Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For tr	ne 2020 caien	dar year, or tax year beginning	, 2020, and endin	g		, 20
В	Check i	if applicable:	С		D	Employer ident	ification number
	Ac	ddress change	ANIMAL CHARITY EVALUATORS			36-4684	978
	Na	ame change	PO BOX 348		E	Telephone num	
		itial return	BERKELEY, CA 94701			(619) 3	63-1402
	-	nal return/terminated			-	(01)	05 1402
					6	Gross receipts	\$ E 164 010
	-	mended return	F N	1	H(a) Is this a grou		, ,
	Ap	oplication pending	F Name and address of principal officer: LEAH EDGE	K I U N	• •		103 110
			SAME AS C ABOVE		H(b) Are all subor If "No," attac	rdinates include ch a list. See ins	d? Yes No
<u> </u>	Tax-	exempt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or 527			
J	Wel	bsite: ► Ww	W.ANIMALCHARITYEVALUATORS.ORG		H(c) Group exem	ption number	>
K	Form	of organization:	X Corporation Trust Association Other ►	L Year of formation	on: 2013	M State of I	legal domicile: IL
Pa	nrt I	Summar	<u> </u>	•			
	1	Briefly descri	be the organization's mission or most significant	activities:OUR MISSIO	ON IS TO	FIND AN	D PROMOTE THE
a			ECTIVE WAYS TO HELP ANIMALS. W				
ĕ			O DONORS AND ADVOCATES LOOKING				
Пa		MONEY.					
š	2	Check this bo	x if the organization discontinued its oper	ations or disposed of mo	re than 25%	of its net as	ssets.
Ö	3		ting members of the governing body (Part VI, lin				8
• প	4	Number of in	dependent voting members of the governing body	y (Part VI, line 1b)		4	8
<u>ë</u> .	5		of individuals employed in calendar year 2020 (F				14
Activities & Governance	6		of volunteers (estimate if necessary)				10
Ą			ed business revenue from Part VIII, column (C), I				0.
	b	Net unrelated	business taxable income from Form 990-T, Part	I, line 11	<u> </u>	7b	0.
					Prior	Year	Current Year
ø			and grants (Part VIII, line 1h)			64,567.	5,104,887.
Ž	9	Program serv	ice revenue (Part VIII, line 2g)				
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d).			2,177.	16,185.
ď			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,				42,946.
			- add lines 8 through 11 (must equal Part VIII,			66,744.	5,164,018.
	13	Grants and s	milar amounts paid (Part IX, column (A), lines 1	-3)	3,5	28,266.	3,501,031.
	14	Benefits paid	to or for members (Part IX, column (A), line 4).				
	15	Salaries, oth	er compensation, employee benefits (Part IX, col	umn (A), lines 5-10)	. 7	75,643.	755,213.
Expenses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			,	,
ĕ	h		ing expenses (Part IX, column (D), line 25)	52,853.			
茁	4-					0.1 0.00	510 100
		•	es (Part IX, column (A), lines 11a-11d, 11f-24e).			91,993.	512,496.
			es. Add lines 13-17 (must equal Part IX, column			95,902.	4,768,740.
		Revenue less	expenses. Subtract line 18 from line 12		-1,1	29,158.	395,278.
S of					Beginning of		End of Year
sets	20		Part X, line 16)		0/-	35,779.	4,320,800.
As	21	Total liabilitie	s (Part X, line 26)		1,0	58,461.	1,725,017.
Net Assets Fund Balanc	22	Net assets or	fund balances. Subtract line 21 from line 20		2,1	77,318.	2,595,783.
Pa	rt II	Signatui	e Block		•	<u> </u>	
Unde	er penal	ties of perjury, I d	clare that I have examined this return, including accompanying so rer (other than officer) is based on all information of which prepar	chedules and statements, and to t	he best of my kno	wledge and beli	ief, it is true, correct, and
com	plete. De	eclaration of prepa	rer (other than officer) is based on all information of which prepare	er has any knowledge.			
		.	Lakhluda		26	April 20	21
Sig	ηn	Signatu	re of officer		Date		
He	re	► LEA	H EDGERTON		EXECUTI	VE DIRE	CTOR
		Type or	print name and title				
		Print/Type	reparer's name Preparer's signature	Date	Chec	ck if	PTIN
Pa	id	ANDRES	D. GARCIA, CPA ANDRES D. GAR	CIA, CPA	self-	employed	P01317557
	epare						
	e On		. 	E 1216	Firm	's EIN ► 86	-1468133
		, mms addi	SAN DIEGO, CA 92108				9) 297-8080
Mar	v the I	RS discuss th	is return with the preparer shown above? See in:	structions		10 110. (UI	. X Yes No
1110	, 1	u u u u u u u u u u u u u u u u u u					. 42 53 110

