

**Return of Organization Exempt From Income Tax**

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **07/01/2021** and ending **06/30/2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CENTRE FOR EFFECTIVE ALTRUISM USA INC</b>		<b>D</b> Employer identification number <b>47-1988398</b>
	Doing business as		<b>E</b> Telephone number <b>415-907-6452</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2443 FILLMORE ST 380-16662</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94115</b>		<b>G</b> Gross receipts \$ <b>77,241,112</b>	
<b>F</b> Name and address of principal officer: <b>ZACHARY ROBINSON</b> <b>2443 FILLMORE ST 380-16662, SAN FRANCISCO, CA 94115</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. See instructions.	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>ev.org</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2013</b>	<b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>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.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>3</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>1</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>17</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>160</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>17,129,181</b>	<b>Current Year</b> <b>75,416,473</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>5,723</b>	<b>10,101</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>341,318</b>	<b>371,669</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>48,936</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>17,476,222</b>	<b>75,847,179</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>6,620,817</b>	<b>38,411,703</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>496,816</b>	<b>2,379,607</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>413,425</b>	<b>7,708,332</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>7,531,058</b>	<b>48,499,642</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>9,945,164</b>	<b>27,347,537</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>38,716,189</b>	<b>End of Year</b> <b>57,355,191</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>221,030</b>	<b>1,274,191</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>38,495,159</b>	<b>56,081,000</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Zachary Robinson</i>	Date 05/12/2023
	<b>ZACHARY ROBINSON, PRESIDENT</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEREMY CORK</b>	Preparer's signature <i>Jeremy Cork</i>	Date 05/12/2023	Check <input type="checkbox"/> if self-employed	PTIN <b>P01544850</b>
	Firm's name ▶ <b>EASY OFFICE DBA JITASA</b>	Firm's EIN ▶ <b>26-2176601</b>			
	Firm's address ▶ <b>1120 S RACKHAM WAY, MERIDIAN, ID 83642</b>	Phone no. <b>208-287-4777</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**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?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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

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

**4a** (Code: ) (Expenses \$ 32,148,964 including grants of \$ 31,963,788 ) (Revenue \$ 0 )

EFFECTIVE ALTRUISM FUNDS PROVIDE FUNDS TO SMALL OR EARLY-STAGE PROJECTS FOCUSED ON IMPROVING THE  
LIVES OF PEOPLE IN EXTREME POVERTY, IMPROVING THE WELL-BEING OF NON-HUMAN ANIMALS, SUPPORTING THE  
EFFECTIVE ALTRUISM COMMUNITY, AND IMPROVING THE LONG-TERM FUTURE.

**4b** (Code: ) (Expenses \$ 5,639,445 including grants of \$ 920,866 ) (Revenue \$ 0 )

CENTRE FOR EFFECTIVE ALTRUISM SUPPORTS THE EFFECTIVE ALTRUISM COMMUNITY. IT NURTURES SPACES  
WHERE PEOPLE CAN EXPLORE HOW TO APPLY THE IDEAS OF EFFECTIVE ALTRUISM TO THEIR FUTURE CAREERS,  
RESEARCH, OR DONATIONS. THESE SPACES INCLUDE EVENTS SUCH AS THE EA GLOBAL CONFERENCE, LOCAL  
COMMUNITY GROUPS, AND ONLINE SPACES SUCH AS THE EA FORUM.

**4c** (Code: ) (Expenses \$ 5,618,754 including grants of \$ 5,334,200 ) (Revenue \$ 0 )

LONGVIEW PHILANTHROPY EDUCATES PHILANTHROPISTS ON CHARITABLE GIVING AND CONDUCTS RESEARCH INTO  
EXISTENTIAL AND CATASTROPHIC RISKS. THIS INCLUDES EDUCATING PEOPLE ABOUT THE WORLD'S MOST  
IMPORTANT PROBLEMS, HOSTING EVENTS TO CONNECT PHILANTHROPISTS AND EXPERTS, AND RESEARCHING AND  
RECOMMENDING GRANTS.

**4d** Other program services (Describe on Schedule O.) See Schedule O, Statement 1  
(Expenses \$ 3,615,447 including grants of \$ 192,850 ) (Revenue \$ 10,101 )

**4e** Total program service expenses **▶** 47,022,610

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>17</b> 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. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No	
<b>22</b> 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	✓	
<b>23</b> 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	✓	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
<b>c</b> 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		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
<b>b</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		✓
<b>26</b> 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		✓
<b>27</b> 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		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓	
<b>30</b> 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		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		✓
<b>33</b> 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		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
<b>37</b> 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		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No	
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	74	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	17		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			



**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	<b>3</b>
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .	<b>1b</b>	<b>1</b>
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .	<b>9</b>	<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

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

**EASY OFFICE DBA JITASA, (208)287-4777**

**1120 S RACKHAM WAY, MERIDIAN, ID 83642**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSHUA AXFORD SECRETARY	5.00 35.00			✓				0	180,012	0
MAX DALTON PRESIDENT	4.00 36.00			✓				0	169,625	0
WEST BEN EMPLOYEE	40.00					✓	145,893	0	9,840	
LEBENZ AMY EMPLOYEE	40.00					✓	143,831	0	9,442	
NICOLE ROSS PROGRAM MANAGER / TRUSTEE	40.00	✓		✓			126,934	0	18,217	
CHLOE MALONE TREASURER	40.00			✓			109,374	0	15,199	
HARRIS KERIAN EMPLOYEE	40.00					✓	105,799	0	803	
REBECCA KAGAN TRUSTEE	1.00 15.00	✓					0	34,549	0	
NICK BECKSTEAD TRUSTEE	1.00 1.00	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> . . . . .							<b>631,831</b>	<b>384,186</b>	<b>53,501</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							<b>631,831</b>	<b>384,186</b>	<b>53,501</b>	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<input checked="" type="checkbox"/>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 75,416,473				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 8,699,946				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		75,416,473			
	<b>Program Service Revenue</b>	<b>2a</b>	BOOK SALES	Business Code 900099	10,101	10,101	0
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . .		0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		10,101			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		321,790	0	0	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	
	<b>5</b>	Royalties . . . . . ▶		23,460	23,460	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	787,937	655,875		
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	738,058	655,875		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	49,879	0		
	<b>d</b>	Net gain or (loss) . . . . . ▶		49,879	49,879	0	
<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . ▶						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . ▶						
<b>Miscellaneous Revenue</b>	<b>11a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		25,476	25,476	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		25,476			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		75,847,179	108,916	0		

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	16,459,168	16,459,168		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	6,237,568	6,237,568		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	15,714,967	15,714,967		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	236,308	229,219	7,089	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,823,379	1,349,004	474,375	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	99,259	96,281	2,978	
<b>9</b> Other employee benefits . . . . .	74,585	46,631	27,954	
<b>10</b> Payroll taxes . . . . .	146,076	119,053	27,023	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	41,153	20,249	20,904	
<b>c</b> Accounting . . . . .	59,932		59,932	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	841,358	297,650	543,708	
<b>12</b> Advertising and promotion . . . . .	2,220,652	2,220,652		
<b>13</b> Office expenses . . . . .	233,039	230,755	2,284	
<b>14</b> Information technology . . . . .	568,464	335,834	232,630	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	114,220	113,920	300	
<b>17</b> Travel . . . . .	270,300	215,648	54,652	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	2,313,821	2,301,337	12,484	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .				
<b>24</b> 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.) . . . . .				
<b>a</b> <u>PROGRAM EXPENSES</u> . . . . .	1,045,393	1,034,674	10,719	0
<b>b</b> . . . . .				
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	48,499,642	47,022,610	1,477,032	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	20,573,574	<b>1</b>	40,266,937
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	21,000	<b>4</b>	162,438
	<b>5</b> 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	83,942	<b>9</b>	225,928
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	28,545		
	<b>b</b> Less: accumulated depreciation . . . . .	28,545	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	15,951,926	<b>11</b>	14,186,336
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	2,085,747	<b>14</b>	2,513,552
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	38,716,189	<b>16</b>	57,355,191	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	221,030	<b>17</b>	1,274,191
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	221,030	<b>26</b>	1,274,191
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	23,088,418	<b>27</b>	15,791,971
	<b>28</b> Net assets with donor restrictions . . . . .	15,406,741	<b>28</b>	40,289,029
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	38,495,159	<b>32</b>	56,081,000
<b>33</b> Total liabilities and net assets/fund balances . . . . .	38,716,189	<b>33</b>	57,355,191	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	75,847,179
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	48,499,642
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	27,347,537
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	38,495,159
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-9,761,707
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	11
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	56,081,000

