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Form	JJU

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019

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

Department of the Treasury

▶ 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 nenection

A	For the		dar year, or tax year beginning 01/01 , 2019, and endir	ng 12/	31	, 20 19
в	-	f applicable:	C Name of organization CENTRE FOR EFFECTIVE ALTRUISM USA INC	-5 12/	1	oyer identification number
		s change			47-1988398	
	Name c	•	Doing business as Number and street (or P.O. box if mail is not delivered to street address) F	F Telen	hone number	
	Initial re	•	L relep	510-725-1395		
		urn/terminated	2443 FILLMORE ST 380-16662 City or town, state or province, country, and ZIP or foreign postal code			510-725-1005
		ed return	SAN FRANCISCO, CA, 94115		G Gross	s receipts \$ 8,437,210
		tion pending	F Name and address of principal officer: Max Dalton	H(a) is this a d		or subordinates? Yes V No
	Applica	lion pending	2443 FILLMORE ST 380-16662, SAN FRANCISCO, CA 94115			tes included? Yes No
1	Тах-ехе	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527			ee instructions)
J		•	enterforeffectivealtruism.org	H(c) Group e	xemption	number 🕨
			Corporation Trust Association Other ► L Year of form			of legal domicile: NJ
	art I	Summa		2010	- m otate	
	1		cribe the organization's mission or most significant activities: Effecti	ive altruism is a	arowin	a social movement
ő	-		n the desire to make the world as good a place as it can be, the use of ev			
anc			dacity to actually try.			
ern	2		box ► [] if the organization discontinued its operations or disposed	d of more than	25% 0	its net assets.
Š	3		voting members of the governing body (Part VI, line 1a)		3	3
.∞ ∞	4		independent voting members of the governing body (Part VI, line 1b		4	3
es	5		5	23		
iviti	6		ber of individuals employed in calendar year 2019 (Part V, line 2a) ber of volunteers (estimate if necessary)		6	50
Activities & Governance	7a		ated business revenue from Part VIII, column (C), line 12		7a	0
	b		ted business taxable income from Form 990-T, line 39		7b	0
				Prior Yea		Current Year
-	8	Contributio	ons and grants (Part VIII, line 1h)	10.	145,176	8,201,061
Revenue	9		ervice revenue (Part VIII, line 2g)		107,701	156,596
eve	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)		221,861	0
Ĕ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		49,977	79,553
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,	524,715	8,437,210
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1–3)	3,	610,480	6,773,848
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)		0	0
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)	1,	558,294	1,648,263
nse	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	b	Total fundr	aising expenses (Part IX, column (D), line 25) 10,702			
Ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,	610,664	1,361,436
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,	779,438	9,783,547
	19	Revenue le	ess expenses. Subtract line 18 from line 12	3,	745,277	-1,346,337
Net Assets or Fund Balances				Beginning of Cur	rent Year	End of Year
sets	20		ts (Part X, line 16)	13,	805,182	12,598,407
at As	21		ties (Part X, line 26)		185,767	328,878
			or fund balances. Subtract line 21 from line 20	13,	619,415	12,269,529
Pa	art II	Signatu	re Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

			10/29/2020		
Sign	Signature of officer			Date	
Here	Max Dalton, President				
	Type or print name and title				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Preparer	Jeremy Cork	Jeremy Cork	10/29/2	020 self-employed	P01544850
Use Only	Firm's name Fasy Office dba	Firm's EIN ►	26-2176601		
	Firm's address ► 1750 W Front Stre	Phone no. 208-287-4777			
May the IRS	discuss this return with the prep	arer shown above? (see instructions) .			. 🗹 Yes 🗌 No
	ule Dealerstian Ast Nation and the s	an anata in atmostiana			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	90 (2019) Page 2
Part	III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Effective altruism is a growing social movement founded on the desire to make the world as good a place as it can be, the use of
	evidence and reason to find out how to do so, and the audacity to actually try.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4 a	(Code:) (Expenses \$ 4,526,428 including grants of \$ 4,434,389) (Revenue \$ 0) EA Funds is made up of Four funds which cover a set of problems that are important, tractable, and neglected. The four funds include Animal Welfare, which supports organizations that work on improving the wellbeing of nonhuman animals, especially farmed animals; EA Infrastructure, which writes grants to groups that drive more high-quality talent, information and capital towards tackling the world's biggest problems; Global Development, supports organizations that work on improving and saving the lives of some of the poorest people in the world; and Long-Term Future, seeks to reduce global catastrophic risks, especially but not exclusively those from advanced artificial intelligence. Each fund is managed by experts in their respective fields, who will pool the community's donations and research the most impactful ways to donate the money raised.
4b	(Code:) (Expenses \$ 1,940,690 including grants of \$ 1,929,324) (Revenue \$ 0) Charity Grantmaking allows donors to batch their donations and fund organizations that are assessed to be highly effective according to the principles of Effective Altruism.
4c	(Code:) (Expenses \$947,175_including grants of \$0) (Revenue \$3,991_) 80,000 Hours is a sub-organization within CEA that researches high-impact careers and offers 1-on-1 career coaching. They maintain a blog, a podcast, and a curated job board of opportunities with effective altruist organizations.
A -1	
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1 (Expenses \$ 2,136,163 including grants of \$ 410,134) (Revenue \$ 152,605)
4e	Total program service expenses ► 9,550,456

	0 (2019)		F	Page 3
Part	V 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	v	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	V	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		r
С	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>	11c		r
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		r
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	~	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b 13	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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		~ ~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	· ·	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		r
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	

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Part	Checklist of Required Schedules (continued)		-	9
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	~	
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		>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		>
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		2
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		7
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
с	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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		>
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		>
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		>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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		>
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	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	~	

