Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Α	For th	e 2019 calendar y	ear, or tax year begin	ning		, 2019, a	and ending		, 20
В	Check i	f applicable:	C Name of organizationBo	rn Free USA	united with Al	PI		D Emp	loyer identification number
	Address	change	Doing business as						94-6187633
П	Name o	hange	Number and street (or P.0	D. box if mail is not delive	ered to street address)		Room/suite	E Telep	phone number
$\overline{}$	Initial re	•	3737 Colesville		,		715		(202)450-3168
$\overline{}$		turn/terminated	City or town, state or prov		r foreign postal code			G Gros	es receipts
\equiv		ed return	Silver Spring,	•	loreign postar code			\$	2,842,315
=					. Grains a		11/->		
Ш	Applica	ion pending	F Name and address of prin	•	Grimes		1 ' '		
_		V	Same as C above		7				tes included? Yes No
		mpt status: X 501) \P (insert no.)	4947(a)(1) or	527			ist. (see instructions)
_	Website		ornfreeusa.org						on number
		organization: X Cor	poration Trust Asso	ociation Other		L Year of formation	on: 1968 M	State of leg	gal domicile: CA
Г	art I	Summary		,					
	1	•	the organization's missi	•					uture where
e									ls, whether living
Activities & Governance			nd are	able to live					
err			s according to						
Š	2		▶ ∐ if the organization		•				I
≪	3		g members of the gover						8
es	4	Number of indep	endent voting member	s of the governing	oody (Part VI, line 1b)		- 4	8
ΞĒ	5	Total number of	individuals employed in	calendar year 201	9 (Part V, line 2a)			- 5	30
Ċţ	6	Total number of	volunteers (estimate if r	necessary) • •				. 6	14
٩	78	Total unrelated b	ousiness revenue from I	Part VIII, column (C	c), line 12			- 7a	0_
	l	Net unrelated bu	ısiness taxable income	from Form 990-T, I	ine 39 • • • • •			- 7b	0
							Prior Yea	r	Current Year
	8	Contributions an	d grants (Part VIII, line	1h)			. 2,35	8,096	2,044,994
ne	9	Program service	revenue (Part VIII, line	2g)					0
/en	10	Investment incor	me (Part VIII, column (A	A), lines 3, 4, and 7	d) • • • • • • • ·		. 9	2,774	26,014
Revenue	11		Part VIII, column (A), lin					4,456	34,731
	12		add lines 8 through 11 (5,326	2,105,739
	13		ar amounts paid (Part I						15,882
	14								0
	15		Benefits paid to or for members (Part IX, column (A), line 4)						
Expenses	16		draising fees (Part IX, c	,	` ,	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,006,865
ens			expenses (Part IX, col			266,855			Ţ.
S.	17	-	(Part IX, column (A), lir				1 17	2,024	1,441,263
	18		Add lines 13-17 (must					1,310	2,464,010
			spenses. Subtract line					4,016	
		Trevenue less ex	tperises. Subtract line	10 110111 111110 12 •					(358,271)
S o	<u>و</u> ع	Total assets (Pa	rt V line 16\				Beginning of Cu		End of Year
sset	E 20	`	, ,					6,544	2,413,527
Net Assets or	21	Total liabilities (F	. ,					9,520	207,029
	∄ 22 art II	Signature	nd balances. Subtract I	ine 21 from line 20			. 2,41	7,024	2,206,498
			that I have examined this retu	rn including accompany	ing schedules and stateme	nts and to the hes	et of my knowledge and	helief it is	
			tion of preparer (other than off					belief, it is	
		Angela PSI	imes						3/27/2020
Sig	ın	Signature of c						l Da	ate .
He		T. "						50	
пе	E		Grimes, CEO						
		Print/Type prepare		Preparer's signature		Date			PTIN
Pai	id			. Toparor a aignature			Check	_	
		John Mull				03-25-20		mployed	P01429307
	pare		marring,				Firm's EIN		
US	e On	Firm's address		consin Avenu	e		Phone no.		
				MD 20814					770-6371
May	the IF	RS discuss this retu	urn with the preparer sh	own above? (see ii	nstructions) • • • •				· · · · X Yes _ No

9) Born Free USA united with API Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44.		
h		11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		X
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
Δ.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's sipality for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X · · · · · · ·	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E- · · · · · · · · · · · · · · · · · ·	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	14a	х	
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? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	Temperature and the second	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2019)

Born Free USA united with API

Part IV | Checklist of Required Schedules (continued)

	The state of the s		V	N-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_ X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I · · · · · · · · · · · · · · · · · ·	31		_ X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33		32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		_ X
34	or IV, and Part V, line 1. · · · · · · · · · · · · · · · · · ·	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? • • • • • • • • • • • • • • • • • • •	35a		<u>x</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
.,	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par	t 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	. <u>.</u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С				
	reportable gaming (gambling) winnings to prize winners?	1c	х	

19) Born Free USA united with API Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? • • • • • • • • • • • • • • • • • • •	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • • • • • • • • • • • • •	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor? • • • • • • • • • • • • • • • • • • •	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • • • •	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4.0		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • • • • • • • • • • • •			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
C 1/1a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
14a		14a 14b		X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
10	excess parachute payment(s) during the year?	15		v
	If "Yes," see instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • • • • • • • • • • • • • • • • • •	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		Х
	ii 186, complete i citil 4120, comodulo C.			