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		✓
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>CENTRE FOR EFFECTIVE ALTRUISM USA INC</b>	Employer identification number <b>47-1988398</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	10,145,176	8,201,061	21,589,246	17,129,181	75,416,473	132,481,137
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	10,145,176	8,201,061	21,589,246	17,129,181	75,416,473	132,481,137
<b>5</b> 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) . . . . .						35,089,704
<b>6 Public support.</b> Subtract line 5 from line 4						97,391,433

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	10,145,176	8,201,061	21,589,246	17,129,181	75,416,473	132,481,137
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	221,861	0	104,999	95,245	345,250	767,355
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	49,977	79,554	16,472	0	25,476	171,479
<b>11 Total support.</b> Add lines 7 through 10						133,419,971
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	281,840
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	73 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	62.64 %
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	<b>11a</b>		
<b>b</b>	A family member of a person described on line 11a above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	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 <b>Part VI identify those supported organizations and explain</b> 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>2a</b>		
<b>b</b>	Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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? If "Yes" or "No," provide details in <b>Part VI</b> .		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

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

- 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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 . . . . .			
<b>b</b> From 2017 . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 . . .			
<b>b</b> Excess from 2018 . . .			
<b>c</b> Excess from 2019 . . .			
<b>d</b> Excess from 2020 . . .			
<b>e</b> Excess from 2021 . . .			

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

Schedule A, Part II, Line 10 - MISCELLANEOUS REVENUE

Lined area for supplemental information, consisting of multiple horizontal dashed lines.



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>CENTRE FOR EFFECTIVE ALTRUISM USA INC</b>	Employer identification number <b>47-1988398</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities. See instructions . . . . .

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

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

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

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

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?	✓		732,277
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?		✓	
<b>j</b> Total. Add lines 1c through 1i			732,277
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Schedule C, Part II-B, Line 1 - THE ORGANIZATION ENGAGES IN GRANT-MAKING ACTIVITIES TO FURTHER ITS CHARITABLE PURPOSES. CERTAIN GRANTS MAY INVOLVE SOME LOBBYING ACTIVITY, FOR EXAMPLE, GRANTS TO SUPPORT PASSING ANIMAL PROTECTION LAWS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: CENTRE FOR EFFECTIVE ALTRUISM USA INC; Employer identification number: 47-1988398

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Questions 1a-2 regarding art and historical treasures, including revenue and asset reporting.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....%
- b** Permanent endowment ▶ .....%
- c** Term endowment ▶ .....%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0		0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	28,545	28,545	0
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (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 Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (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 Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	<b>0</b>

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 .



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 73,128,802, adjusted to 75,847,179.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 55,542,961, adjusted to 48,499,642.

**Part XIII Supplemental Information.**

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

Schedule D, Part X, Line 2 - THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS ARE CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURNS SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THAT POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE FISCAL YEAR THAT ENDED JUNE 30, 2022. THE ORGANIZATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICES FOR YEARS BEFORE 2017.

Schedule D, Part XII, Line 2d - DIGITAL ASSET IMPAIRMENT LOSSES

Series of horizontal dashed lines for providing supplemental information.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CENTRE FOR EFFECTIVE ALTRUISM USA INC**

Employer identification number

**47-1988398**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) <i>Sch F, Stmt 1</i>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	<b>0</b>	<b>0</b>			<b>15,737,664</b>

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 54

**3** Enter total number of other organizations or entities . . . ▶ 37

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

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

**Part IV Foreign Forms**

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

**Part V** Supplemental Information

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

Schedule F, Part I, Line 2 - THE ORGANIZATION CONDUCTS DILIGENCE ON EACH FOREIGN GRANT TO ENSURE IT WILL FURTHER THE CHARITABLE PURPOSES OF THE ORGANIZATION. WHERE NECESSARY AND APPROPRIATE, THE ORGANIZATION CONDUCTS ADDITIONAL DILIGENCE AND RESEARCH TO ENSURE GRANTS SUPPORTING WORK IN FOREIGN COUNTRIES ARE COMPLIANT WITH LOCAL LAWS AND REGULATIONS. THE ORGANIZATION REQUIRES A GRANT AGREEMENT FOR EACH FOREIGN GRANT THAT SPECIFIES THE PURPOSES AND PERMITTED USES OF THE GRANT. THE ORGANIZATION ALSO COLLECTS BOTH INTERIM AND FINAL REPORTS FROM GRANTEES TO CONFIRM THE APPROPRIATE USE OF FUNDS.

Area with horizontal dashed lines for supplemental information.



## Accounts and Activities Outside the United States

		Offices	Employees	Total
<b>Region</b>	Europe (including Iceland and Greenland)			9,319,797
<b>Activities</b>	Program Services			
<b>Services</b>	RESEARCH, ANIMAL WELFARE, COMMUNITY BUILDING			
<b>Region</b>	East Asia and the Pacific			2,510,745
<b>Activities</b>	Program Services			
<b>Services</b>	ANIMAL WELFARE			
<b>Region</b>	North America (including Canada and Mexico, but not the United States)			2,589,007
<b>Activities</b>	Program Services			
<b>Services</b>	HIGH-IMPACT CHARITY INITIATIVES, RESEARCH			
<b>Region</b>	Middle East and North Africa			500,175
<b>Activities</b>	Program Services			
<b>Services</b>	ANIMAL WELFARE			
<b>Region</b>	Sub-Saharan Africa			430,850
<b>Activities</b>	Program Services			
<b>Services</b>	ANIMAL WELFARE, RESEARCH			
<b>Region</b>	South America			201,755
<b>Activities</b>	Program Services			
<b>Services</b>	ANIMAL WELFARE			
<b>Region</b>	South Asia			185,335
<b>Activities</b>	Program Services			
<b>Services</b>	ANIMAL WELFARE, RESEARCH			
<b>Total:</b>		<b>0</b>	<b>0</b>	<b>15,737,664</b>

