIRE TRANSFER	0		
(35)			Europe (Including Iceland and	SUPPORTED CHARITY; SUPPORT	50,000	WIRE TRANSFER	0		

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

ANIMAL CHARITY EVALUATORS

36-4684978

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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A WELL-FED WORLD 3936 S. SEMORAN BLVD NO. 271 OF	27-0865905	501C3	40,000	0			SUPPORTED CHARITY; SUPPORT
(2) ANIMAL EQUALITY 8581 SANTA MONICA BLVD. STE. 35	47-2420444	501C3	53,738	0			SUPPORTED CHARITY; SUPPORT
(3) ANIMAL PLACE 17314 MCCOURTNEY ROAD GRASS	68-0200668	501C3	10,000	0			SUPPORTED CHARITY; SUPPORT
(4) AWSA PRODUCTS LLC 5115 W. 11TH ST. APT. 510 GREELE	83-4510241		40,000	0			SUPPORTED CHARITY; SUPPORT
(5) BALANCED 7647 WALNUT STREET KANSAS CIT	81-5230122	501C3	50,000	0			SUPPORTED CHARITY; SUPPORT
(6) BETTER EATING INTERNATIONAL 3321 GEORGIA AVE UNIT 43885 WA	81-4124366	501C3	50,000	0			SUPPORTED CHARITY; SUPPORT
(7) CENTER FOR ANIMAL LAW STUDI 10015 SW TERWILLIGER BLVD POR		501C3	80,000	0			SUPPORTED CHARITY; SUPPORT
(8) COMPASSION IN WORLD FARMI 125 E. TRINITY PLACE NO. 206 DEC	46-1822635	501C3	44,880	0			SUPPORTED CHARITY; SUPPORT
(9) COMPASSION OVER KILLING 6930 CARROLL AVE NO. 910 TAKOM	52-2034417	501C3	30,000	0			SUPPORTED CHARITY; SUPPORT
(10) COMPASSION PROJECT LLC PO BOX 212 GREENSBORO, FL 323	37-1956131		25,000	0			SUPPORTED CHARITY; SUPPORT
(11) COMPASSIONATE ACTION FOR 2100 1ST AVE S. STE. 200 MINNEAP	41-1846192	501C3	40,000	0			SUPPORTED CHARITY; SUPPORT
(12) DHARMA VOICES FOR ANIMALS 176 SOLANA POINT CIRCLE SOLAN	45-5372693	501C3	15,000	0			SUPPORTED CHARITY; SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 29

3 Enter total number of other organizations listed in the line 1 table ▶ 4

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I Line 2 Animal Charity Evaluators evaluates charities based on 7 criteria, listed below. Those which perform best on these criteria are named Top or Standout Charities and we collect donations on their behalf. Top Charities are reviewed each year and Standouts reviewed every 2 years, to ensure that they used our donors' funds well. If, upon review, we determine that a supported charity no longer deserves our recommendation, we phase out collecting donations on their behalf.

Part I Line 2 Criterion: 1) Does the charity engage in programs that seem likely to be highly impactful? 2) Does the charity have room for more funding and concrete plans for growth? 3) Does the charity operate cost-effectively, according to our best estimates? 4) Does the charity possess a strong track record of success? 5) Does the charity identify areas of success and failure and respond appropriately? 6) Does the charity have strong leadership and a well-developed strategic vision? 7) Does the charity have a healthy culture and a sustainable structure? For the Research Fund grants, applications are evaluated based on (i) the relevance of the proposal to animal advocacy, (ii) the strength of the evidence that the study design is likely to achieve, and (iii) the likelihood of success. We require grant recipients to submit a detailed expense report and a summary of their research results, and require them to

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

comply with an open science policy. We follow up with grant holders at least twice a year.

Part I Line 2. For the Effective Animal Advocacy Fund grants, applications are evaluated during an extensive review process. We base our

decisions on considerations including the expected impact and the probability the project will be carried out successfully. Grant

recipients are required to sign an agreement to confirm they will use the funds for the intended purpose only. Four months after

disbursing the grants we require grant recipients to submit a report on their activities related to the grant including an expense

report and their achievements made possible by the grant.

Continuation Sheet for Schedule I (Form 990)