Pari			П
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	III DO	
	OUR MISSION IS TO FIND AND PROMOTE THE MOST EFFECTIVE WAYS TO HELP ANIMALS. V		
	THIS BY PROVIDING FREE RESOURCES AND ADVICE TO DONORS AND ADVOCATES LOOKING T	<u>'O DO</u>	<u>THE</u> _
	GREATEST GOOD WITH THEIR TIME AND MONEY.		
	Did the organization undertake any significant program services during the year which were not listed on the prior		
	Form 990 or 990-EZ?	es X	No
	If "Yes," describe these new services on Schedule O.		
		es 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 l Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	by exper	nses.
	and revenue, if any, for each program service reported.	ai experi	Ses,
4 a	a (Code:) (Expenses \$ 3,448,956. including grants of \$ 3,321,187.) (Revenue \$ 3,	564,3	46)
	FUNDRAISING FOR SUPPORTED CHARITIES: IN 2020, WE CONTINUED TO ENCOURAGE DONAT		
	OUR RECOMMENDED CHARITIES AND GRANT RECIPIENTS. WE DISTRIBUTED 42 MOVEMENT GRANT RECIPIENTS.	. — — — -	
	SUPPORTING PROMISING ADVOCACY PROJECTS AROUND THE WORLD. WE ESTIMATE THAT ACE	. — — — -	
	INFLUENCED OVER \$11 MILLION IN DONATIONS WITHIN THE ANIMAL ADVOCACY MOVEMENT		120
		<u> 11 2 </u>	<u> </u>
4 h	(Code:) (Expenses \$ 487,767. including grants of \$ 179,844.) (Revenue \$	133,9	60)
70	RESEARCH & RECOMMENDATIONS: WE COMPLETED 12 CHARITY REVIEWS USING OUR SEVEN F		
	CRITERIA TO PROVIDE RECOMMENDATIONS TO ADVOCATES AND DONORS ON CHARITIES THAT		<u> </u>
	DOING HIGHLY IMPACTFUL WORK, AND REVIEWED 194 APPLICATIONS TO OUR MOVEMENT GR	. — — — -	
	PROGRAM, ISSUING 42 GRANTS. WE PUBLISHED A REPORT ON ORGANIZATION COMPENSATION	. — — — -	
	STRATEGY, AS WELL AS BLOG POSTS ON BUILDING ALLIANCES WITH THE ENVIRONMENTAL		
	MOVEMENT, WHY WE'RE NOT A WATCHDOG ORGANIZATION, AND THE NEW DIRECTION OF OUR		
	RESEARCH PROGRAM. WE SELECTED 8 RESEARCH PROJECTS TO RECEIVE GRANTS TO EXPLOR		
	IMPORTANT TOPICS IN ANIMAL ADVOCACY.	<u></u>	
1.0	c (Code:) (Expenses \$ 463,496. including grants of \$) (Revenue \$	250 0	00)
40	EDUCATION & ADVOCACY: ANIMAL CHARITY EVALUATORS PROVIDED FREE RESOURCES ON EN	350,0	
	ANIMAL ADVOCACY TO THOUSANDS OF WEBSITE VISITORS. WE PRESENTED OUR RESEARCH I		
			100
	AT SEVERAL PUBLIC EVENTS AND LAUNCHED A NEW WEBINAR SERIES TO EDUCATE OUR ONL		
	COMMUNITY FURTHER. WE ACTED AS A CONSULTANT TO DOZENS OF SIGNIFICANT DONORS.	MC VI	720
	PROMOTED OUR RESEARCH THROUGH SOCIAL MEDIA, EMAIL MARKETING, AND ADVERTISING.		
A -1	1 Other program convices (Describe on Schodule O.)		
	1 Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	• Total program service expenses ► 4.400.219		

Form 990 (2020) ANIMAL CHARITY EVALUATORS 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
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>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
	assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		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>	11 c		X
C	I 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.	11 d		Χ
6	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Χ	
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A). lines 6 and 11e? If 'Yes.' complete Schedule G. Part I See instructions.	17		Х
18	(),	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	

Form 990 (2020) ANIMAL CHARITY EVALUATORS 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? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ļ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	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):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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		V	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	INO
	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?	1 c		
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Form 990 (2020) ANIMAL CHARITY EVALUATORS

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

			Yes	No
	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 2a 14			
ı	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a	Х	
ı	o If 'Yes,' enter the name of the foreign country ► SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
•	services provided to the payor?	7 a		Х
ı	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	© Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Figure 2 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
_	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	124		
	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.			
ı	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			
	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ı	f '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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	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 No Yes 1 a 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... 6 Χ 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

(619)

363-1402

GINA STUESSY PO BOX 348 BERKELEY CA 94701

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

- 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.

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

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

<u> </u>				(C))					
(A) Name and title	(B) Average hours per	thar	Position (do not check mo than one box, unless perso is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALLISON SMITH BOARD CHAIR	4	Х		Х				0.	0.	0.
(2) ERIC HERBOSO SECRETARY	2	X		X				0.	0.	0.
(3) KIERAN GREIG TREASURER	1	Х		Х				0.	0.	0.
(4) GALINA HALE DIRECTOR	1	Х						0.	0.	0.
(5) JEFF SEBO DIRECTOR	1	Х						0.	0.	0.
(6) JONAS MULLER DIRECTOR	1	Х						0.	0.	0.
(7) SARAH PICKERING DIRECTOR	1	Х						0.	0.	0.
(8) ZACHARY FREITAS-GROFF DIRECTOR	1	Х						0.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Dire	ectors, Trus	(B)	\ey	⊏III	ipic O)		es, a	and	a riignest Corr	ipensated Emp	loyees	(cont	inuea)
		` '			•	•	than		(D)	(E)		(E)	
(A) Name and title		Average hours per	box,	, unle	ss pe	erson	than is both or/trus	n an	(D) Reportable	(E) Reportable	Estim	(F) ated am	nount
		week (list any	_	_					compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compe	of other	from
		hours for	Individual or director	stituti	Officer	ey en	ghesi nploy	Former	(W-2/1099-WIGC)	(W-2/1033-WIGC)	an	rganiza d relate	ed .
		related organiza - tions	ual tr	onal	,	Key employee	ee (com				org	anizatio	1115
		below dotted	ndividual trustee or director	institutional trustee		ee	Highest compensated employee						
		line)	()	8			ated						
(15)													
(16)													
(17)													
<u> </u>	. – – – – –												
(18)													
<u>(19)</u>													
(20)													
	. – – – – –												
(21)													
(22)	. – – – – –												
(23)													
(24)													
(25)													
(23)	. – – – – –												
1 b Subtotal								>	0.	0.			0.
c Total from continuation sheets to P								>	0.	0.			0.
d Total (add lines 1b and 1c)								vod.	0.	0.	oncatio		0.
from the organization • 0	out not illilited	to those ii	steu	abuv	ve) v	WIIO	recen	veu	more than \$100,00	o or reportable comp	ensalio	11	
												Yes	No
3 Did the organization list any former	officer, direct	or, truste	e, ke	y er	nplo	oyee	, or	high	nest compensated	employee			
on line 1a? If 'Yes,' compléte Sched											. 3		X
4 For any individual listed on line 1a, the organization and related organiz	is the sum of ations greater	reportabl r than \$1	le coi 50,00	mpe 00?	nsa If 'Y	ition ∕ <i>es.'</i>	and com	oth <i>ple</i> :	er compensation to the Schedule J for	from			
such individual											. 4		X
5 Did any person listed on line 1a rece for services rendered to the organiza	eive or accrue ation? If 'Yes.	compen	satio	n fro	om a Jule	any <i>J fo</i>	unre	late	d organization or erson	individual	. 5		Х
Section B. Independent Contracto	ors											1	
1 Complete this table for your five high compensation from the organization. R	hest compens eport compens	ated indesation for	epend the ca	dent alen	cor dar v	ntrad vear	ctors endii	tha ng w	t received more the treatment or within the or	nan \$100,000 of ganization's tax vear			
	(A) ousiness addre					,		.9	(B)		(C)	
Name and b	ousiness addre	ess							Description of	of services	Compe	nsatio	on
2 Total number of independent contractor			ted to	tho	se I	istec	l abo	ve)	who received more	than			
\$100,000 of compensation from the	organization •	0											