## Grants To Organization Outside US

		Cash Grant	Non-Cash Assistance
<b>Region</b>	North America (including Canada and Mexico, but not the United States)	1,988,400	
<b>Grant</b>	TO START AND RUN A DIGITAL MARKETING ORGANIZATION TO SUPPORT EFFECTIVE ALTRUISM CONTENT AND MOVEMENT-BUILDING ORGANIZATIONS		
<b>Cash Disbursement</b>	WIRE TRANSFER		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			
<b>Region</b>	Europe (including Iceland and Greenland)	817,282	
<b>Grant</b>	SUPPORT RESEARCH PROGRAMS AND FELLOWSHIPS FOCUSED ON CATASTROPHIC RISK AND ARTIFICIAL INTELLIGENCE ALIGNMENT RESEARCH, INCLUDING OPERATIONAL SUPPORT		
<b>Cash Disbursement</b>	WIRE TRANSFER		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			
<b>Region</b>	Europe (including Iceland and Greenland)	810,000	
<b>Grant</b>	RESEARCH ON ALTRUISM AND RATIONALITY		
<b>Cash Disbursement</b>	WIRE TRANSFER		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			
<b>Region</b>	Europe (including Iceland and Greenland)	601,743	
<b>Grant</b>	SUPPORT FOR EFFECTIVE ALTRUISM NORWAY'S WORK PROMOTING EFFECTIVE ALTRUISM AND EFFECTIVE GIVING IN NORWAY, INCLUDING OPERATIONAL SUPPORT		
<b>Cash Disbursement</b>	WIRE TRANSFER		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			
<b>Region</b>	East Asia and the Pacific	562,000	
<b>Grant</b>	TO SUPPORT WORK IN KARACHI, PAKISTAN TO IDENTIFY, TREAT, AND PREVENT TUBERCULOSIS AT SCALE		
<b>Cash Disbursement</b>	WIRE TRANSFER		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			
<b>Region</b>	Europe (including Iceland and Greenland)	473,922	
<b>Grant</b>	ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD) WORK ON STRATEGIC FORESIGHT, STRENGTHENING LONGTERMISM AND ADDRESSING EXISTENTIAL RISKS		
<b>Cash Disbursement</b>	WIRE TRANSFER		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			
<b>Region</b>	Middle East and North Africa	333,327	
<b>Grant</b>	SUPPORT FOR EA ISRAEL'S WORK PROMOTING EFFECTIVE ALTRUISM, INCLUDING PROMOTING CHARITABLE GIVING THROUGH A PRIZE AND DONATION MATCHING PROGRAM, INCLUDING OPERATIONAL SUPPORT		
<b>Cash Disbursement</b>	WIRE TRANSFER		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			
<b>Region</b>	Europe (including Iceland and Greenland)	317,621	

<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK AND FISH WELFARE WORK, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	300,000
<b>Grant</b>	PROMOTING ANIMAL WELFARE THROUGH ADVOCACY FOR ALTERNATIVE PROTEINS, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	284,129
<b>Grant</b>	SUPPORT FOR EFFECTIVE ALTRUISM SINGAPORE, INCLUDING CAPACITY-BUILDING WORK THROUGH THE PILOT SOUTHEAST ASIA FARM ANIMAL WELFARE FELLOWSHIP AND OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	244,245
<b>Grant</b>	WORK ON IMPROVING RESILIENCE TO EXISTENTIAL AND GLOBAL CATASTROPHIC RISKS, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	232,385
<b>Grant</b>	AN EFFECTIVE CHARITABLE GIVING PLATFORM	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	222,843
<b>Grant</b>	ARTIFICIAL INTELLIGENCE ALIGNMENT RESEARCH AND SUPPORT FOR ARTIFICIAL INTELLIGENCE ALIGNMENT RESEARCHERS	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	201,000
<b>Grant</b>	ANIMAL WELFARE WORK IN AFRICA, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	200,000
<b>Grant</b>	WORK IN THE GLOBAL SOUTH TO REDUCE THE SUFFERING OF FARMED ANIMALS, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	198,000
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		

## Valuation

<b>Region</b>	Europe (including Iceland and Greenland)	180,614
<b>Grant</b>	RESEARCH ON WORST-CASE RISKS FROM THE DEVELOPMENT AND DEPLOYMENT OF ADVANCED AI SYSTEMS	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	178,920
<b>Grant</b>	RESEARCH ON IMPROVING THE USE OF CURRENT TOOLS & TESTING NEW APPROACHES TO LONG-TERM QUESTIONS TO MAKE FORECASTING MORE EFFECTIVE	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	169,973
<b>Grant</b>	SUPPORT FOR EFFECTIVE ALTRUISM SWEDEN, INCLUDING OPERATIONAL SUPPORT AND COMMUNITY BUILDING	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	163,476
<b>Grant</b>	RESEARCH AND ADVOCACY ABOUT INSECT FARMING IN THE EU, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	North America (including Canada and Mexico, but not the United States)	150,000
<b>Grant</b>	IMPROVING PUBLIC HEALTH IN INDIA THROUGH FORTIFICATION OF STAPLE FOODS	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	149,604
<b>Grant</b>	IMPROVEMENTS TO A DUTCH EFFECTIVE CHARITABLE GIVING PLATFORM	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	South Asia	145,000
<b>Grant</b>	CAGE-FREE CAMPAIGNS AND FISH WELFARE OUTREACH	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	124,601
<b>Grant</b>	SUPPORT FOR BALLOT INITIATIVE TO ABOLISH FACTORY FARMING IN SWITZERLAND	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	119,600
<b>Grant</b>	MATCHING PROMISING STUDENTS WITH EFFECTIVE ALTRUISM-ALIGNED RESEARCH MENTORS & RESOURCES	

<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	117,989
<b>Grant</b>	RESEARCHER, COMMUNITY BUILDING PROFESSIONAL AND OPERATIONS PROFESSIONAL WORKING FOR EFFECTIVE ALTRUISM GERMANY	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	109,682
<b>Grant</b>	ORGANIZE THE THIRD HUMAN-ALIGNED AI SUMMER SCHOOL, A 4-DAY SUMMER SCHOOL FOR 150 PARTICIPANTS IN PRAGUE, SUMMER 2022	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	104,675
<b>Grant</b>	SUPPORT FOR SWEDISH EFFECTIVE CHARITABLE DONATION PLATFORM GE EFFEKTIVT 2022	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	102,722
<b>Grant</b>	ADVOCACY FOR CORPORATE CHICKEN WELFARE COMMITMENTS IN NEW ZEALAND, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	100,000
<b>Grant</b>	A SERIES OF EVENTS GALVANIZING YOUTH AND TRAINING EFFECTIVE CAMPAIGNERS TO ADVANCE THE ANIMAL WELFARE MOVEMENT IN CHINA	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	99,670
<b>Grant</b>	ANIMAL WELFARE WORK, INCLUDING CAGE-FREE AND CHICK CULLING WORK, AS WELL AS FISH WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	97,580
<b>Grant</b>	ACCELERATE CELLULAR AGRICULTURE ALTERNATIVE PROTEIN TO SUPPORT ANIMAL WELFARE, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	North America (including Canada and Mexico, but not the United States)	95,598
<b>Grant</b>	POST-DOCTORAL RESEARCH EDUCATION AND TRAINING	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		

## Schedule F, Part V, Statement 2

## CENTRE FOR EFFECTIVE ALTRUISM USA INC

<b>Region</b>	Europe (including Iceland and Greenland)	92,999
<b>Grant</b>	CHICK CULLING-RELATED ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	84,779
<b>Grant</b>	GROW EFFECTIVE CHARITABLE DONATION PLATFORM DONOR BASE	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	82,776
<b>Grant</b>	FISH WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	82,653
<b>Grant</b>	CREATE A NEW ORGANIZATION PROMOTING ALTERNATIVE PROTEIN DEVELOPMENT TO SUPPORT ANIMAL WELFARE	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	80,690
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	South America	80,000
<b>Grant</b>	CAGE-FREE ACCOUNTABILITY ANIMAL WELFARE WORK IN BRAZIL, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	78,765
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	75,304
<b>Grant</b>	CHICK CULLING-RELATED ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	71,359
<b>Grant</b>	FISH WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	69,998
<b>Grant</b>	FARM ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		