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on S	chedule O. S	See in	struct	tions.
	Check if Schedule O contains a response or note to any line in this Part VI				~
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3			
	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 . 1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation				
2	any other officer, director, trustee, or key employee?		2		~
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other pe		3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?.	5		~
6	Did the organization have members or stockholders?		6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertak	ken during			
	the year by the following:				
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	reached at	•		
Sacti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . on B. Policies (This Section B requests information about policies not required by the Inte	 Innal Rovan	9	odo)	~
0000	on D. Policies (This Section D requests information about policies not required by the inte	ina neven		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		~
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 pur		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t		12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy'				
40	describe in Schedule O how this was done		12c	~	
13 14	Did the organization have a written whistleblower policy?		13 14	<u>ר</u>	
			14	V	
15	Did the process for determining compensation of the following persons include a review and an independent persons, comparability data, and contemporaneous substantiation of the deliberation and				
а	The organization's CEO, Executive Director, or top management official		15a		~
b	Other officers or key employees of the organization		15b		~
	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 arr with a taxable entity during the year?		16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e		.00		-
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	eguard the			
Soct:	organization's exempt status with respect to such arrangements?		16b		
<u>Secti</u> 17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA NU				
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990				
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply		(Sec)	1011 5	JU I (C)
	□ Own website □ Another's website ☑ Upon request □ Other (explain on Schedul	-			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	,	f inter	est p	olicy.
	and financial statements available to the public during the tax year.				<i>,</i>
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and red	cords		
	Fasy Office dba Jitasa, (208)287-4777				

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average		(do not check more box, unless person					Reportable	Reportable	Estimated amount
	hours				d a director/trustee)			compensation	compensation	of other
	per week (list any	Ind or a	Ins	Off	Ke	Hiç em	Fo	from the organization	from related organizations	compensation from the
	hours for	livid	titut	Officer	y en	ploy	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				related organizations
	below	trus	1 T		yee	mpe				
	dotted line)	lee	Iste			insa				
			Ű			ted				
Ben West	40.00									
Division Manager: Forum and Events						~		107,923	0	11,117
Benjamin Todd	40.00									
CEO of the 80,000 Hours project						~		107,119	0	2,711
Amy Willey Labenz	40.00									
Former President				~				95,882	0	12,384
Juliet Caitlin Elizondo	40.00									
Secretary				~				95,755	0	7,950
Chloe Malone	40.00									
Treasurer				~				69,749	0	12,925
Miranda Dixon-Luinenburg	40.00									
Former Treasurer				~				35,769	0	4,743
William MacAskill	1.00									
Board Member/Chair		~						0	0	0
Nick Beckstead	1.00									
Board Member		~						0	0	0
Hilary Greaves	1.00									
Board Member		~						0	0	0
Sam Bankman-Fried	1.00									
Former Board Member		~						0	0	0
Max Dalton	40.00									
President				~				0	0	0
	+									
										– – – – – – – – – –

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (c	ontinu	ied)
	(A) Name and title	(B) Average hours	(do not ch box, unless officer and			erson	e than o is both	n an	(D) Reportable compensation	(E) Report compen	able	Estimat	(F) ed amou other	unt
		per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from re organiza (W-2/1099	ations	fro	ensatior m the zation ar rganizati	nd
			-											
			-											
			-											
			-											
			-											
			-											
			-											
1b	Subtotal		•••	•		•	•••		512,197		0		51,	830
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		:	:	•	· ·		512,197		0		51,	830
2	Total number of individuals (including but reportable compensation from the organi		d to th	iose	e list	ted	above	e) w		e than \$1	00,000	of		
	reportable compensation from the organi								2				Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>							mpl	loyee, or highes	-		3		~
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble	con	npe	nsatio							~
5	Did any person listed on line 1a receive of for services rendered to the organization									ion or ind				~
Secti	on B. Independent Contractors											I		
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensation			
	rsity LLC, 100 Larkspur Landing Circle 218, I							Re	ent				175,	510
SF En	nporium Bespoke, 845 Market Street, Suite 4	50, San Frar	ncisco	, CA	4 94	103		Ve	nue Rental				106,	250