		Check if Schedule O contains a response or note to ar	ny line in this Part V	/III		
			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	b c d e f	Federated campaigns				
intri id O	•	lines 1a-1f				
ပ္က မြ	h	Total. Add lines 1a-1f Business Code	5,104,887.			
Program Service Revenue	2a b	Business code				
n Service	c d e					
gran	_	All other program service revenue				
Pro	g	Total. Add lines 2a-2f				
	3 4	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	16,185.			16,185.
	5	Royalties (i) Real (ii) Personal	•			
	6 a	Gross rents 6a	+			
		Less: rental expenses 6b				
		Rental income or (loss) 6c Net rental income or (loss)				
		(i) Securities (ii) Other				
	/ a	Gross amount from sales of assets that then inventory	_			
	b	other than inventory Less: cost or other basis and sales expenses 7b	-			
		Gain or (loss)				
enne		Gross income from fundraising events (not including \$				
Other Revenu		of contributions reported on line 1c). See Part IV, line 18				
her		Less: direct expenses 8b				
ð		Net income or (loss) from fundraising events	•			
		Gross income from gaming activities. See Part IV, line 19	_			
		Less: direct expenses 9b Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances	-			
		Less: cost of goods sold 10b Net income or (loss) from sales of inventory	•			
S		Business Code				
90 e	11 a	PRIOR YEAR GRANTS RETURNED	42,946.	42,946.		
Miscellaneous Revenue	b					
Sce Re	c d	All other revenue				
Ĕ		Total. Add lines 11a-11d	42,946.			
		Total revenue. See instructions	5,164,018.	42,946.	0.	16,185.

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).

Do i	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	esponse or note to any (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments.		expenses	general expenses	expenses
2	See Part IV, line 21	1,099,495.	1,099,495.		
3		2,401,536.	2,401,536.		
4 5	Benefits paid to or for members	2,101,000.	2, 101, 330.		
5	trustees, and key employees	0.	0.	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.	0.	0.	0.
7	Other salaries and wages	662,228.	416,042.	212,920.	33,266.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	24,927.	16,062.	7,752.	1,113.
	Payroll taxes	68,058.	45,190.	19,723.	3,145.
	Fees for services (nonemployees):				
	Management				
	Legal	2 405	0 214	1 011	1.00
	Accounting	3,485.	2,314.	1,011.	160.
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column	159,254.	118,714.	36,773.	3,767.
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	3,747.	3,747.	30,773.	3,101.
13		3,322.	2,529.	793.	
	Information technology	2,796.	2,796.	733.	
15	Royalties	= 7 / 7 0 0			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,145.	1,424.	1,721.	
20	Interest	,	,	·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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.).	7,182.		7,182.	
á	RESTRICTED PROGRAMS	262,500.	262,500.		
ŀ	CREDIT CARD PROCESSING	30,164.	24,075.	6,089.	
	MISCELLANEOUS	23,160.	1,797.	17,636.	3,727.
	SOFTWARE	9,837.	1,998.	164.	7,675.
'	All other expenses.	3,904.	4 400 010	3,904.	F0 0F0
25	Total functional expenses. Add lines 1 through 24e	4,768,740.	4,400,219.	315,668.	52,853.
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

_		Check if Schedule O contains a response or note to	o any line in this Part $X \ldots$	<u></u>	<u></u>	<u>.</u>
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		884,243.	1	809,518.
	2	Savings and temporary cash investments		702,676.	2	1,965,808.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,357,437.	4	998,097.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner officer, director, I contributor, or 35%		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section	ersons (as defined under		6	
	7	Notes and loans receivable, net			7	
Ø	8	Inventories for sale or use	<u> </u>		8	
Assets	9	Prepaid expenses and deferred charges	<u> </u>	12,721.	9	
As	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1	12,721.		
		Less: accumulated depreciation			10 c	
	11	Investments – publicly traded securities	L	278,702.	11	547,377.
	12	Investments – other securities. See Part IV, line 11	<u> </u>		12	02170111
	13	Investments – program-related. See Part IV, line 11.	-		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	3,235,779.	16	4,320,800.
	17	Accounts payable and accrued expenses	15,836.	17	6,234.	
	18	Grants payable		1,042,625.	18	1,489,541.
	19	Deferred revenue	<u> </u>		19	87,500.
	20	Tax-exempt bond liabilities	<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part			21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, director, trustee, utor, or 35% ersons		22	
_	23	Secured mortgages and notes payable to unrelated the	<u> </u>		23	107,598.
	24	Unsecured notes and loans payable to unrelated third	· · ·		24	101,000.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		25	34,144.
	26	Total liabilities. Add lines 17 through 25		1,058,461.	26	1,725,017.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e ► X			
ala	27	Net assets without donor restrictions		1,063,659.	27	1,304,242.
B	28	Net assets with donor restrictions	· · · · · · · · · · · · · · · · · · ·	1,113,659.	28	1,291,541.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here ►			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipn		30		
lss.	31	Retained earnings, endowment, accumulated income	, or other funds		31	
116	32	Total net assets or fund balances		2,177,318.	32	2,595,783.
ž	33	Total liabilities and net assets/fund balances		3,235,779.	33	4,320,800.
BA	Α		TEEA0111L 10/07/20			Form 990 (2020)