## Schedule F, Part V, Statement 2

## CENTRE FOR EFFECTIVE ALTRUISM USA INC

<b>Region</b>	Middle East and North Africa	69,624
<b>Grant</b>	ESTABLISHMENT OF RESEARCH ORGANIZATION IN ISRAEL AND RESEARCH ON BIOSECURITY RISK AND POLICY	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	68,780
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK THROUGH ANIMA INTERNATIONAL ESTONIA (ESTONIAN BRANCH OF NAHTAMATUD LOOMAD)	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	67,800
<b>Grant</b>	CONDUCT A RESEARCH PROJECT COLLABORATION ON COMPUTE GOVERNANCE	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	66,799
<b>Grant</b>	RESEARCH AND IMPLEMENTATION OF EXISTING ANIMAL PROTECTION AND WELFARE LAWS IN BOSNIA, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	65,623
<b>Grant</b>	PILOT PROGRAM CONNECTING AND HELPING AFRICAN ANIMAL ADVOCACY ORGANISATIONS WITH FUNDING	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	62,000
<b>Grant</b>	ANIMAL WELFARE WORK IN THE PHILIPPINES, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	60,000
<b>Grant</b>	CHICK-CULLING RELATED ANIMAL WELFARE WORK, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	55,272
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	52,857
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		

## Valuation

<b>Region</b>	East Asia and the Pacific	49,870
<b>Grant</b>	SUPPORT FOR A NEW ORGANISATION TO UNITE THE AUSTRALIAN ANIMAL PROTECTION SECTOR	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	49,825
<b>Grant</b>	SUPPORT FOR NEW CAMPAIGN ON FISH WELFARE IN DENMARK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	47,870
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	46,474
<b>Grant</b>	PILOT PROGRAM CONNECTING AND HELPING AFRICAN ANIMAL ADVOCACY ORGANIZATIONS WITH FUNDING	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	44,883
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	44,883
<b>Grant</b>	WORK TO IMPROVE FARMED SHRIMP WELFARE IN INDIA AND VIETNAM, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	44,005
<b>Grant</b>	ADVOCACY FOR THE BANNING OF FUR FARMING AND FORCE-FEEDING OF WATERFOWL IN BULGARIA, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	36,000
<b>Grant</b>	SURVEY ON FARMED FISH WELFARE IN TANZANIA	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	32,257
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK IN DENMARK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	30,792
<b>Grant</b>	A COMPREHENSIVE CAGE-FREE FARMING EDUCATIONAL AND	



	AWARENESS PROJECT TARGETING LAYER HEN FARMERS IN 4 COUNTIES IN KENYA	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	30,000
<b>Grant</b>	FISH WELFARE AWARENESS-RAISING PROJECT IN HONG KONG, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	29,910
<b>Grant</b>	RESEARCH AND RESEARCH SCHOLARSHIPS IN CELLULAR AGRICULTURE TO SCALE ALTERNATIVE PROTEINS TO SUPPORT ANIMAL WELFARE	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	29,907
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	29,103
<b>Grant</b>	META-REVIEW RESEARCH ON INSTITUTIONAL DECISION-MAKING	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	28,064
<b>Grant</b>	SUPPORT FOR EFFECTIVE ALTRUISM ESTONIA AND RESEARCH TO FIND TALENTED ESTONIAN STUDENTS AND GET THEM EXCITED ABOUT EFFECTIVE ALTRUISM	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	27,674
<b>Grant</b>	SUPPORT FOR EFFECTIVE ALTRUISM POLAND AND RESEARCH INTO TOP CAUSE AREAS AND VALUE-ALIGNED ORGANIZATIONS IN EA POLAND	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	26,914
<b>Grant</b>	IMPROVED WELFARE STANDARDS FOR CRUSTACEANS IN SUPERMARKETS AND RESTAURANTS	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	South America	25,000
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK AND A NATIONWIDE SURVEY ON MEAT CONSUMPTION DATA IN PERU, INCLUDING OPERATIONAL SUPPORT	

<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	25,000
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	24,000
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	22,888
<b>Grant</b>	DEVELOP THE ETHICS/EFFECTIVE ALTRUISM EDUCATIONAL GAME ELEMENTARY TROLLEYOLOGY	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	22,495
<b>Grant</b>	SUPPORT FOR EFFECTIVE ALTRUISM EDUCATIONAL AND COMMUNITY BUILDING PROGRAMMING	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	South Asia	22,000
<b>Grant</b>	OPERATIONAL SUPPORT FOR MONSOONMATH 2021 - A FREE PROGRAM FOR ADVANCED HIGH SCHOOL STUDENTS.	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	20,247
<b>Grant</b>	SUPPORT FOR EFFECTIVE ALTRUISM ORGANIZING IN LONDON UNIVERSITIES	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	20,000
<b>Grant</b>	STRENGTHEN CAGE FREE INFORMATION PACKAGING AND SHARING TO THE GENERAL PUBLIC	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	20,000
<b>Grant</b>	RESEARCH ON HOW WILD ANIMAL WELFARE CAN BENEFIT FROM CHINA'S BURGEONING GREEN RHETORIC	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	South America	20,000

<b>Grant</b>	MEAT REDUCTION PROGRAMS BRAZIL, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	18,541
<b>Grant</b>	RESEARCH ON THE MOST EFFECTIVE WAYS TO MESAURE AND INCREASE GLOBAL WELLBEING	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	South America	18,000
<b>Grant</b>	ANIMAL WELFARE RESEARCH ON BANNING OF CAGE SYSTEMS IN ECUADOR	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	17,299
<b>Grant</b>	ARTIFICIAL INTELLIGENCE ALIGNMENT RESEARCH	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	15,680
<b>Grant</b>	RADIO-BASED SOCIAL AND BEHAVIORAL CHANGE EDUCATION ON FAMILY PLANNING, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	15,000
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	North America (including Canada and Mexico, but not the United States)	14,723
<b>Grant</b>	SURVEY RESEARCH OF ACADEMICS ON EFFECTIVE ALTRUISM AND RELATED TOPICS FOR PUBLICATION IN AN ACADEMIC JOURNAL	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	North America (including Canada and Mexico, but not the United States)	12,725
<b>Grant</b>	IODINE NUTRITION INITIATIVES, INCLUDING OPERATIONAL SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	12,000
<b>Grant</b>	SUPPORT TO CREATE COMPELLING STORIES FOR THE WELFARE OF FISH, CRUSTACEANS AND CHICKENS	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	10,680
<b>Grant</b>	DEWORMING PROGRAM INITIATIVES, INCLUDING OPERATIONAL	

	SUPPORT	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	10,000
<b>Grant</b>	GOVERNMENT ADVOCACY ON CAGE FREE LEGISLATIVE CHANGE	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	9,967
<b>Grant</b>	CAGE-FREE ANIMAL WELFARE WORK	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		
<b>Region</b>	South Asia	9,966
<b>Grant</b>	EFFECTIVE ALTRUISM ORGANIZING IN INDIA	
<b>Cash Disbursement</b>	WIRE TRANSFER	
<b>Desc. of Non-Cash Asst.</b>		
<b>Valuation</b>		

## Grants To Individuals Located Outside US

		Recipients	Cash Grant	Non-Cash Assistance
<b>Assistance</b>	SUPPORT FOR RESEARCH PROJECTS AND OTHER CHARITABLE PROJECTS	65	2,163,785	
<b>Region</b>	Europe (including Iceland and Greenland)			
<b>Cash Disbursement</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Valuation</b>				
<b>Assistance</b>	SUPPORT FOR RESEARCH PROJECTS AND OTHER CHARITABLE PROJECTS	29	653,993	
<b>Region</b>	East Asia and the Pacific			
<b>Cash Disbursement</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Valuation</b>				
<b>Assistance</b>	SUPPORT FOR RESEARCH PROJECTS AND OTHER CHARITABLE PROJECTS	8	327,561	
<b>Region</b>	North America (including Canada and Mexico, but not the United States)			
<b>Cash Disbursement</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Valuation</b>				
<b>Assistance</b>	SUPPORT FOR RESEARCH PROJECTS AND OTHER CHARITABLE PROJECTS	4	97,224	
<b>Region</b>	Middle East and North Africa			
<b>Cash Disbursement</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Valuation</b>				
<b>Assistance</b>	SUPPORT FOR RESEARCH PROJECTS AND OTHER CHARITABLE PROJECTS	3	58,755	
<b>Region</b>	South America			
<b>Cash Disbursement</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Valuation</b>				
<b>Assistance</b>	SUPPORT FOR RESEARCH PROJECTS AND OTHER CHARITABLE PROJECTS	5	26,358	
<b>Region</b>	Sub-Saharan Africa			
<b>Cash Disbursement</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Valuation</b>				
<b>Assistance</b>	SUPPORT FOR RESEARCH PROJECTS AND OTHER CHARITABLE PROJECTS	3	7,972	
<b>Region</b>	South Asia			
<b>Cash Disbursement</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Valuation</b>				