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

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains a response or note to any line in this Part VII Image: Schedule O contains and schedule or grant schedule or	Page 9
Image: Construction of the second	_
B Membership dues 1 0 c Fundraising events 1 0 c Related organizations 1 0 e Government grants (contributions) ines 1a-1f 0 1 0 g Noncash contributions, gifts, grants, and similar amounts not included above g 1 1 0 g Noncash contributions, included in ines 1a-1f 1 0 1 1 0 g Noncash contributions included in ines 1a-1f 1 0 1 1 0 g Noncash contributions included in ines 1a-1f 1 0 1 1 0 g EA Global Tickets 900099 152,605 152,605 0 g Deak Sales 900099 3,991 0 0 c dil other program service revenue 0 0 0 0 g Total. Add lines 2a-2f	(D) Revenue excluded from tax under
B Membership dues 1b 0 c Fundraising events 10 0 c Government grants (contributions) 11 0 e Government grants (contributions) included above and similar amounts not included above and the similar amounts not including dividends, interest, and other similar amounts) 11 8,201,061 g 2a EA Clobal Tickets 900099 152,605 152,605 0 g Total. Add lines 2a-21	sections 512-514
90 2a EA Global Tickets 900099 152,605 152,605 0 b Book Sales 900099 3,991 3,991 0 c	
90 2a EA Global Tickets 900099 152,605 152,605 0 b Book Sales 900099 3,991 3,991 0 c	
90 2a EA Global Tickets 900099 152,605 152,605 0 b Book Sales 900099 3,991 3,991 0 c	
Business Code Distribution 2a EA Global Tickets 900099 152,605 0 b Book Sales 900099 3,991 3,991 0 c	
90 2a EA Global Tickets 900099 152,605 152,605 0 b Book Sales 900099 3,991 3,991 0 c	
90 2a EA Global Tickets 900099 152,605 152,605 0 b Book Sales 900099 3,991 3,991 0 c	
Business Code Distribution 2a EA Global Tickets 900099 152,605 0 b Book Sales 900099 3,991 3,991 0 c	
90 2a EA Global Tickets 900099 152,605 152,605 0 b Book Sales 900099 3,991 3,991 0 c	
Sector 2a EA Clobal Tickets 900099 152,605 152,605 0 b Book Sales 900099 3,991 3,991 0 c	
9 Total. Add lines 2a-2f	
9 Total. Add lines 2a-2f	0
g Total. Add lines 2a-2f. ▶ 156,596 3 Investment income (including dividends, interest, and other similar amounts) ▶ 156,596 4 Income from investment of tax-exempt bond proceeds ▶ ▶ 5 Royalties ▶ ● 6a Gross rents . ● b Less: rental expenses 6b ● c Rental income or (loss) 6c 0 0 7a Gross amount from sales of assets other than inventory sales of assets other than inventory sales expenses 7a 7a 10 7a Gain or (loss) 8a Gross income from fundraising events (not including \$	0
g Total. Add lines 2a-2f. ▶ 156,596 3 Investment income (including dividends, interest, and other similar amounts) ▶ 156,596 4 Income from investment of tax-exempt bond proceeds ▶ ▶ 5 Royalties ▶ ● 6a Gross rents . ● b Less: rental expenses 6b ● c Rental income or (loss) 6c 0 0 7a Gross amount from sales of assets other than inventory sales of assets other than inventory sales expenses 7a 7a 10 7a Gain or (loss) 8a Gross income from fundraising events (not including \$	
g Total. Add lines 2a-2f. ▶ 156,596 3 Investment income (including dividends, interest, and other similar amounts) ▶ 156,596 4 Income from investment of tax-exempt bond proceeds ▶ ▶ 5 Royalties ▶ ● 6a Gross rents . ● b Less: rental expenses 6b ● c Rental income or (loss) 6c 0 0 7a Gross amount from sales of assets other than inventory sales of assets other than inventory sales expenses 7a 7a 10 7a Gain or (loss) 8a Gross income from fundraising events (not including \$	
9 Total. Add lines 2a-2f	0
3 Investment income (including dividends, interest, and other similar amounts).	
other similar amounts)	
5 Royalties Image: Construction of the const	
6a Gross rents 6a	
6a Gross rents 6a 6b 6b 6c 0 0 b Less: rental expenses 6c 0 0 0 0 d Net rental income or (loss) 6c 0 0 0 0 d Net rental income or (loss) 6c 0 0 0 0 7a Gross amount from sales of assets other than inventory 7a 7a 7a 7a b Less: cost or other basis and sales expenses 7b 7a 7a 7a c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 9a Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 	
b Less: rental expenses 6b	
c Rental income or (loss) 6c 0 0 d Net rental income or (loss)	
d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 7a Gross of assets other than inventory 7a 7a 7a b Less: cost or other basis and sales expenses 7b 7c 0 0 c Gain or (loss) 7c 0 0 0 d Net gain or (loss) ▶ 8a Gross income from fundraising events (not including \$0) of contributions reported on line 1c). See Part IV, line 18 8a 8a 8a 8a gross income or (loss) from fundraising events ▶ 9a 9a Gross income from gaming activities. See Part IV, line 19 ▶ 9b b Less: direct expenses	
7a Gross amount from sales of assets other than inventory other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses . 7a 7a 7a c Gain or (loss) . 7c 0 0 d Net gain or (loss) . 7c 0 0 d Net gain or (loss) . 7c 0 0 a Gross income from fundraising events (not including \$0) of contributions reported on line 1c). See Part IV, line 18 8a 8a b Less: direct expenses 8b	
Provide Gross and drift from sales of assets other than inventory other than inventory 7a b Less: cost or other basis and sales expenses . 7b c Gain or (loss) 7c 0 0 d Net gain or (loss)	
Other than inventory 7a b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c 0 0 d Net gain or (loss) 7c 0 0 8a Gross income from fundraising events (not including \$0) of contributions reported on line 1c). See Part IV, line 18 8a 8a b Less: direct expenses 8b ga Gross income from fundraising events 9a 9a ga Gross income from fundraising events 9a 9a	
B Less: cost or other basis and sales expenses 7b c Gain or (loss) . 7c 0 0 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 0 0 . of contributions reported on line 1c). See Part IV, line 18 . . 8a b Less: direct expenses . . 9a Gross income from gaming activities. See Part IV, line 19 . . 9a Gross income from gaming activities. See Part IV, line 19 9a 9b . . .	
and sales expenses 7b 0 0 c Gain or (loss) 7c 0 0 d Net gain or (loss) 7c 0 0 8a Gross income from fundraising events (not including \$0 of contributions reported on line 1c). See Part IV, line 18 0 8a b Less: direct expenses 8b 6 c Net income or (loss) from fundraising events 9a 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b	
of contributions reported on line 0 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events > 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b 9a	
of contributions reported on line 8a 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events > 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b	
of contributions reported on line 8a 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events > 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b	
of contributions reported on line 8a 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events > 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b	
1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events ► 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b	
b Less: direct expenses 8b	
c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b	
9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b	
activities. See Part IV, line 19 9a b Less: direct expenses 9b	
b Less: direct expenses 9b	
c Net income or (loss) from gaming activities ►	
10a Gross sales of inventory, less	
returns and allowances 10a	
b Less: cost of goods sold 10b	
c Net income or (loss) from sales of inventory ► Business Code	
Business Code Business Code 9 0 11a Miscellaneous Revenue 900099 75,402 75,402 0	0
b	0
Open File Miscellaneous Revenue 900099 75,402 0 b	
Business Code Business Code 11a Miscellaneous Revenue 900099 75,402 0 b	0
E Total. Add lines 11a–11d	
12 Total revenue. See instructions	0 Form 990 (2019)

	on 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All o	other organizations i	must complete colum	nn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	4,669,340	4,669,340		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	562,188	562,188		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,542,320	1,542,320		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	301,736	299,909		1,827
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,138,193	999,043	131,706	7,444
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	.,		,	
9	Other employee benefits	93,894	84,898	8,404	592
10	Payroll taxes	114,440	103,476	10,243	721
11	Fees for services (nonemployees):	,			
а	Management				
b		40,026	40,026		
c		36,041	1,800	34,241	
d		50,041	1,000	54,241	
	Professional fundraising services. See Part IV, line 17				
e f					
f g	Investment management fees	263,120	263,120		
12	Advertising and promotion	3,252	3,252		
13	Office expenses	154,731	153,785	860	86
14	Information technology	129,277	123,544	5,733	00
15	Royalties	127,277	123,344	5,755	
16		208,479	207,987	460	32
17				400	32
18	Travel	340,416	340,416		
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	154,511	154,511		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,602		26,602	
23	Insurance	4,981	841	4,140	
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.)				
а					
a b					
u c b					
e e	All other expenses				
		0 702 547	0 550 454	222.200	10 700
25 26	Total functional expenses. Add lines 1 through 24e 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	9,783,547	9,550,456	222,389	10,702

Form 990 (2019)

	n 990 (20	,			Page 11
P	art X		+ V		
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	13,071,122	1	11,985,024
	2	Savings and temporary cash investments		2	· · ·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	392,530	4	236,305
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	156,941	9	208,250
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 62,549			
	b	Less: accumulated depreciation 10b 35,487	39,274	10c	27,062
	11	Investments – publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	145,315	14	141,766
	15	Other assets. See Part IV, line 11		15	·
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,805,182	16	12,598,407
	17	Accounts payable and accrued expenses	185,767	17	328,878
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	185,767	26	328,878
Fund Balances		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	3,552,984	27	2,783,566
â	28	Net assets with donor restrictions	10,066,431	28	9,485,963
		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	13,619,415	32	12,269,529
ž	33	Total liabilities and net assets/fund balances	13,805,182	33	12,598,407