BAA Form **990** (2020)

Pa	rt 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	5,1	64,0)18.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		68,7				
3	Revenue less expenses. Subtract line 2 from line 1	3	3	95,2	278.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
6	Donated services and use of facilities	6			L87.			
7		7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.			
10			0 5	0				
Da		10	2,5	95,7	/83.			
Pa	rt 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:							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis	on a						
			1	37				
	b Were the organization's financial statements audited by an independent accountant?		2 b	X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2 c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3	a 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?		3 a		Х			
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3 b					
3AA	A TEEA0112L 10/19/20		Form	990	(2020)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

ANIMAL CHARITY EVALUATORS 36-4684978 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. **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.** 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. Enter the number of supported organizations **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support								
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	845,041.	2,946,928.	3,703,684.	3,364,567.	5,104,887.	15,965,107.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4 5	Total. Add lines 1 through 3 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)	845,041.	2,946,928.	3,703,684.	3,364,567.	5,104,887.	15,965,107.		
6	Public support. Subtract line 5 from line 4						15,965,107.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	845,041.	2,946,928.	3,703,684.	3,364,567.	5,104,887.	15,965,107.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				2,177.	16,185.	18,362.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on				,	,	0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI		359.			42,946.	43,305.		
11	Total support. Add lines 7 through 10						16,026,774.		
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.		
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □		
Sec	tion C. Computation of Pul	blic Support P	ercentage				_		
14	Public support percentage for 20						99.62 %		
	Public support percentage from 2						99.98 %		
16a	33-1/3% support test—2020. If the and stop here. The organization	he organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box		
b	33-1/3% support test—2019. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box		
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this I	box and stop here	Explain in Part	VI how		
	b 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								

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

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

Sec	tion A. Public Support		piodes samplets				
Calend	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	.,	,,		.,		
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.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1			, ,	
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶ □
	tion C. Computation of Pul			10		1 1	
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •		•		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv					T T	
17	Investment income percentage for	•	• • •	-		<u> </u>	0,0
18	Investment income percentage fi					LL	%
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	▶ 📗
	33-1/3% support tests—2019. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
			2		
3	By ros	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
	voice	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		ines duffing the tax year: If Tes, describe in Fait VI the fole the organization's supported organizations played is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	The organization satisfied the Activities Test. Complete line 2 below.			
b	Пτ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Пτ	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instrı	ıctions	s).
•	A - 1::	The Tark Annual Page On and Oh halves	ļ		
		ities Test. Answer lines 2a and 2b below.		Yes	No
	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
		he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
	reaso	ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
		of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

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Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
_ 7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details					
	in Part VI). See instructions.	8				
9	Distributable amount for 2020 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2020	2019	2018	2017	2016			
OTHER MISCELLANEOUS REVENUE								
PRIOR YEAR GRANTS RET	URNED			\$ 359.				
THEOR TERM CHANGE INT	\$ 42,946.							
TOT	AL \$ 42,946.	\$ 0.	\$ 0.	\$ 359.	\$ 0.			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

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

• 5	Section	1 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organ		,		Employer identification	ation number
		CHARITY EVALUA			36-468497	
Par	t I-A	Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1			organization's direct and indirect political con of 'political campaign activities')	ampaign activities in	Part IV.	
2	Politi	cal campaign activity ex	penditures (See instructions)		⊳ \$	
3	Volur	nteer hours for political	campaign activities (See instructions)			
Par	t I-B	Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	⊳ \$	0.
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3			a section 4955 tax, did it file Form 4720 for			
4 a	Was	a correction made?				Yes No
		s,' describe in Part IV.				
			rganization is exempt under section	* * *	, , , ,	
1	Enter	the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities 🟲 \$	
2			g organization's funds contributed to other s			
3			ditures. Add lines 1 and 2. Enter here and		▶\$	
4	Did th	ne filing organization file	e Form 1120-POL for this year?			Yes No
5	amou	nt of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all s received that were promptly and directly del I action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate
		(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)						

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

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if section 501(the organization h)).	is exempt under se	ction 501(c)(3) and	l filed Form 5768 (e	lection under
A Check ► if the filin	g organization belongs	to an affiliated group (and	list in Part IV each affili	ated group member's nam	ne,
		share of excess lobbying			
B Check ► if the filir	ng organization check	ed box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobbyin 'expenditures' means	g Expenditures s amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	·				
b Total lobbying expenditudes					
c Total lobbying expenditu	`	,			
d Other exempt purpose of					
e Total exempt purpose e		•			
f Lobbying nontaxable an both columns		unt from the following tal			
If the amount on line 1e, col	umn (a) or (b) is:	he lobbying nontaxable	amount is:		
Not over \$500,000		% of the amount on line 1e.			
Over \$500,000 but not over \$1,		00,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		75,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		25,000 plus 5% of the excess	over \$1,500,000.		
over \$17,000,000 q Grassroots nontaxable a		,000,000.			
h Subtract line 1g from lir	•	•			
i Subtract line 1f from lin					
j If there is an amount othe	er than zero on either lin		ganization file Form 4720	reporting	Yes No
		Year Averaging Period I			
(Som	e organizations that	nade a section 501(h) el w. See the separate inst	ection do not have to		
	Lobbyi	ng Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (For	m 990 or 990-EZ) 2020

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)).