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**CENTRE FOR EFFECTIVE ALTRUISM USA INC**

Employer identification number

**47-1988398**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> <u>Sch I, Stmt 1</u>							
<b>(2)</b>							
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 59
- 3** Enter total number of other organizations listed in the line 1 table ▶ 9



## 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.
<b>Name and address</b>	PURE EARTH 475 RIVERSIDE DRIVE SUIT 860 NEW YORK, NY 10115	13-4075779	1,670,000	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>	BOOK			
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	GENERAL SUPPORT			
<b>Name and address</b>	COUNCIL ON STRATEGIC RISKS 1025 CONNECTICUT AVENUE WASHINGTON, DC 20036	82-3106472	1,600,000	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>	BOOK			
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	GROWING THE COUNCIL ON STRATEGIC RISKS' NUCLEAR SECURITY POLICY DEVELOPMENT AND ENGAGEMENT WITH DECISION- MAKERS			
<b>Name and address</b>	RETHINK PRIORITIES 530 DIVISADERO ST PMB 796 SAN FRANCISCO, CA 94117	84-3896318	1,240,257	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>	BOOK			
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	GENERAL SUPPORT, SUPPORT FOR PROJECT TO ORGANIZE AND FUND PUBLIC JOURNAL-INDEPENDENT EVALUATION OF EA- RELEVANT/ADJACENT RESEARCH, INSECT WELFARE PROJECT, SUPPORT THE EA MARKET TESTING TEAM RESEARCH, WILD ANIMAL WELFARE AND INVERTEBRATE WELFARE RESEARCH, GRANT FOR FELLOWS/EAG AND SURVEY TEAM RESEARCH			
<b>Name and address</b>	THE PLAYERS PHILANTHROPIC FUND 1122 KENILWORTH DR STE 201 TOWSON, MD 21204	27-6601178	1,204,967	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>	BOOK			
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	PLAYERS PHILANTHROPY FUND AND SUPPORTED PROJECTS			
<b>Name and address</b>	CENTER FOR GLOBAL DEVELOPMENT 2055 L STREET NW FIFTH FLOOR WASHINGTON, DC 20036	52-2351337	1,200,000	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>	BOOK			
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	TO SUPPORT WORK ON LEAD EXPOSURE			
<b>Name and address</b>	AGAINST MALARIA FOUNDATION 310 W 20TH ST STE 300 KANSAS CITY, MO 64108	20-3069841	1,107,496	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>	BOOK			



## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	ANTIMALARIAL BEDNETS IN NIGERIA, INCLUDING OPERATIONAL SUPPORT		
<b>Name and address</b>	FOUNDERS PLEDGE 228 PARK AVE S PMB 71081 NE NEW YORK, NY 10003	37-1795297	1,032,271
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CLIMATE CHANGE FUND		
<b>Name and address</b>	HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FLOOR 2 NEW YORK, NY 10017	13-5562162	949,549
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	VITAMIN A PROGRAM		
<b>Name and address</b>	WILD ANIMAL INITIATIVE PO BOX 1866 LONG ISLAND CITY, NY 11101	82-2281466	564,153
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	BERKELEY EXISTENTIAL RISK INSTITUTE 2054 UNIVERSITY AVE STE 300 BERKELEY, CA 95601	81-4820272	407,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	IN SUPPORT OF BERI'S COLLABORATION WITH THE CENTRE FOR THE GOVERNANCE OF AI, TO CREATE A LIBRARY FOR SELDONIAN (SAFE AND FAIR) MACHINE LEARNING ALGORITHMS, SUPPORTING INTERACT'S WORK ENABLING HUMAN-COMPATIBLE ROBOTS AND AI AGENTS		
<b>Name and address</b>	METACULUS INC 850 FRONT STREET UNIT 7300 SANTA CRUZ, CA 95601	47-4499620	404,683
<b>IRC code section</b>			
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	RESEARCH ON IMPROVING THE USE OF CURRENT TOOLS & TESTING NEW APPROACHES TO LONG-TERM QUESTIONS TO MAKE FORECASTING MORE EFFECTIVE		
<b>Name and address</b>	IMPACT LABS 173 W 78TH ST NEW YORK, NY 10024	84-3851585	300,000
<b>IRC code section</b>			
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	A ONE-WEEK EFFECTIVE ALTRUISM EDUCATIONAL SUMMER CAMP FOR ~60 STUDENTS AGED 13-18 AND THEIR FAMILIES IN MAINE		
<b>Name and address</b>	NEW YORK UNIVERSITY	13-5562308	300,000

	70 WASHINGTON SQUARE SOUTH NEW YORK NEW YORK, NY 10012		
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	INVESTIGATE AND DEVELOP A PROPOSAL TO START A LONGTERMIST RESEARCH CENTER AT NYU		
<b>Name and address</b>	BROWN UNIVERSITY 164 ANGELL STREET BOX 1877 PROVIDENCE, RI 02912	05-0258809	250,800
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TO SUPPORT ODED GALOR'S "THE FUTURE JOURNEY OF HUMANITY" PROJECT		
<b>Name and address</b>	CAMBRIDGE IN AMERICA PO BOX 9123 JAF BLG NEW YORK, NY 10087-9123	52-6071299	200,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	DEEP LEARNING AND AI ALIGNMENT RESEARCH GROUP AT CAMBRIDGE FOR DAVID KRUEGER		
<b>Name and address</b>	HIGH IMPACT ATHLETES - SIMPLE GENEROSITY 16192 COASTAL HIGHWAY LEWES, DE 19958-9776	87-3955308	200,000
<b>IRC code section</b>			
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORTING THE CONNECTION OF WORLD-CLASS ATHLETES WITH EFFECTIVE CHARITIES WORKING ON GLOBAL HEALTH & POVERTY, ANIMAL WELFARE, AND CLIMATE CHANGE.		
<b>Name and address</b>	MIND FIRST FOUNDATION INC 145 LINCOLN RD UNIT 153 LINCOLN, MA 01773	46-1357012	200,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	RESEARCH AND DEVELOPMENT OF OPEN-SOURCE VACCINES		
<b>Name and address</b>	UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST RM 100 PHILADELPHIA, PA 19104-6243	23-1352685	200,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	PERSUASION TOURNAMENT FOR EXISTENTIAL RISK		
<b>Name and address</b>	US RIGHT TO KNOW (USRTK) 4096 PIEDMONT AVE 963 OAKLAND, CA 94611	46-5676616	200,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		