Form **990** (2019)

age	Pa				
r					Part
			_	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)		
	9,78		2	Total expenses (must equal Part IX, column (A), line 25)	
	-1,34		3	Revenue less expenses. Subtract line 2 from line 1	
	13,61		4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	
-3,5			5	Net unrealized gains (losses) on investments	
			6	Donated services and use of facilities	
			7	Investment expenses	
			8	Prior period adjustments	
			9	Other changes in net assets or fund balances (explain on Schedule O)	9
				Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
59,5	12,26		10	32, column (B))	
				XII Financial Statements and Reporting	Part 2
. [Check if Schedule O contains a response or note to any line in this Part XII	
N	Yes				
				Accounting method used to prepare the Form 990: Cash Accrual Other	
		in in	explair	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	
v		. 2a		Were the organization's financial statements compiled or reviewed by an independent accountant?	2a
		or	mpiled	If "Yes," check a box below to indicate whether the financial statements for the year were cor reviewed on a separate basis, consolidated basis, or both:	
				Separate basis Consolidated basis Both consolidated and separate basis	
	~	. 2b		Were the organization's financial statements audited by an independent accountant?	b
		n a 📃	lited o	If "Yes," check a box below to indicate whether the financial statements for the year were audi	
				separate basis, consolidated basis, or both:	
				Separate basis Consolidated basis Both consolidated and separate basis	
		t of	versiah	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	с
	~			the audit, review, or compilation of its financial statements and selection of an independent accounta	
				If the organization changed either its oversight process or selection process during the tax year, e	
				Schedule O.	
		the	orth in	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	
				Single Audit Act and OMB Circular A-133?	
				If "Yes," did the organization undergo the required audit or audits? If the organization did not und	
				required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	

Form **990** (2019)

SCH	EDUI	LE /	4
(Form	990 o	r 99)-EZ)

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

Open to Public

Department of the Treasury
Internal Revenue Service

I the latest information. Inspection

Name of the organization	
CENTRE FOR EFFEC	FIVE ALTRUISM USA INC

 CENTRE FOR EFFECTIVE ALTRUISM USA INC
 47-1988398

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f $\;$ Enter the number of supported organizations $\;$. $\;$. $\;$. $\;$.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport 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.)

Secti	on A. Public Support			· •	•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	672,035	1,302,524	12,432,899	10,145,176	8,201,061	32,753,695
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	672,035	1,302,524	12,432,899	10,145,176	8,201,061	32,753,695
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5 700 000
6	Public support. Subtract line 5 from line 4						<u>5,732,238</u> 27,021,457
	on B. Total Support						27,021,437
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	672,035	1,302,524	12,432,899	10,145,176	8,201,061	32,753,695
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				221,861		221,861
9	Net income from unrelated business activities, whether or not the business is regularly carried on				221,001		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			27,577	49,977	79,554	157,108
11	Total support. Add lines 7 through 10						33,132,664
12	Gross receipts from related activities, etc	•	,			12	791,194
13	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re				ear as a sectio	
<u>3ecu</u> 14	Public support percentage for 2019 (line 6	•		1 column (f))		14	81.56 %
15	Public support percentage from 2018 Sch		-			15	80.08 %
16a	33 ¹ / ₃ % support test – 2019. If the organi						
	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test — 2018. If the organi this box and stop here. The organization						
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizate Explain in Part VI how the organization in supported organization	ation meets the meets the	e "facts-and-c s-and-circums	circumstances" stances" test.	' test, check t The organizati	this box and s on qualifies as	a publicly
18	Private foundation. If the organization di						
	instructions						
					Sch	edule A (Form 990) or 990-EZ) 2019

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons .						
b							
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_							
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Socti	line 6.)						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2010	(0) 2017	(u) 2018	(e) 2019	
	4						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_							
	Add lines 10a and 10b						
11	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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				C(1) 1		
14	First five years. If the Form 990 is for th	•					
<u></u>	organization, check this box and stop he						🕨
	on C. Computation of Public Suppor	-					
15	Public support percentage for 2019 (line 8						%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment Inc				(f)		
17	Investment income percentage for 2019 (•	())		%
18	Investment income percentage from 2018						%
19a	$33^{1}/_{3}\%$ support tests - 2019. If the organi						
-	17 is not more than $33^{1}/_{3}\%$, check this box	-	-	-		-	
b	$33^{1/3}\%$ support tests – 2018. If the organiz						
•-	line 18 is not more than 33 ¹ / ₃ %, check this b	-	-	-			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,			
					Sch	nedule A (Form	990 or 990-EZ) 2019

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 5

2

1

Yes No

Yes No

Part	V Supporting Organizations (continued)		Yes	No
11 а	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		103	
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization'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 reason of the relationship described in (2), 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 all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	0		
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

1 2	on D-Distributions Amounts paid to supported organizations to accomplish e			Current Year
2	Amounts paid to supported organizations to accomplish e			Current rear
		exempt purposes		
	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to whicl (provide details in Part VI). See instructions.	h the organization is res	ponsive	
	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
-	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

Part VISupplemental 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.)

Schedule A, Part II, Line 10 - Miscellaneous Revenue	

SCHED	ULE D
(Form 9	90)

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.