(closton under section se (til)).		. 1		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.)	(b)	
		No	Amount	
SEE PART IV 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?		Χ		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Χ		
c Media advertisements?		Χ		
d Mailings to members, legislators, or the public?		Χ		
e Publications, or published or broadcast statements?		Χ		
f Grants to other organizations for lobbying purposes?	Χ		23,000.	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Χ	•	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ		
i Other activities?		Χ		
j Total. Add lines 1c through 1i			23,000.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ	·	
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 section 501(c)(6).	(c)(5)	, or		
			Yes No	

I

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) 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).		
i	a Current year	2a	
ı	Carryover from last year.	2b	
(: Total.	2 c	
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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

\$10,000 GRANT TO ANIMAL JUSTICE CANADA FOR COMPENSATION FOR A LAWYER TO SUPPORT CONSTITUTIONAL CHALLENGES TO AG-GAG LAWS IN ALBERTA AND ONTARIO.

\$10,000 GRANT TO ANIMAL HOUSE JAMAICA TO LOBBY THE JAMAICAN GOVERNMENT TO REVISE THE

OUTDATED PREVENTION OF CRUELTY TO ANIMALS ACT OF 1904

Part IV | Supplemental Information (continued)

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY (CONTINUED)

A PORTION (\$3,000) OF OUR GRANT TO REIMAGINE AGRICULTURE WILL BE USED FOR LOBBYING TO DEVELOP FAIR AND ACCESSIBLE REGULATIONS FOR THE CULTIVATED MEAT SECTOR.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

ANIMAL CHARITY EVALUATORS 36-4684978 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ 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)?..... In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB 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) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Schedule D (Form 990) 2020 ANIMAL CH			vical '	Troacuros or	Othor	36-468 Similar Ace		ontinu	Page 2
									eu)
 Using the organization's acquisition, access items (check all that apply): Public exhibition 	sion, and other		-	e following that in	ake sigii	ilicant use of its	Conecuc	ווע	
b Scholarly research		e Other		larige program					
c Preservation for future generations			-						
4 Provide a description of the organization's (collections and	d explain how they	/ further	the organization's	s exempt	purpose in			
5 During the year, did the organization sol to be sold to raise funds rather than to be	icit or receive	e donations of ar	t, histor	rical treasures, o	r other s	similar assets	Yes	Г	No
Part IV Escrow and Custodial Arra								<u> </u>	
line 9, or reported an amoun	nt on Form	990, Part X,	line 2	1.				, -	,
1 a Is the organization an agent, trustee, cu on Form 990, Part X?	stodian or ot	her intermediary	for con	ntributions or othe	er assets	s not included	Yes	Г	No
b If 'Yes,' explain the arrangement in Part							□ .63	<u>L</u>	
							Amoun	t	
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance 2a Did the organization include an amount							Vec		- No
b If 'Yes,' explain the arrangement in Part						-			No
b il res, explain the arrangement in rant	AIII. CHECK	icie ii tile explai	lation	ias been provide	u on i a	Ι (/ / / / / / / / / / / / / / / / / /		· · · · · L	_
Part V Endowment Funds. Comple	te if the or	ganization an	swere	ed 'Yes' on Fo	rm 990). Part IV. li	ne 10.		
•	Current year	(b) Prior year		(c) Two years back		Three years back		Four year:	s back
1 a Beginning of year balance	,,	1		,,,,,	,,,	,	,,,		
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
q End of year balance									
2 Provide the estimated percentage of the	current year	end balance (lin	ne 1g, c	column (a)) held	as:				
a Board designated or quasi-endowment ►		%							
b Permanent endowment ►	%								
c Term endowment ►	5								
The percentages on lines 2a, 2b, and 2c sh	ould equal 10	0%.							
3a Are there endowment funds not in the poss organization by:	ession of the	organization that a	are held	and administered	for the		ſ	Yes	No
(i) Unrelated organizations							. 3a(i)		
(ii) Related organizations							3a(ii)		
b If 'Yes' on line 3a(ii), are the related org	anizations lis	sted as required	on Sch	edule R?			3b		
4 Describe in Part XIII the intended uses of		ation's endowme	ent fund	ds.					
Part VI Land, Buildings, and Equip									
Complete if the organization	answered	'Yes' on Forr	n 990	, Part IV, line	11a. S	See Form 99	90, Par	t X, lir	ne 10.
Description of property	(a) Cos (ir	st or other basis nvestment)	(b) 6	Cost or other asis (other)	(c) A dep	ccumulated preciation	(d)	Book va	ilue
1 a Land							_		
b Buildings									
c Leasehold improvements									
d Equipment									
e Other		000 5 :::		(D) // 15 :					
Total. Add lines 1a through 1e. (Column (d) m	nust equal Fo	rm 990, Part X, o	column	(B), line 10c.)		▶			0.

BAA Schedule D (Form 990) 2020

Investments - Other Securities. Complete if the organization answered	l 'Ves' on Form 99(N/A 0 Part IV line 11h See Form 9	an Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financial derivatives	(4) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(c) manda or tanaanom coor or one or	
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>`</u> (E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	•		
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered	d 'Yes' on Form 990	0, Part IV, line 11c. See Form 99	90, Part X, line 13
(a) Description of investment	(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.	N/A	A Dort IV line 11d See Form Of	On Dort V line 1E
Complete if the organization answered	scription	0, Part IV, line 110. See Form 9	(b) Book value
(1)	SCIPTION		(b) book value
(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.	Form 000 Part IV line 1	10 or 11f Coo Form 000 Port V line 2E	
Complete if the organization answered 'Yes' on F 1. (a) Descr	ription of liability	Te of TH. See Form 990, Part A, fille 25.	(b) Book value
(1) Federal income taxes	iption of hability		(b) book value
(2) ACCRUED PAID TIME OFF			34,144.
(3)			54,144.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) (10)			
(9) (10) (11)			
(9) (10)			34,144.