## Schedule I, Part IV, Statement 1

## CENTRE FOR EFFECTIVE ALTRUISM USA INC

<b>Name and address</b>	ANIMAL CHARITY EVALUATORS 340 S LEMON AVE 3480 WALNUT, CA 91789	36-4684978	190,097
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT, RECOMMENDED CHARITY FUND		
<b>Name and address</b>	CLEAN AIR TASK FORCE 114 STATE STREET 6TH FLOOR BOSTON, MA 02109	04-3512550	184,533
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORTING CLEAN AIR TASK FORCE'S WORK TO PUSH THE TECHNOLOGY AND POLICY CHANGES NEEDED TO ACHIEVE A ZERO-EMISSIONS, HIGH-ENERGY PLANET AT AN AFFORDABLE COST		
<b>Name and address</b>	GIVEDIRECTLY 33 IRVING PLACE NEW YORK, NY 10003	27-1661997	182,430
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	RECKLESS GIVING LLC 232 3RD STREET SUITE B101 BROOKLYN, NY 11215	84-1970274	170,000
<b>IRC code section</b>			
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TO SUPPORT POST-PRODUCTION TO FINISH A FILM ON ALTRUISTIC KIDNEY-DONATION		
<b>Name and address</b>	AQUATIC LIFE INSTITUTE 105 VILLAGE PL DILLON, CO 80435	87-3020380	160,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	REDUCING THE SUFFERING OF AQUATIC ANIMALS BY HELPING TO DEFINE WELFARE STANDARDS TO AQUATIC ANIMAL PRODUCT CERTIFYING BODIES, COALITION BUILDING AMONG NONPROFITS, ACADEMIC INSTITUTIONS, INDUSTRY STAKEHOLDERS, AND THE PUBLIC, INTERNATIONAL POLICY ENGAGEMENT, AND RESEARCH TO SUPPORT FURTHER ADVOCACY EFFORTS.		
<b>Name and address</b>	ANTI ENTROPY 1811 MAUX DR HOUSTON, TX 77043	88-0967420	150,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	OPERATIONS DEVELOPMENT AND SUPPORT CONSULTING FOR EFFECTIVE ALTRUISM ORGANIZATIONS		
<b>Name and address</b>	COALITION FOR RAINFOREST NATIONS 52 VANDERBILT AVENUE 14TH FLOOR	26-3221530	149,653

## Schedule I, Part IV, Statement 1

## CENTRE FOR EFFECTIVE ALTRUISM USA INC

	NEW YORK, NY 10017		
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	MACHINE INTELLIGENCE RESEARCH INSTITUTE (MIRI) 2030 ADDISON ST FL 7 BERKELEY, CA 94704	58-2565917	115,017
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORT FOR ARTIFICIAL INTELLIGENCE SAFETY RESEARCH, INCLUDING OPERATIONAL SUPPORT		
<b>Name and address</b>	OXFENDAZOLE DEVELOPMENT GROUP 736 CATHCART RD BLUE BELL, PA 19422	81-1547477	101,430
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	DEVELOP THE DEWORMING MEDICINE FOR USE AGAINST HUMAN DWELLING PARASITIC WORMS		
<b>Name and address</b>	FEDERATION OF AMERICAN SCIENTISTS 1112 16TH STREET NW SUITE 600 WASHINGTON, DC 20036	23-7185827	100,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	NUCLEAR INFORMATION PROJECT		
<b>Name and address</b>	SPELLCHECK HEALTH INC 1300 S 6TH ST AUSTIN, TX 78704	87-4737391	100,000
<b>IRC code section</b>			
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	RESEARCH ON BONE MARROW CRISPR AS A LARGE-EFFECT HEALTH INTERVENTION AS AN ADJUNCT TO EXISTING CELLULAR THERAPIES		
<b>Name and address</b>	WHYLOME INC 1175 MAIN STREET APT 103 FAIRFAX, VT 05454	87-3034706	100,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	RESEARCH ON CONTAMINATION THEORIES OF OBESITY		
<b>Name and address</b>	THE HUMANE LEAGUE US PO BOX 10476 ROCKVILLE, MD 20849	04-3817491	99,769
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	IDINSIGHT PO BOX 689	27-4933181	96,000

	SAN FRANCISCO, CA 94104-0689		
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORT TO REFINE WAYS TO INCORPORATE VALUE OF INFORMATION ESTIMATION INTO RESEARCH FUNDING AND STUDY DESIGN DECISIONS		
<b>Name and address</b>	EFFECTIVE GIVING QUEST LTD 13609 WINTERSPOON LN GERMANTOWN, MD 20874-2635	87-1872953	90,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CREATION OF A NEW ORGANIZATION THAT INCREASES THE PHILANTHROPIC IMPACT OF THE GAMING SPACE VIA PROMOTION OF EFFECTIVE CHARITIES		
<b>Name and address</b>	LEGAL IMPACT FOR CHICKENS 147 ARDMORE RD KENSINGTON, CA 94707	87-1596873	76,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	LAUNCHING A LITIGATION NONPROFIT CALLED LEGAL IMPACT FOR CHICKENS (LIC) TO MAKE FACTORY FARM CRUELTY A LIABILITY		
<b>Name and address</b>	GROWTH TEAMS INC 4812 BENITO COURT BRADENTON, FL 34211	88-1985456	75,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORT FOR ECONOMIC DEVELOPMENT WORK IN RAWANDA		
<b>Name and address</b>	UNIVERSITY OF VIRGINIA 1827 UNIVERSITY AVENUE CHARLOTTESVILLE, VA 22903	54-0485595	71,500
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	OPEN ONLINE COURSE ON "THE ECONOMICS OF AI" FOR ANTON KORINEK		
<b>Name and address</b>	GLOBAL FOOD PARTNERS 1629 K ST NW WASHINGTON, DC 20006	83-4490695	60,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORTING ANIMAL WELFARE BY DELIVERING SCIENCE-BASED CAGE-FREE SOLUTIONS		
<b>Name and address</b>	SENTIENT MEDIA 18 BARTOL STREET 1150 SAN FRANCISCO, CA 94133	83-0804345	60,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			

<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	HEALTHIER HENS 1623 FREMONT AVE APT B SOUTH PASADENA, CA 91030	88-1680823	56,300
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	RESEARCH TO TEST THE EFFICACY OF TWO PROMISING INTERVENTIONS TO REDUCE THE RATE OF KEEL BONE FRACTURES IN LAYING HENS, SUPPORT FOR BUILDING EFFECTIVE ALTRUISM COMMUNITY IN KENYA		
<b>Name and address</b>	EVIDENCE ACTION PO BOX 65480 WASHINGTON, DC 20035	90-0874591	51,729
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	DISPENSERS FOR SAFE WATER PROGRAM, DEWORM THE WORLD INITIATIVE		
<b>Name and address</b>	THE GOOD FOOD INSTITUTE 2503D N HARRISON ST ARLINGTON, VA 22207	81-0840578	51,092
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	CENTRE FOR ELECTION SCIENCE 340 S LEMON AVE WALNUT, CA 91789	45-2334002	50,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORT FOR THE THE CENTER FOR ELECTION SCIENCE		
<b>Name and address</b>	DUKE UNIVERSITY 324 BLACKWELL ST WASHIN BLDG NO 850 DURHAM, NC 27701	56-0532129	50,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	FUND TATIANA SEGURA'S RESEARCH TO PROMOTE BRAIN REPAIR AFTER STROKE		
<b>Name and address</b>	HOFVARPNIR STUDIOS 852 E MONO LAKE DR 241 LEE VINING, CA 93541	87-1984527	50,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMPUTE INFRASTRUCTURE AND DEDICATED SUPPORT TO RUN TECHNICAL AI EXPERIMENTS FOR SAFETY RESEARCHERS		
<b>Name and address</b>	PLANT BASED FOODS ASSOCIATION 4 EMBARCADERO CTR 1400 SAN FRANCISCO, CA 94111	81-0712013	50,000
<b>IRC code section</b>	501(c)(6)		