20 19 Open to Public

OMB No. 1545-0047

	ent of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest inform	ation.	Open to Public Inspection
	of the organization				er identification number
	-	IVE ALTRUISM USA INC			47-1988398
Par			sed Funds or Other Similar Fund	ls or Ad	
	-	ete if the organization answered "			
	•		(a) Donor advised funds	((b) Funds and other accounts
1	Total number	at end of year			
2	Aggregate val	ue of contributions to (during year) .			
3	Aggregate val	ue of grants from (during year)			
4	Aggregate val	ue at end of year			
5	Did the organ	ization inform all donors and donor a	advisors in writing that the assets he	ld in do	nor advised
			organization's exclusive legal control		
6			d donor advisors in writing that grant		
			t of the donor or donor advisor, or fo	-	
		· · ·		• •	· · · · L Yes L No
Part		rvation Easements.			
		ete if the organization answered "			
1	• • • •	conservation easements held by the o		f a biata	
		of land for public use (for example, recreated of natural habitat	·		rically important land area
				r a certir	ied historic structure
2		n of open space	d a qualified conservation contributior	n in tho f	form of a conservation
2		he last day of the tax year.	d a quaimed conservation contribution		Held at the End of the Tax Year
а				2	2a
b					2b
c	-	-	storic structure included in (a)		20
d			c) acquired after 7/25/06, and not o		
-					2d
3		-	ferred, released, extinguished, or tern	ninated I	by the organization during the
	tax year ►				
4	Number of sta	tes where property subject to conserv	vation easement is located >		
5			arding the periodic monitoring, insp		
			ements it holds?		
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conserv	vation easements during the year
	▶				
7		enses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conserva	tion easements during the year
	▶\$				
8			2(d) above satisfy the requirements of s		
_					
9		3 1	onservation easements in its revenue a		
		accounting for conservation easemer	the footnote to the organization's fina	incial sta	atements that describes the
Part	-	-	of Art, Historical Treasures, or (Othor 9	Similar Assots
rait		ete if the organization answered "			Assets.
10			B ASC 958, not to report in its revenu	o ototor	ant and balance about works
1a			held for public exhibition, education,		
			o its financial statements that describe		
b	•		B ASC 958, to report in its revenue s		
U U			for public exhibition, education, or res		
		lowing amounts relating to these item			
					. ► \$
	(ii) Assets incl	uded in Form 990, Part X	· · · · · · · · · · · · · · ·		. ▶ \$
2			historical treasures, or other similar		
		unts required to be reported under FA			

а	Revenue included on Form 990, Part VIII, line 1										\$
h	Assets included in Form 990 Part X										¢

b	Assets included in Form 990, Pa	art X	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	\$
_							_																

Schedul	e D (Form 990) 2019							Page 2			
Part	Organizations Maintaining	Collections of	Art, His	torical 1	Freasures	, or Ot	her Similar A	ssets (continued)			
3	Using the organization's acquisition, collection items (check all that apply):		ther recor	ds, chec	k any of th	e follov	ving that make	significant use of its			
а	Public exhibition		d	Loan	or exchang	e progr	am				
b	Scholarly research				-						
с	Preservation for future generations	6									
4	Provide a description of the organiza XIII.	tion's collections	and expla	ain how t	hey further	the org	anization's exe	empt purpose in Part			
5	During the year, did the organization assets to be sold to raise funds rather										
Part											
	Complete if the organization 990, Part X, line 21.	answered "Yes	s" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount on Form			
1a	Is the organization an agent, trustee included on Form 990, Part X?							not . 🗌 Yes 🗌 No			
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the fo	llowing ta	able:						
								Amount			
с	Beginning balance					10	;				
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amound										
b	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										
Par	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
	Complete if the organization		s" on For	m 990, F	1						
		(a) Current year	(b) Prie	or year	(c) Two year	s back	(d) Three years ba	ick (e) Four years back			
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of t	-	nd balanc	e (line 1g	ı, column (a)) held a	as:				
а	Board designated or quasi-endowme		%								
b	Permanent endowment	%									
С	Term endowment ►%										
	The percentages on lines 2a, 2b, and										
3a	Are there endowment funds not in the	e possession of t	the organiz	zation tha	at are held	and ad	ministered for				
	organization by:							Yes No			
	(i) Unrelated organizations					· ·		. 3a(i)			
	· · ·							. 3a(ii)			
b	If "Yes" on line 3a(ii), are the related o	•				· ·		. 3b			
4	Describe in Part XIII the intended uses	-	ion's endo	wment fi	unds.						
Part			. –				o =				
	Complete if the organization										
	Description of property	(a) Cost or o (investr			or other basis ther)	• •	Accumulated epreciation	(d) Book value			
1a	Land		0		0			0			
b	Buildings		0		0		0	0			
С	Leasehold improvements		0		0		0	0			
d	Equipment		0		62,549		35,487	27,062			
е	Other		0		0		0	0			
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form S	990, Part)	K, columr	n (B), line 10)c.) .	►	27,062			

Schedule D (Form 990) 2019

Part VII	Investments – Other Securities.			Deut Village 10
	Complete if the organization answered "Yes" on Form 990, Part (a) Description of security or category	(b) Book value	(c) M	ethod of valuation:
	(including name of security)		Cost or er	nd-of-year market value
(1) Financial				
		-		
		-		
(D)				
		_		
(!)		-		
(G)		_		
(H)	ren (k) must smul Form 000. Dert V. sel. (D) line 10)	-		
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ► Investments – Program Related.			
Part VIII	Complete if the organization answered "Yes" on Form 990, Part	IV line 11c See F	orm 000	Part V line 13
	(a) Description of investment	(b) Book value		ethod of valuation:
		(b) DOOK value		nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ►			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Part	IV. line 11d. See F	orm 990.	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. ►	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f	. See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal ir	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedu	e D (Form 990) 2019				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents \	Nith Revenue per	Returi	n.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	8,523,746
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-3,549		
b	Donated services and use of facilities	2b	90,085		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	86,536
3	Subtract line 2e from line 1	· · .		3	8,437,210
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	,		5	8,437,210
Part			•	r Retu	urn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1				1	9,873,632
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	90,085		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d	· ·		2e	90,085
3	Subtract line 2e from line 1	· · ·		3	9,783,547
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
_c	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, lin	e 18.)		5	9,783,547
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Schee	ule D, Part X, Line 2 - The accounting standard on accounting for uncertainty	in inco	me taxes addresses th	e deter	mination of whether
tax be	nefits claimed or expected to be claimed on a tax return should be recorded in	the fir	nancial statements. Un	der tha	t guidance, the
Organ	ization may recognize the tax benefit from an uncertain tax position only if it is	s more	likely than not that the	tax po	sition will be
sustai	ned on examination by taxing authorities based on the technical merits of that	positi	on. The tax benefits red	cognize	ed in the financial
staten	nents from such a position are measured based on the largest benefit that has	a grea	ter than 50 percent like	lihood	of being realized
upon	ultimate settlement. There were no unrecognized tax benefits identified or reco	orded a	s liabilities for fiscal 20	019. Th	e Organization files
Form	990 in the U.S. federal jurisdiction. The Organization is generally no longer sub	oject to	examination by the In	ternal F	Revenue Services
for ye	ars before 2016.				