36-4684978

Scriedule	ED (FORM 990) 2020 ANIMAL CHARITY EVALUATORS		36	-4684	1978 Page 4
Part XI			•	turn.	
	Complete if the organization answered 'Yes' on Form 990, P			-	F 411 F00
	al revenue, gains, and other support per audited financial statements nounts included on line 1 but not on Form 990, Part VIII, line 12:			1	5,411,509.
		اءد	22 107		
	t unrealized gains (losses) on investments	2 a	23,187.		
		2 c	267,250.		
	coveries of prior year grants	2 d			
	d lines 2a through 2d			2 e	200 427
	btract line 2e from line 1 .		ŀ	3	290,437. 5,121,072.
-	ounts included on Form 990, Part VIII, line 12, but not on line 1:			3	3,121,072.
	estment expenses not included on Form 990, Part VIII, line 7b.	4.5			
a 1111∨ b ∩+l	ner (Describe in Part XIII.) SEE PART XIII	4 a	42,946.		
	d lines 4a and 4b .			4 c	12 016
	tal revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	42,946. 5,164,018.
	Reconciliation of Expenses per Audited Financial Statemer				
raitAi	Complete if the organization answered 'Yes' on Form 990, P		•	veturi	1.
1 Tot	al expenses and losses per audited financial statements		ı	1	4,993,044.
	nounts included on line 1 but not on Form 990, Part IX, line 25:				1/000/0111
	nated services and use of facilities	2 a	267,250.		
b Pri	or year adjustments	2 b	2017230.		
	ner losses	2 c			
d Oth	ner (Describe in Part XIII.)	2 d			
	d lines 2a through 2d			2 e	267,250.
	btract line 2e from line 1			3	4,725,794.
4 Am	nounts included on Form 990, Part IX, line 25, but not on line 1:				17 / 20 / / / / /
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4 a			
	ner (Describe in Part XIII.) SEE PART XIII		42,946.		
	d lines 4a and 4b			4 c	42,946.
	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	4,768,740.
Part XI	II Supplemental Information.				
Provide fine 4; P	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lart X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also com	Part IV, plete th	lines 1b and 2b; Part is part to provide any	V, additio	nal information.
SC OT	HEDULE D, PART XI, LINE 4B HER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDE	D IN F	/S		
GR	ANTS RETURNED		TOTA	. <u>\$</u> L \$	42,946. 42,946.
SC	HEDULE D, PART XII, LINE 4B HER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDI			<u></u>	<u> </u>
OT	HER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDI	ו או טב	+/5		
GR	ANTS RETURNED			. <u>\$</u>	42,946.
			TOTA	ь <u>Ş</u>	42,946.

BAA Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

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.

2020

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

36-4684978

ANIMAL CHARITY EVALUATORS

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? ... XYes 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. PART V

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

3 Activities per Region. (The	Tollowing Part I, I	ine 3 table can b	e duplicated if additional space	e 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		2	PROGRAM SERVICES	RESEARCH	64,111.
				RESEARCH AND	
(2) EUROPE		6	PROGRAM SERVICES	COMMUNICATION	262,304.
(3) SOUTH AMERICA		1	PROGRAM SERVICES	RESEARCH	52,628.
(4) EAST ASIA			GRANTMAKING		98,997.
(5) EUROPE		6	GRANTMAKING		1,400,730.
(6) MIDDLE EAST			GRANMAKING		39,162.
(7) NORTH AMERICA		2	GRANTMAKING		20,000.
(8) SOUTH AMERICA		1	GRANTMAKING		681,150.
(9) SOUTH ASIA			GRANTMAKING		127,080.
(10) SUB-SAHARAN AFRICA			GRANTMAKING		15,170.
(11) THE PACIFIC			GRANTMAKING		19,247.
(12) EUROPE		6	FUNDRAISING		7,750.
(13) NORTH AMERICA		2	FUNDRAISING		2,179.
(14)					
(15)					
(16)					
(17)					
3 a Subtotal		26			2,790,508.
b Total from continuation sheets to Part I					
C Totals (add lines 3a and 3b)	0	26			2,790,508.

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

Schedule F (Form 990) 2020

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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)
				SUPPORT					
			EAST ASIA	MISSION	35,000.	ACH			
				SUPPORT					
			EAST ASIA	MISSION	61,997.				
				SUPPORT					
			EUROPE	MISSION	10,000.	ACH			
				SUPPORT					
			EUROPE	MISSION	10,000.	TRANSFERWISE			
				SUPPORT					
			EUROPE	MISSION	10,000.	WIRE			
				SUPPORT					
			EUROPE	MISSION	10,500.	TRANSFERWISE			
				SUPPORT					
			EUROPE	MISSION	11,517.	TRANSFERWISE			
				SUPPORT					
			EUROPE	MISSION	12,000.	WIRE			
				SUPPORT					
			EUROPE	MISSION	12,348.	TRANSFERWISE			
				SUPPORT					
			EUROPE	MISSION	15,000.	ACH			
				SUPPORT					
			EUROPE	MISSION	15,000.	TRANSFERWISE			
				SUPPORT					
			EUROPE	MISSION	15,500.	WIRE			
				SUPPORT					
			EUROPE	MISSION	209,908.	ACH/EFT			
				SUPPORT					
			EUROPE	MISSION	27,500.	ACH			
				SUPPORT					
			EUROPE	MISSION	42,018.	ACH / WIRE			
				SUPPORT					
			EUROPE	MISSION	5,148.	WIRE			

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

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36-4684978

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) ADVOCACY RESEARCH	EUROPE	1	6,100.	ACH			
(2)							
(3)							
(4)							
(5)							
_(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA				•	•	Schedule F	(Form 990) 2020

Par	TIV 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	X 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	X 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)		X 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	X 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	X 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	X No
BAA	TEEA3505L 09/16/20	Schedule F (For	rm 990) 2020

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 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

GRANTS TO RECOMMENDED CHARITIES: ANIMAL CHARITY EVALUATORS EVALUATES CHARITIES BASED ON SEVERAL CRITERIA, DESIGNED TO ASSESS THEIR MARGINAL COST-EFFECTIVENESS. THOSE WHICH PERFORM THE 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 A SUPPORTED CHARITY NO LONGER DESERVES OUR RECOMMENDATION, WE PHASE OUT COLLECTING DONATIONS ON THEIR BEHALF.