## Schedule I, Part IV, Statement 1

## CENTRE FOR EFFECTIVE ALTRUISM USA INC

<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	WORK TO CHAMPION, STRENGTHEN, AND ELEVATE THE PLANT-BASED FOODS INDUSTRY		
<b>Name and address</b>	MERCY FOR ANIMALS 2443 FILLMORE ST 380-16662 SAN FRANCISCO, CA 94115	54-2076145	49,884
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	COMPASSION IN WORLD FARMING 211 EAST 43RD STREET 7TH FLOOR NEW YORK CITY, NY 10017	46-1822635	49,884
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	JEWISH EFFECTIVE GIVING INITIATIVE 633 THIRD AVENUE 7TH FLOOR NEW YORK, NY 10017	13-1930176	40,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORT TO INSPIRE RABBIS AND THEIR CONGREGATIONS TO SAVE LIVES THROUGH EFFECTIVE GIVING		
<b>Name and address</b>	SPARK WAVE 200 CENTRAL PARK S APT 14M NEW YORK, NY 10019-1443	47-5126654	40,000
<b>IRC code section</b>			
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	RESEARCH REPLICATION TO IMPROVE INCENTIVES IN SOCIAL SCIENCE RESEARCH AND TO IMPROVE UNDERSTANDING OF THE QUALITY OF SOCIAL SCIENCE RESEARCH		
<b>Name and address</b>	ANIMAL EQUALITY 8581 SANTA MONICA BLVD STE 350 LOS ANGELES, CA 90069	47-2420444	39,906
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	DC VOTERS FOR ANIMALS 1901 16TH ST NW APT 301 WASHINGTON, DC 20009-3392	85-2778936	35,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ANNUAL SALARY FOR DC VOTERS FOR ANIMALS ED TO PASS ANIMAL PROTECTION LAWS IN WASHINGTON, DC		
<b>Name and address</b>	THE NUCLEAR THREAT INITIATIVE (NTI) 1776 EYE STREET NW SUITE 600 WASHINGTON, DC 20006	52-2289435	30,974

## Schedule I, Part IV, Statement 1

## CENTRE FOR EFFECTIVE ALTRUISM USA INC

<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	BIOSECURITY PROGRAM		
<b>Name and address</b>	WANBAM 3003 VAN NESS SOUTH 822 WASHINGTON, DC 20008-4710	85-0696012	27,000
<b>IRC code section</b>	509(a)(2)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORTING A GLOBAL NETWORK OF WOMEN, TRANS PEOPLE OF ANY GENDER, AND NON-BINARY PEOPLE INTERESTED IN EFFECTIVE ALTRUISM (EA).		
<b>Name and address</b>	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139-4307	04-2103594	25,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	PROJECT FOR NOVEL PLATFORM FOR SCREENING AND DEVELOPMENT OF PSYCHIATRIC DRUGS, INCLUDING THERAPEUTIC ADAPTATIONS OF PSYCHEDELICS		
<b>Name and address</b>	NEW INCENTIVES 340 S LEMON AVE 6133 WALNUT, CA 94105	45-2368993	21,617
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	FAUNALYTICS PO BOX 6476 OLYMPIA, WA 98507	01-0686889	21,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	HIGHWAY PHARMACEUTICALS 95 MT VERNON ST APT 21 BOSTON, MA 02108	00-1499396	20,000
<b>IRC code section</b>			
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORT FOR PHARMACEUTICAL TRIAL		
<b>Name and address</b>	EDEN REFORESTATION PROJECTS 303 W FOOTHILL BLVD UNIT 13 GLEN DORA, CA 91741	95-4804581	19,954
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	1DAY SOONER 2093 PHILADELPHIA PIKE 6363 CLAYMONT, DE 19703	85-1103820	17,500



## Schedule I, Part IV, Statement 1

## CENTRE FOR EFFECTIVE ALTRUISM USA INC

<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	RESEARCH ON PUBLIC RECEPTIVITY OF HUMAN CHALLENGE TRIALS		
<b>Name and address</b>	SOUTHEAST MISSOURI STATE 1 UNIVERSITY PLAZA CAPE GIRARDEAU, MO 63701	43-1291797	17,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	FOUNDATIONAL RESEARCH TOWARDS A MICROBE OR MICROBIAL COMMUNITY CAPABLE OF BIODEGRADING PLASTICS		
<b>Name and address</b>	CHRISTIANS FOR IMPACT USA INC 2093 PHILADELPHIA PIKE 6822 CLAYMONT, DE 19703	87-3363768	16,750
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	RETHINK CHARITY 2379 PENDLETON ROAD MINERAL, VA 23117	82-5325150	16,216
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORT TO MAXIMIZE DONORS' CHANCES OF DIRECTING FACEBOOK'S MATCHING FUNDS TO EA NONPROFITS		
<b>Name and address</b>	SIGHTSAVERS INC ONE BOSTON PLACE NO 2600 BOSTON, MA 02108	47-4657747	11,593
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	DEWORMING PROGRAM		
<b>Name and address</b>	EFFECTIVE ALTRUISM AT NEW YORK UNIVERSITY 105 E 17TH STREET - 2ND FLOOR NEW YORK, NY 10003-9580	13-5562308	10,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORT TO ESTABLISH/EXPAND THE EA STUDENT ORGANIZATION AT NYU		
<b>Name and address</b>	OLIVIA SHOEMAKER - THE TAIMAKA PROJECT PO BOX 33371 WASHINGTON, DC 20033	84-3964208	10,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	BOOK		
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SUPPORT TO LAUNCH AN UNDER-FIVE MALNUTRITION TREATMENT PROGRAM IN NORTHEASTERN NIGERIA		
<b>Name and address</b>	PROJECT HEALTHY CHILDREN 200 FRIBERG PARKWAY SUITE 4006	83-0396815	9,996

Schedule I, Part IV, Statement 1

CENTRE FOR EFFECTIVE ALTRUISM USA INC

WESTBOROUGH, MA 01581  
IRC code section 501(c)(3)  
Method of valuation BOOK  
Desc. of Non-Cash Asst.  
Purpose of grant GENERAL SUPPORT

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Name and address THE END FUND 27-3941186 7,590  
2 PARK AVE FLOOR 18  
NEW YORK, NY 10016

IRC code section 501(c)(3)  
Method of valuation BOOK  
Desc. of Non-Cash Asst.  
Purpose of grant DEWORMING PROGRAM

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Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	SUPPORT FOR RESEARCH PROJECTS AND OTHER CHARITABLE PROJECTS	199	6,237,568	
Method of valuation				
Desc. of Non-Cash Asst.				

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**CENTRE FOR EFFECTIVE ALTRUISM USA INC**

Employer identification number

**47-1988398**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MAX DALTON, PRESIDENT	(i) 0	0	0	0	0	0	0
	(ii) 169,625	0	0	0	0	0	169,625	0
2	JOSHUA AXFORD, SECRETARY	(i) 0	0	0	0	0	0	0
	(ii) 180,012	0	0	0	0	0	180,012	0
3	WEST BEN, EMPLOYEE	(i) 145,893	0	0	0	9,840	155,733	0
	(ii) 0	0	0	0	0	0	0	0
4	LEBENZ AMY, EMPLOYEE	(i) 143,831	0	0	0	9,442	153,273	0
	(ii) 0	0	0	0	0	0	0	0
5		(i)						
	(ii)							
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

**CENTRE FOR EFFECTIVE ALTRUISM USA INC**

**47-1988398**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	29	738,058	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( CRYPTOCURRENCY ) . . . . .	✓	211	7,961,888	FMV
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**CENTRE FOR EFFECTIVE ALTRUISM USA INC**

**47-1988398**

Form 990, Part VI, Section A, Line 4 - DURING THE FISCAL YEAR, A EFFECTIVE FOUNDATION (EV UK), A REGISTERED CHARITY IN THE UNITED KINGDOM AND WALES, TEMPORARILY WAS THE SOLE MEMBER OF THE ORGANIZATION. AS THE SOLE MEMBER, EV-UK HAD THE AUTHORITY TO APPOINT AND REMOVE THE ORGANIZATION'S BOARD OF DIRECTORS AND HAD APPROVAL RIGHTS OVER CERTAIN MAJOR DECISIONS. EV-UK IS NO LONGER THE SOLE MEMBER OF THE ORGANIZATION, AND THE TWO ORGANIZATIONS OPERATE AS INDEPENDENT CHARITIES. DUE TO THE ALIGNMENT OF THEIR MISSIONS, THE TWO ORGANIZATIONS COORDINATE CERTAIN ACTIVITIES PURSUANT TO AN AFFILIATION AGREEMENT.