	EDULE F n 990)	State	ement of	f Activitie	s Outside the Un	ited States		OMB No. 1545-0047
(1 011		► Complet	te if the organ	ization answer	ed "Yes" on Form 990, Part I	V, line 14b, 15, or	16.	2019
Departr	ment of the Treasury		to ununu ire		ach to Form 990. for instructions and the lates	tinformation		Open to Public
	Revenue Service			.900/F0/11990 1		t information.		nspection dentification number
	of the organization							7-1988398
Par				ies Outside	the United States. Con	nplete if the ora		
), Part IV, line				1		
1	other assistan	ce, the grante	es' eligibility	/ for the grant	cords to substantiate the a ts or assistance, and the	selection criteria	used to	🕑 Yes 🗌 No
2	For grantmak outside the Un		in Part V the	e organization	's procedures for monitorir	ng the use of its	grants an	d other assistance
3	Activities per F	Region. (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	nal space is need	led.)	
	(a) Regior	1	(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 liste a program se describe specifi service(s) in the	rvice, c type of	(f) Total expenditures for and investments in the region
(1)	Sch F, Stmt 1							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

0

0

(17)

Subtotal
 Total from continuation sheets to Part I
 Totals (add lines 3a and 3b)

1,542,320

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sch F, Stmt 2						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	by the IRS, o	r for which the	grantee or counsel	sted above that are rec has provided a sectio	n 501(c)(3) equivale	ncy letter		>	
3	Enter total nu	mber of other of	organizations or en	tities					0

Schedule F (Form 990) 2019

Page **2**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of
		recipients	cash grant	(e) Manner of cash disbursement	noncash assistance	of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Sch F, Stmt 3							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

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

Schedule F (Form 990) 2019

Page 3

Sched	ule F (Form 990) 2019		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	🖍 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	V No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	🖌 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	🖌 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	🗌 Yes	🖌 No

Schedule F (Form 990) 2019

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.

Schedule F, Part I, Line 2 - The organization provides funds with the understanding that those funds will be used to fulfill the mission of the
receiving organization.

Schedule F, Part V, Statement 1

Form: Schedule F (2019)

Page: 1

Accounts and Activities Outside the United States

EIN: 47-1988398 Part I, Line 3

		Offices	Employees	Total
Region	Europe (including Iceland and Greenland)	0	0	1,285,778
Activities	Program Services			
Services	Animal welfare; Global development; Research; Support for philanthropic community			
Region	North America (including Canada and Mexico, but not the United States)	0	0	136,154
Activities	Program Services			
Services	Research			
Region	Sub-Saharan Africa	0	0	40,000
Activities	Program Services			
Services	Animal welfare			
Region	East Asia and the Pacific	0	0	34,900
Activities	Program Services			
Services	Animal welfare			
Region	Russia and the newly independent States	0	0	25,000
Activities	Program Services			
Services	Research event			
Region	South America	0	0	20,000
Activities	Program Services			
Services	Animal welfare			
Region	Middle East and North Africa	0	0	488
Activities	Program Services			
Services	Research			
	Total:	0	0	1,542,320

Page: 2 Carants to Organization Outside US Part II, Line 1 Region Europe (including loaland and Greenland) 655, 552 School Assister and School development. Cash Disbursement Wire Transfer School Sc	Schedule F, Part V, Statem	nent 2 C	CENTRE FOR EFFECTIVE ALTRUISM USA INC		
Grants To Organization Outside US Cach Grant Non-Cash Assitance Region Europe (including (celand and Greenland) 655.552 Grant Global development 655.552 Cash Disbursement Wire Transfer 655.552 Desc. of Non-Cash Assit. Valuation 655.552 Region Europe (including (celand and Greenland)) 166.313 Grant Research 655.552 Cash Disbursement Wire Transfer 655.552 Desc. of Non-Cash Assit. Valuation 85.000 Grant Animal welfare 64.344 Oron-Cash Assit. Valuation 64.344 Region Hort-Marcia (including Canada and Mexico, but not the United States) 64.344 Grant Non-Cash Assit. Vire Transfer Desc. of Non-Cash Assit. Vire Transfer 64.344 Desc. of Non-Cash Assit. Vire Transfer 64.344 Desc. of Non-Cash Assit. Vire Transfer 64.344 Desc. of Non-Cash Assit. Vire Transfer 65.000 Desc. of Non-Cash Assit. <	Form: Schedule F (2019)			EIN: 47-1988398	
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Grant Cash Disbursed Cash Disbursed Urits TransferGlobal development Cash Disbursed Wire TransferDesc. of Non-Cash Ass. ValuationEurope (including localard and Greenland) Mire Transfer166.313Grant Cash Disbursed Research Cash Disbursed Cash Disbursed Grant Cash Disbursed Cash Disbursed Mire Transfer85.000Desc. of Non-Cash Ass. ValuationEurope (including localard and Greenland) Mire Transfer85.000Grant Cash Disbursed Cash Disbursed Mire Transfer85.000Desc. of Non-Cash Ass. ValuationWire TransferDesc. of Non-Cash Ass. ValuationSoutope (including localard and Greenland)Grant Cash Disbursed Cash Disbursed ValuationSoutope (including localard and Greenland)Grant Cash Disbursed Cash DisbursedSoutope (including local and Greenland)Grant Cash Disbursed ValuationSoutope (including local and Greenland)Grant Cash Disbursed ValuationSoutope (including local and Greenland)Grant Cash Disbursed ValuationSoutope (including local and Greenland)Grant <b< th=""><th></th><th></th><th>Cash Grant</th><th>Non-Cash Assistance</th></b<>			Cash Grant	Non-Cash Assistance	
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Region Russia and the newly independent States 25,000					
Grant Research event	Region		25,000		
	Grant	Research event			

CENTRE FOR EFFECTIVE ALTRUISM USA INC

Cash Disbursement Desc. of Non-Cash Asst. Valuation	Wire Transfer	
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	East Asia and the Pacific Animal welfare Wire Transfer	20,000
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	South America Animal welfare Wire Transfer	20,000
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Europe (including Iceland and Greenland) Support for philanthropic community Wire Transfer	17,000
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	East Asia and the Pacific Animal welfare Wire Transfer	10,000
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Europe (including Iceland and Greenland) Support for philanthropic community Wire Transfer	6,672

Schedule F, Part V, Statement 2

Schedule F, Part V, Statement 3

Form: Schedule F (2019)

EIN: 47-1988398

Part III

Page: 3

Grants To Individuals Located Outside US

		Recipients	Cash Grant	Non-Cash Assistance
Assistance	Support for research projects and other charitable projects	17	191,381	
Region	Europe (including Iceland and Greenland)			
Cash Disbursement	Wire Transfer			
Desc. of Non-Cash Asst.				
Valuation				
Assistance	Support for research projects and other charitable projects	3	70,123	
Region	North America (including Canada and Mexico, but not the Uni	ited		
	States)			
Cash Disbursement	Wire Transfer			
Desc. of Non-Cash Asst.				
Valuation				
Assistance	Support for research projects and other charitable projects	1	999	
Region	East Asia and the Pacific			
Cash Disbursement	Wire Transfer			
Desc. of Non-Cash Asst.				
Valuation				

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.