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.

MOVEMENT 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.

BAA TEEA3504L 09/16/20 Schedule F (Form 990) 2020

Part	II Continuation of Grant	s and Other Assist	tance to Organiza	tions or Entiti	es Outside the Un	ited 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)
				SUPPORT		TRANSFERWI			
			EUROPE	MISSION	5,345.				
				SUPPORT		WIRE/ACH/E			
			EUROPE	MISSION	878,980.	FT			
				SUPPORT		TRANSFERWI			
			EUROPE	MISSION	97,497.				
				SUPPORT		TRANSFERWI			
			MIDDLE EAST	MISSION	15,000.	SE			
				SUPPORT					
			MIDDLE EAST	MISSION	20,162.	WIRE			
				SUPPORT					
			NORTH AMERICA	MISSION	10,000.				
				SUPPORT		TRANSFERWI			
			NORTH AMERICA	MISSION	10,000.	SE			
				SUPPORT					
			SOUTH AMERICA	MISSION	117,300.	WIRE			
				SUPPORT					
			SOUTH AMERICA	MISSION	221,382.				
				SUPPORT		WIRE/ACH/E			
			SOUTH AMERICA	MISSION	342,468.				
				SUPPORT		TRANSFERWI			
			SOUTH ASIA	MISSION	15,000.	SE			
				SUPPORT					
			SOUTH ASIA	MISSION	16,020.	WIRE			
				SUPPORT					
			SOUTH ASIA	MISSION	96,060.	WIRE			
				SUPPORT					
			SUB-SAH. AFRICA	MISSION	10,000.				
				SUPPORT		TRANFERWIS			
			SUB-SAH. AFRICA	MISSION	5,170.	Е			
				SUPPORT					
			THE PACIFIC	MISSION	19,247.	CHECK			
	<u></u>			TEE 436021 09	116/20	·	9.0	hedule F Cont (Form 990) 2020

SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

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Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 36-4684978 ANIMAL CHARITY EVALUATORS 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? X 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 (c) IRC section (d) Amount of cash grant (f) Method of valuation (b) EIN (e) Amount of non-cash (a) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance or government assistance or assistance (1) A WELL-FED WORLD 3936 S. SERMON BLVD. #271 MOVEMENT GRANT: ORLANDO, FL 32822 27-0865905 501 (C) 3 20,000 0 SUPPORT MISSION (2) ANIMAL ETHICS, INC. 4200 PARK BLVD. #129 ANIMAL ADVOCACY RESEARCH OAKLAND, CA 94602 46-1062870 501 (C) 3 7,680 0 (3) CLAREMONT GRADUATE UNIVERSITY 150 E. 10TH STREET ANIMAL ADVOCACY CLAREMONT, CA 91711 95-1664100 501 (C) 3 RESEARCH 21,280 0 (4) COMPASSION IN WORLD FARMING RECOMMENDED 125 E. TRINITY PLACE STE. 206 CHARITY: DECATUR, GA 30030 46-1822635 501 (C) 3 74,192 0. SUPPORT MISSIO (5) ENCOMPASS, INC. 10125 COLESVILLE RD. #298 MOVEMENT GRANT: SILVER SPRING, MD 20901 82-4871341 501 (C) 3 35,000 0 SUPPORT MISSION (6) FACTORY FARMING AWARENESS 1569 SOLANO AVE #518 MOVEMENT GRANT: BERKELEY, CA 94707 82-4594246 501 (C) 3 10,000 0 SUPPORT MISSION RECOMMENDED (7) FAUNALYTICS PO BOX 6476 CHARITY: SUPPORT MISSIO OLYMPIA, WA 98507 01-0686889 501 (C) 3 0. 74,192 (8) GRASSROOTS ARTISTS MOVEMENT GAME INC 1958 FULTON ST. #400 MOVEMENT GRANT: BROOKLYN, NY 11233 34-1975159 501 (C) 3 10,000 0 SUPPORT MISSION

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

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

Page 2

(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

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 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

GRANTS TO RECOMMENDED CHARITIES: ANIMAL CHARITY EVALUATORS EVALUATES CHARITIES BASED ON SEVERAL CRITERIA, DESIGNED TO ASSESS THEIR MARGINAL COST-EFFECTIVENESS. THOSE WHICH PERFORM THE 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 A SUPPORTED CHARITY NO LONGER DESERVES OUR RECOMMENDATION, WE PHASE OUT COLLECTING DONATIONS ON THEIR BEHALF.

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

ANIMAL CHARITY EVALUATORS

36-4684978

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

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.