Name of the organization ANIMAL CHARITY EVALUATORS	Employer identification number 36-4684978
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(13) EMERGING MARKETS INVESTORS AL 4-74 48TH AVE NO. 38F LONG ISLAND CITY	47-3263443	501C3	30,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(14) ENCOMPASS 10125 COLESVILLE RD. NO. 298 SILVER SP	82-4871341	501C3	50,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(15) FACTORY FARMING AWARENESS CO 4605 NE 98TH AVE PORTLAND, OR 97220	82-4594246	501C3	50,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(16) FAUNALYTICS PO BOX 6476 OLYMPIA, WA 98507-6476	01-0686889	501C3	49,880	0			SUPPORTED CHARITY; SUPPORT MISSION
(17) FOOD EMPOWERMENT PROJECT PO BOX 7322 COTATI, CA 94931	26-1743952	501C3	50,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(18) GO VEGAN WORLD 3570 EAST 12TH AVE NO. 160 DENVER, CO	81-2963319	501C3	30,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(19) GRASSROOTS ARTISTS MOVEMENT, 1958 FULTON STREET BROOKLYN, NY 112	34-1975159	501C3	30,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(20) NORTHWEST VEG 24305 NE ELKHORN RD. BRUSH PRAIRIE, V	33-1074344	501C3	21,240	0			SUPPORTED CHARITY; SUPPORT MISSION
(21) PEACE ADVOCACY NETWORK PO BOX 2011 SOUTHEASTERN, PA 19399	27-2106585	501C3	20,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(22) PLANTPURE COMMUNITIES 101 EAST CLASY ST. MEBANE, NC 27302	81-2017935	501C3	30,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(23) RETHINK CHARITY 2379 PENDLETON ROAD MINERAL, VA 231	82-5325150	501C3	7,000	0			ANIMAL ADVOCACY RESEARCH GRANT
(24) STANFORD UNIVERSITY 485 BROADWAY, 3RD FLOOR REDWOOD C	94-1156365	501C3	21,718	0			ANIMAL ADVOCACY RESEARCH GRANT
(25) THE GOOD FOOD INSTITUTE 1380 MONROE ST. NW, NO. 229 WASHINGT	81-0840578	501C3	451,055	0			SUPPORTED CHARITY; SUPPORT MISSION
(26) THE HUMANE LEAGUE PO BOX 10476 ROCKVILLE, MD 20849	04-3817491	501C3	179,805	0			SUPPORTED CHARITY; SUPPORT MISSION
(27) THE RAVEN CORPS 4938A SE FOSTER RD NO. 202 PORTLAND,	82-3642672	501C3	10,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(28) THE VEGGIE CONNECTION 12101 ZINNIA ST. MORENO VALLEY, CA 92	81-1543477		10,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(29) THRIVE BMORE 6 E. LAFAYETTE AVE BALTIMORE, MD 2120	82-1494752	501C3	30,000	0			SUPPORTED CHARITY; SUPPORT MISSION

Continuation Sheet for Schedule I (Form 990)

Name of the organization ANIMAL CHARITY EVALUATORS	Employer identification number 36-4684978
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(30) TUFTS COLLEGE 169 HOLLAND STREET SOMERVILLE, MA 0	04-2103634	501C3	50,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(31) VEGAN OUTREACH PO BOX 1916 DAVIS, CA 95617	86-0736818	501C3	17,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(32) WANDERLUST ENTERTAINMENT 10702 MIST HAVEN TERRACE N. BETHESD	20-2580223		33,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(33) WILD ANIMAL INITIATIVE PO BOX 43568 WASHINGTON, DC 20010-95	82-2281466	501C3	60,000	0			SUPPORTED CHARITY; SUPPORT MISSION
(34)							
(35)							
(36)							
(37)							
(38)							
(39)							
(40)							
(41)							
(42)							
(43)							
(44)							
(45)							
(46)							

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

ANIMAL CHARITY EVALUATORS

Employer identification number

36-4684978

Form 990, Part VI, Section B, Line 11b: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE

DIRECTOR OF OPERATIONS PRIOR TO FILING WITH THE IRS.

Form 990, Part VI, Section B, Line 12c: OUR CONFLICT OF INTEREST POLICY IS POSTED IN OUR

BY-LAWS, WHICH IS APPROVED BY ALL DIRECTORS.

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN

ADDITION, BY-LAWS, SOME POLICIES AND BOARD MEETING MINUTES ARE LISTED ON OUR WEBSITE.

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input checked="" type="checkbox"/>	Massachusetts	<input checked="" type="checkbox"/>	Rhode Island
<input checked="" type="checkbox"/>	Alaska	<input checked="" type="checkbox"/>	Maryland	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input checked="" type="checkbox"/>	Tennessee
<input type="checkbox"/>	Arkansas	<input checked="" type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input checked="" type="checkbox"/>	Minnesota	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input checked="" type="checkbox"/>	Virginia
<input checked="" type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U.S. Virgin Islands
<input checked="" type="checkbox"/>	Colorado	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input checked="" type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input checked="" type="checkbox"/>	Washington
<input checked="" type="checkbox"/>	District of Columbia	<input checked="" type="checkbox"/>	North Carolina	<input checked="" type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	West Virginia
<input checked="" type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input type="checkbox"/>	New Hampshire		
<input checked="" type="checkbox"/>	Georgia	<input checked="" type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input checked="" type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input checked="" type="checkbox"/>	Ohio		
<input checked="" type="checkbox"/>	Illinois	<input type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input checked="" type="checkbox"/>	Oregon		
<input type="checkbox"/>	Kansas	<input checked="" type="checkbox"/>	Pennsylvania		
<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		