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



OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

47-1988398

Dant	O
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?	🗌 No
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) Sch I, Stmt 1								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								

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

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
_1 Se	e Schedule I, Part IV, Statement 2								
2									
3									
4									
5									
6									
7									
Part IV	Supplemental Information. Provid	le the information r	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addit	ional information.			
Schedul	e I, Part I, Line 2 - The organization provides f	unds with the underst	anding that those fun	ds will be used to fulfil	I the mission of the receiving	organization.			

Schedule I, Part IV, Statement 1

Form: Schedule I (2019)

EIN: 47-1988398

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Page: 1
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Part	II,	Line	1
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Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non cash asst
Name and address	J-PAL Massachusetts Institute of Technology 600 Memorial Drive W98-200	04-2103594	1,000,000	
IRC code section	Cambridge, MA 02139-4822 501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Global development			
Name and address	Animal Charity Evaluators PO Box 348 Berkeley, CA 94701	36-4684978	635,800	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Animal welfare			
Name and address	One for the World 50 Milk St Fl 15 Boston, MA 02109	84-2124550	355,000	
IRC code section Method of valuation Desc. of Non-Cash Asst.	501(c)(3)			
Purpose of grant	Support for philanthropic community			
Name and address	Against Malaria Foundation PO Box 5470	36-2181970	317,686	
IRC code section	Lansing, IL 60438			
Method of valuation	501(c)(3)			
Desc. of Non-Cash Asst.				
Purpose of grant	Global development			
Name and address	ALLFED College of Engineering and Mines University of Alaska Fairbanks 1731 South Chandalar Drive	95-4116679	250,000	
	Fairbanks, AK 99775			
IRC code section Method of valuation	501(c)(3)			
Desc. of Non-Cash Asst. Purpose of grant	Research			
Name and address	Sentience Institute 15 Crown St Apt 2B	82-2537926	243,955	
	Brooklyn, NY 11225			
IRC code section Method of valuation Desc. of Non-Cash Asst.	501(c)(3)			
Purpose of grant	Animal welfare			
Name and address	Wild Animal Initiative PO Box 1866	82-2281466	234,277	

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IRC code section 601(c)(3) Wethod of Valuation Purpose of grant A Name and address Rahink Charly 2378 Pendenn Rd 2378 Pendenn Rd Mirard VIII A 2311 73916 RC code section 501(c)(3) Wethod of Valuation Best of Non-Cash Ass. Purpose of grant Multicle Valuation Best of Valuation Desc. of Non-Cash Ass. Hermiter Valuation Purpose of grant Multicle Valuation Best of Valuation Purpose of grant Mathematic Parameter Charly Initiatives Best of Valuation Desc. of Non-Cash Ass. Hermiter Valuation Purpose of grant Multicle Valuation Support for philanthropic community Name and address Support for philanthropic community 180,000 Name and address Support for philanthropic community 190,000 RC code section S01(c)(3) 190,000 RC code section S01(c)(3) 190,000 Befredge, CA 49704 190,000 <th>Schedule I, Fait IV, Staten</th> <th></th> <th></th> <th></th>	Schedule I, Fait IV, Staten			
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Purpose of grant Support for philanthropic community Name and address Compassion in World Farming 125 East Trinity Place Suite 206 Decatur, GA 30030 46-1822635 100,000 IRC code section 501(c)(3) 501(c)(3)	Method of valuation			
Name and addressCompassion in World Farming 125 East Trinity Place Suite 206 Decatur, GA 3003046-1822635100,000IRC code section501(c)(3)501(c)(3)501(c)(3)501(c)(3)501(c)(3)501(c)(3)Method of valuation Desc. of Non-Cash Asst.Purpose of grantAnimal welfare501501(c)(3)501(c)(3)Name and addressFaunalytics PO Box 6476 Olympia, WA 9850701-068688990,00090,000IRC code section501(c)(3)501(c)(3)501(c)(3)501(c)(3)501(c)(3)	Desc. of Non-Cash Asst.			
Name and addressCompassion in World Farming 125 East Trinity Place Suite 206 Decatur, GA 3003046-1822635100,000IRC code section501(c)(3)Method of valuation Desc. of Non-Cash Asst	Purpose of grant	Support for philanthropic community		
125 East Trinity Place Suite 206 Decatur, GA 30030 IRC code section 501(c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant Animal welfare Name and address Faunalytics 01-0686889 90,000 IRC code section 501(c)(3)			AC 4000005	100.000
IRC code section Decatur, GA 30030 IRC code section 501(c)(3) Method of valuation	Name and address		40-1822835	100,000
IRC code section 501(c)(3) Method of valuation		-		
Method of valuation Desc. of Non-Cash Asst. Purpose of grant Animal welfare Name and address Faunalytics 01-0686889 90,000 PO Box 6476 Olympia, WA 98507 1 1 1 IRC code section 501(c)(3) 501(c)(3) 1 1 1				
Desc. of Non-Cash Asst. Animal welfare Purpose of grant Animal welfare Name and address Faunalytics 01-0686889 90,000 PO Box 6476 Olympia, WA 98507 S01(c)(3) East 2000 East 2000		501(0)(3)		
Purpose of grant Animal welfare Name and address Faunalytics 01-0686889 90,000 PO Box 6476 Olympia, WA 98507 IRC code section 501(c)(3)				
Name and address Faunalytics 01-0686889 90,000 PO Box 6476 Olympia, WA 98507 01-0686889 90,000 IRC code section 501(c)(3) 501(c)(3) 501(c)(3)				
PO Box 6476 Olympia, WA 98507 IRC code section 501(c)(3)	Purpose of grant	Animal welfare		
Olympia, WA 98507IRC code section501(c)(3)	Name and address	Faunalytics	01-0686889	90,000
IRC code section 501(c)(3)		PO Box 6476		
		Olympia, WA 98507		
	IRC code section	501(c)(3)		
	Method of valuation			