MOVEMENT 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)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2020

Continuation Page 1 of 2

Name of the organization

ANIMAL CHARITY EVALUATORS

Employer identification number 36-4684978

(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
LEWIS & CLARK COLLEGE					,		
10101 S. TERWILLIGER BLVD.							MOVEMENT GRANT;
PORTLAND, OR 97219	93-0386858	501 (C) 3	10,000.				SUPPORT MISSION
MATERIAL INNOVATION INSTITUTE							
952 SCHOOL ST. STE 175							MOVEMENT GRANT;
NAPA, CA 94559	84-3847333	501 (C) 3	25,000.				SUPPORT MISSION
NORTH MOUNTAIN CONSULTING							
GROUP LLC 1449 E. CAROL AVE							ANIMAL ADVOCACY
PHOENIX, AZ 85020	85-0906987		14,900.				RESEARCH
PLAYERS PHILANTHROPY FUND							
1122 KENILWORTH DR. STE 201							MOVEMENT GRANT;
TOWSON, MD 21204	21-6601178	501 (C) 3	10,000.				SUPPORT MISSION
QUALTRICS							
333 W. RIVER PARK DRIVE							ANIMAL ADVOCACY
PROVO, UT 84604	45-4964116		14,745.				RESEARCH
RETHINK PRIORITIES							
530 DIVISADERO ST. PMB 796							MOVEMENT GRANT;
SAN FRANCISCO, CA 94117	84-3896318	501 (C) 3	35,000.				SUPPORT MISSION
RETHINK YOUR FOOD, INC							
12717 W SUNRISE BLVD #131							MOVEMENT GRANT;
SUNRISE, FL 33323	84-2273554	501 (C) 3	10,000.				SUPPORT MISSION
SEED: STRATEGIES FOR ETHICAL							
1421 ORLEANS RD. PMB 311							MOVEMENT GRANT;
EAST HARWICH, MA 02645	84-5059139	501 (C) 3	19,000.				SUPPORT MISSION
THE ANIMAL HOUSE JAMAICA, INC							
5761 SW89TH COURT							MOVEMENT GRANT;
MIAMI, FL 33173	98-0550628	501 (C) 3	10,000.				SUPPORT MISSION
THE GOOD FOOD INSTITUTE							MOVEMENT;
1380 MONROE ST. NW #229							RESEARCH;
WASHINGTON, DC 20010	81-0840578	501 (C) 3	210,978.				SUPPORT MISSION

TEEA4001L 07/15/20

Schedule I Cont (Form 990) 2020

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2020

Continuation Page 2 of 2

Name of the organization

ANTMAL CHARTTY EVALUATORS

Employer identification number 36–4684978

ANIMAL CHARITY EVALUATORS			• • •	15 " 6		36-468497	
Part II Continuation of Grants and							•
(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
THE GREENFIELD PROJECT							
7381 LA TIJERA BLVD #45332							MOVEMENT GRANT;
LOS ANGELES, CA 90045	82-0960708	501 (C) 3	11,250.				SUPPORT MISSION
THE HUMANE LEAGUE							RECOMMENDED
PO BOX 10476							CHARITY;
ROCKVILLE, MD 20849	04-3817491	501 (C) 3	215,652.				SUPPORT MISSIO
THE MERIDIAN INSTITUTE							
PO BOX 1829							MOVEMENT GRANT;
DILLON, CO 80435	84-1435420	501 (C) 3	60,000.				SUPPORT MISSION
THE NONHUMAN RIGHTS PROJECT							
5195 NW 112TH TERRACE							MOVEMENT GRANT;
CORAL SPRINGS, FL 33076	04-3289466	509A	15,000.				SUPPORT MISSION
UC REGENTS - UCLA							
720_HILGARD_AVEAPT103							ANIMAL ADVOCACY
LOS ANGELES, CA 90024	94-3067788	501 (C) 3	10,240.				RESEARCH
UNIVERSITY OF OKLAHOMA							
660 PARRINGTON OVAL							ANIMAL ADVOCACY
NORMAN, OK 73019	73-1377584	115 (A)	11,123.				RESEARCH
VEGAN_OUTREACH, INC							
1212 FARRAGUT CIRCLE							MOVEMENT GRANT;
DAVIS, CA 95618	86-0736818	501 (C) 3	10,000.				SUPPORT MISSION
<u> WILD ANIMAL INITIATIVE, INC.</u>							RECOMMENDED
PO_BOX_43568							CHARITY;
WASHINGTON, DC 20010	82-2281466	501 (C) 3	150,265.				MOVEMENT GRANT

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 36-4684978 ANIMAL CHARITY EVALUATORS 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	Meth noncash	(c) od of c contrib	letermin	ing mounts
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	8	127,376.	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 ► (CRYPTOCURRENCY)	X	5	1,907.	FMV			
26	Other ► (FOREGONE WAGES)	X	2	2,651.	FMV			
27	Other • ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part V, Dones				29			
							Yes	No
30a	During the year, did the organization receive by contri it must hold for at least three years from the date							
	for exempt purposes for the entire holding period?					30 a		Х
b	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance police	cy that requi	res the review of any r	nonstandard contributio	ns?	31	Х	
32a	Does the organization hire or use third parties or r	elated orgai	nizations to solicit, prod	cess, or sell				
	noncash contributions?					32 a		Х
b	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in coludescribe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 08/18/20 **Schedule M (Form 990) 2020**

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ANIMAL CHARITY EVALUATORS

Employer identification number

36-4684978

FORM 990. PART V. LINE 4 - BANK ACCOUNTS AT FOREIGN COUNTRIES

CANADA, BELGIUM, AUSTRALIA, UNITED KINGDOM

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

BYLAWS AMENDED ON MAY 12, 2020 TO REFLECT THE FOLLOWING; REMOVED THE EMPLOYMENT/AFFILIATION AND DONATION CONFLICT OF INTEREST POLICIES TO A SEPARATE DOCUMENT. CHANGED VOTING PROCEDURES FOR ALL ACTIONS TO A SIMPLE MAJORITY. NOTICE OF MEETINGS, RESIGNATION OF MEMBERS, AND SPECIAL MEETINGS SECTIONS. CHANGED THE QUORUM FOR VALID MEMBER MEETINGS TO 1/3 OF THE BOARD.

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

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF OPERATIONS PRIOR TO FILING WITH THE IRS.

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

OUR CONFLICT OF INTEREST POLICY IS POSTED IN OUR BY-LAWS, WHICH IS APPROVED BY ALL DIRECTORS.

FORM 990 . PART VI. LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

AK CA CO CT DC FL GA IL MA MD MI MN NC NJ NY OH OR PA RI TN VA WA WI NH UT

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

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.