Form 990, Part VI, Section A, Line 6 - DURING THE FISCAL YEAR, A EFFECTIVE FOUNDATION (EV UK), A REGISTERED CHARITY IN THE UNITED KINGDOM AND WALES, TEMPORARILY WAS THE SOLE MEMBER OF THE ORGANIZATION. AS THE SOLE MEMBER, EV-UK HAD THE AUTHORITY TO APPOINT AND REMOVE THE ORGANIZATION'S BOARD OF DIRECTORS AND HAD APPROVAL RIGHTS OVER CERTAIN MAJOR DECISIONS. EV-UK IS NO LONGER THE SOLE MEMBER OF THE ORGANIZATION, AND THE TWO ORGANIZATIONS OPERATE AS INDEPENDENT CHARITIES. DUE TO THE ALIGNMENT OF THEIR MISSIONS, THE TWO ORGANIZATIONS COORDINATE CERTAIN ACTIVITIES PURSUANT TO AN AFFILIATION AGREEMENT.

Form 990, Part VI, Section A, Line 7a - DURING THE FISCAL YEAR, A EFFECTIVE FOUNDATION (EV UK), A REGISTERED CHARITY IN THE UNITED KINGDOM AND WALES, TEMPORARILY WAS THE SOLE MEMBER OF THE ORGANIZATION. AS THE SOLE MEMBER, EV-UK HAD THE AUTHORITY TO APPOINT AND REMOVE THE ORGANIZATION'S BOARD OF DIRECTORS AND HAD APPROVAL RIGHTS OVER CERTAIN MAJOR DECISIONS. EV-UK IS NO LONGER THE SOLE MEMBER OF THE ORGANIZATION, AND THE TWO ORGANIZATIONS OPERATE AS INDEPENDENT CHARITIES. DUE TO THE ALIGNMENT OF THEIR MISSIONS, THE TWO ORGANIZATIONS COORDINATE CERTAIN ACTIVITIES PURSUANT TO AN AFFILIATION AGREEMENT.

Form 990, Part VI, Section A, Line 7b - DURING THE FISCAL YEAR, A EFFECTIVE FOUNDATION (EV UK), A REGISTERED CHARITY IN THE UNITED KINGDOM AND WALES, TEMPORARILY WAS THE SOLE MEMBER OF THE ORGANIZATION. AS THE SOLE MEMBER, EV-UK HAD THE AUTHORITY TO APPOINT AND REMOVE THE ORGANIZATION'S BOARD OF DIRECTORS AND HAD APPROVAL RIGHTS OVER CERTAIN MAJOR DECISIONS. EV-UK IS NO LONGER THE SOLE MEMBER OF THE ORGANIZATION, AND THE TWO ORGANIZATIONS OPERATE AS INDEPENDENT CHARITIES. DUE TO THE ALIGNMENT OF THEIR MISSIONS, THE TWO ORGANIZATIONS COORDINATE CERTAIN ACTIVITIES PURSUANT TO AN AFFILIATION AGREEMENT.

Form 990, Part VI, Section B, Line 11b - THE FORM 990 IS REVIEWED BY THE BOARD AND APPROVED AFTER ANY AND ALL QUESTIONS HAVE BEEN ADDRESSED.

Form 990, Part VI, Section B, Line 12c - THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST POLICY THAT REQUIRES DIRECTORS AND OFFICERS TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AND PROVIDES PROCEDURES FOR ADDRESSING DISCLOSED CONFLICTS, PERIODICALLY REVIEWS PRACTICES TO ENSURE COMPLIANCE, AND ENFORCES PROCEDURES FOR DEALING WITH VIOLATIONS OF THE POLICY. THE ORGANIZATION ALSO HAS A CONFLICT OF INTEREST POLICY IN ITS STAFF HANDBOOK THAT REQUIRES EMPLOYEES TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AND INCLUDES PROCEDURES FOR BOTH EMPLOYEES AND MANAGERS TO ADDRESS DISCLOSED CONFLICTS.

Form 990, Part VI, Section C, Line 18 - THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST WHEN LEGALLY REQUIRED

Form 990, Part VI, Section C, Line 19 - THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST WHEN LEGALLY REQUIRED

## Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	80,000 HOURS PROVIDES RESEARCH AND SUPPORT TO HELP PEOPLE ENTER CAREERS THAT EFFECTIVELY TACKLE THE WORLD'S MOST PRESSING PROBLEMS BY PROVIDING 1-ON-1 CAREER ADVISING, AS WELL AS MAINTAINING A BLOG, A PODCAST, AND A CURATED JOB BOARD OF HIGH-IMPACT OPPORTUNITIES. GIVING WHAT WE CAN INSPIRES DONATIONS TO THE WORLD'S MOST EFFECTIVE ORGANIZATIONS AND PROVIDES A PLATFORM FOR MAKING THOSE DONATIONS. ASTERISK IS A QUARTERLY JOURNAL OF WRITING AND CLEAR THINKING DESIGNED TO EDUCATE THE PUBLIC ABOUT THINGS THAT MATTER. THE FORETHOUGHT FOUNDATION AIMS TO PROMOTE AND COMMUNICATE ACADEMIC AND NON-ACADEMIC WORK THAT ADDRESSES THE QUESTION OF HOW TO USE OUR SCARCE RESOURCES TO IMPROVE THE WORLD AS MUCH AS POSSIBLE. FORETHOUGHT SUPPORTS AND PROMOTES INDIVIDUALS AND INSTITUTIONS WORKING ON GLOBAL PRIORITIES RESEARCH, FURTHERS AND DEVELOPS EFFECTIVE ALTRUISM AND LONG-TERM IDEAS, AND PROMOTES AND PRESENTS THE IDEAS OF EFFECTIVE ALTRUISM AND LONG-TERM IN SOCIAL AND TRADITIONAL MEDIA, IN PERSON, AND WITHIN ACADEMIA. THE CENTRE FOR THE GOVERNANCE OF AI ("GOV AI") AIMS TO DEFINE AND MAP THE FIELD OF ARTIFICIAL INTELLIGENCE (AI) GOVERNANCE AND ADDRESS THE MOST IMPORTANT AND NEGLECTED RESEARCH QUESTIONS. GOV AI FELLOWSHIPS AND PRIZES SUPPORT PROMISING EARLY-CAREER RESEARCHERS WORKING ON AI GOVERNANCE. GOV AI RUNS SEMINARS AND CONFERENCES TO CONNECT THE FIELD OF AI GOVERNANCE BETTER AND BUILD A THRIVING GLOBAL RESEARCH COMMUNITY.	3,615,447	192,850	10,101
<b>Total:</b>		<b>3,615,447</b>	<b>192,850</b>	<b>10,101</b>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CENTRE FOR EFFECTIVE ALTRUISM USA INC**

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

**47-1988398**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <a href="#">See Schedule R, Part VII, Statement 1</a>							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													



**Description of Identification of Related Tax-Exempt Organizations**

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<b>Name and EIN</b>	EFFECTIVE VENTURES FOUNDATION (00-1149828)
<b>Address</b>	TRAJAN HOUSE MILL STREET OXFORD, OXFORDSHIRE OX2 0DJ, United Kingdom (England, Northern Ireland, Scotland, and Wales)
<b>Primary activities</b>	CHARITY
<b>State or foreign country</b>	United Kingdom (England, Northern Ireland, Scotland, and Wales)
<b>Exempt code section</b>	501C3
<b>Public charity status</b>	7
<b>Direct controlling entity</b>	N/A
<b>512(b)(13) controlled organization?</b>	No

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