Schedule I, Part IV, Statement 1

Schedule I, Part IV, Statement 1		CENTRE FOR EFFECTIVE ALTRUISM USA INC		
Desc. of Non-Cash Asst.	Animal welfare			
Purpose of grant				
Name and address	Metaculus	47-4499620	70,000	
	Box 7300			
IRC code section	Santa Cruz, CA 95060			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Scientific forecasting			
Name and address	Instiglio	45-5015494	60,000	
	1300 I ST NW STE 400E		,	
	Washington, DC 20005			
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Global development			
Name and address	MIRI (Machine Intelligence Research Institute)	58-2565917	50,750	
	2030 Addison St Fl 7			
	Berkeley, CA 94704			
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Research			
Name and address	Ought	81-2121304	50,000	
	780 Chestnut St Apt 6			
	San Francisco, CA 94133			
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Research			
Name and address	Topos Institute	84-3431367	50,000	
	2140 Shattuck Ave Ste 610			
	Berkeley, CA 94704			
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.	Research summit			
Purpose of grant				
Name and address	Givedirectly	27-1661997	49,648	
	33 Irving Place			
	New York, NY 10003			
IRC code section	501(c)(3)			
Method of valuation Desc. of Non-Cash Asst.				
Purpose of grant	Global development			
	•			
Name and address	Plant Dining Partnerships	83-3168845	40,000	
	PO Box 56037			
	Washington, DC 20040			
IRC code section	501(c)(3)			
Method of valuation Desc. of Non-Cash Asst.				
Desc. of Non-Cash Asst. Purpose of grant	Animal welfare			
Name and address	Roam Research	32-0536219	30,000	

Schedule I, Part IV, Statem	ent	CENTRE FOR EFFEC	IIVE ALTRUISIN USA IN
	769 Foerster Street		
	San Francisco, CA 94127		
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Research tool for community		
Name and address	Oregon State University	93-6022772	30,000
	1500 SW Jefferson Way		·
	Corvallis, OR 97331		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Research		
Name and address	Center for Applied Ratonality	45-3100226	30,000
	2036 Bancroft Way	40 0100220	00,000
	Berkeley, CA 94704		
IRC code section	501(c)(3)		
Method of valuation	301(0)(3)		
Desc. of Non-Cash Asst.			
Purpose of grant	Research		
-			
Name and address	The Life You Can Save	46-2100400	25,000
	5635 NE Cessna Lane		
	Bainbridge Is, WA 98110		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Support for philanthropic community		
Name and address	Berkeley Existential Risk Initiative	81-4820272	25,000
	2054 University Ave Ste 300		
	Berkeley, CA 94704		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Research		
Name and address	Players Philanthropy Fund	27-6601178	20.000
	1122 Kenilworth Dr Ste 502		- ,
	Towson, MD 21204		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Research		
Name and address	Evidence Action	90-0874591	12,929
Name and address	PO Box 65480	90-0074391	12,929
	Washington, DC 20035		
IPC and a continu	-		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.	Global development		
Purpose of grant	Global development		
Name and address	Social and Environmental Entrepreneurs	95-4116679	10,672
	23532 Calabasas Road Suite A		
	Calabasas, CA 91302		
IRC code section	501(c)(3)		
Method of valuation			

CENTRE FOR EFFECTIVE ALTRUISM USA INC

Schedule I, Part IV, Statement 1

Schedule I, Part IV, Statement 1		CENTRE FOR EFFECTIVE ALTRUISM USA INC	
Desc. of Non-Cash Asst. Purpose of grant	Support for Global Catastrophic Risk Institute project		
· · ·			
Name and address	Effective Altruism NYC	13-5562308	8,294
	NY University		
	25 West 4th Street 4th Floor		
	New York, NY 10012		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Community building		
Name and address	MIT Effective Altruism	04-2103594	6,030
	Massachusetts Institute of Technology		
	600 Memorial Drive W98-200		
	Cambridge, MA 02139-4822		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Community building		
Name and address	Harvard College Effective Altruism	04-2103580	5,450
	Harvard University		
	1033 Mass Avenue 2nd Floor		
	Cambridge, MA 02138		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Community building		
Name and address	Columbia Effective Altruism	13-5598093	5,021
	Columbia University		
	615 West 131st Street MC841		
	New York, NY 10027-7922		
IRC code section	501(c)(3)		
Method of valuation	· / · /		
Desc. of Non-Cash Asst.			
	Community building		
Purpose of grant	Community building		

Schedule I, Part IV, Statement 2		CENTRE FOR EF	CENTRE FOR EFFECTIVE ALTRUISM USA INC			
Form: Schedule I (2019)			EI	N: 47-1988398		
Page: 2				Part III		
	Description of Grants and Other Assistance to Individuals	s in the United States				
		Number of recipients	Amt. of cash grant	Amt. of non- cash asst.		
Type of grant Method of valuation	Support for research projects and other charitable projects	47	562,188			

Desc. of Non-Cash Asst.

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.	ı	2019
Department of the Treasury	► Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service	► Go to <i>www.irs.gov/Form990</i> for the latest information.	Frankavan idan	Inspection
Name of the organization	IVE ALTRUISM USA INC		tification number 7-1988398
	tion B, Line 11b - The Form 990 is reviewed by the board, and approved after any an		
addressed.	tion b, Line 115 - The Form 370 is reviewed by the board, and approved after any an	u an question	
Form 990, Part VI, Sec	tion B, Line 12c - When a conflict of interest arises a plan for regularly checking in v	vith the involv	ed parties is done
monthly as per the pol			
	tion C, Line 19 - Financial and governing documents may be made available upon re	asonable wri	tten request and the
Form 990 is made avai	lable to the public via Guidestar.		

Cat. No. 51056K

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule	O, Statement 1	CENTRE FOR EFFE		SM USA INC
Form: For	m 990 (2019)		EIN	47-1988398
Page: 2			Pa	rt III, Line 4d
	Other Program Services Accomplishments			
Activity Code	Description	Expense	Grants	Revenue
	EA-Global Program - This is our large annual conference on effective altruism, where we bring together people in the community and leaders at various organizations. We have speakers and workshops on many subjects related to effective altruism, and offer opportunities for networking.	426,197	0	152,605
	Outreach and other project support.	1,709,966	410,134	0
Total:		2,136,163	410,134	152,605