Part VI G

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Sec	tion A. Governing Body and Management			- 41
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ť		- 21
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7 4		
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		Λ
Ü	the year by the following:			
2	The governing body? • • • • • • • • • • • • • • • • • • •	8a	v	
a b	Each committee with authority to act on behalf of the governing body?	8b	x x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		Λ
	The state of this section is requests information about policies not required by the internal Nevertue code.		Vaa	Na
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
Б	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIG		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?•••	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this was done	12c	v	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	150	7.	
a		15a	X	
b		15b	Х	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	460		
L		16a		Х
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			
		16h		
500	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed California Section 6104 requires an exemplation to make its Forms 1033 (1034 or 1034 A if applicable) 000 and 000 T (Section F04(a))			
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.			
40	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
00	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			

For	m 99	90 C	201	9)

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if helther the organization for any rela	iteu organiza	lion co	nipe	iisa	ieu a	arry cu	ren	t officer, director, o	i ilusiee.	
					(C)					
(A)	(B)	l			sition			(D)	(E)	(F)
Name and title	Average	١,				han one s both a		Reportable	Reportable	Estimated amount
	hours			•		/trustee)		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	or a	Ins	Officer	Ke.	en Hi	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	lividu	tituti	icer	Key employee	jhes: iploy	Former	,		related organizations
	organizations	tor	onal		ploy	t cor				
	below	Individual trustee or director	Institutional trustee		ee	nper				
	dotted line)	Φ.	tee			Highest compensated employee				
						۵				
(1) Will Travers	10.00									
Treasurer		х		х				0	0	0
(2) Brook Ashley	2.00									
Vice President		х		Х				0	0	0
(3) Jessica Nelson	2.00									
Secretary		х		Х				0	0	0
(4) Mary Mitchell Trimble	2.00									
Director		х						0	0	0_
(5) Sean Cassidy	2.00									
Chair		х		Х				0	0	0
(6) Jane Lodato	2.00									
Director		х						0	0	0
(7) Michael Reyner	2.00									
Director		х						0	0	0
(8) Rebecca Torrey	2.00									
Director		х						0	0	0
(9) Angela Grimes	40.00									
CEO				Х	х			119,195	0	9,853
<u>(10)</u>										
										
<u>(11)</u>										
(12)										
<u>(13)</u>										
<u>(14)</u>										
·										

Fait	Section A. Officers, Directors, Trustee	s, Key Empi	oyees	, and) HI	gnes	St Con	npei	isated Employees	(continuea)			
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee						(D) Reportable compensation from the	(E) Reportable compensation from related		(F) imated ar of othe ompensa	er ation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from the ganization ed organ	n and
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal							. •					
С	Total from continuation sheets to Part VII, Sec	tion A .											
d	Total (add lines 1b and 1c)								119,195	0		9,	853
2	Total number of individuals (including but not limit	ed to those I	isted a	bove	e) wh	ho re	eceive	d mo	ore than \$100,000	of			
	reportable compensation from the organization	•											1
'												Yes	No
3	Did the organization list any former officer, direct	or, trustee, k	ey emp	oloye	e, o	r hig	hest c	omp	ensated				
	employee on line 1a? If "Yes," complete Schedule	J for such ii	ndividu	ıal							- 3		х
4	For any individual listed on line 1a, is the sum of I	eportable co	mpens	satio	n an	d otl	her co	mpe	nsation from the				
	organization and related organizations greater that												
	individual										. 4		Х
5	Did any person listed on line 1a receive or accrue	•			•		•	•	zation or individual				
Cooti	for services rendered to the organization? If "Yes	," complete S	Schedu	ile J	tor s	such	perso	n			- 5		Х
	on B. Independent Contractors	. 4 1				41				200 (
1	Complete this table for your five highest compens												
	compensation from the organization. Report com	pensation for	tne ca	alenc	ıar y	ear	enaing	WIL		nization's tax ye			
	(A)								(B)		(0		
Name and business address Description of services Compens							กรสแอก						
2	Total number of independent contractors (including	-				sted	above) wh	0				
	received more than \$100,000 of compensation from	om the organ	ization	. •	•								

Form 990 (2019)

Born Free USA united with API

Part VIII Statement of Revenue

	Check if Schedule O contains a response or no	te to any line in thi	s Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Giffs, Grants Revenue and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f 1g 2a b c d e f All other program service revenue	Business Code	2,044,994			
	g Total. Add lines 2a-2f	and	26,014			26,014
	4 Income from investment of tax-exempt bond proce 5 Royalties		28,933			28,933
	6a Gross rents · · · · · 6a b Less: rental expenses · · 6b c Rental income or (loss) 6c					
Revenue	d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses	(ii) Other				
Other Rev	d Net gain or (loss)	86,861 83,942				
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a b Less: direct expenses 9b		2,919			2,919
	10a Gross sales of inventory, less returns and allowances					
Miscellanous Revenue	11a Other b	Business Code	2,879	2,879		
Miscel	c d All other revenue		2,879 2,105,739	2.879	0	57,866
	IL IULAITEVEITUE, OCC III SUUULIUUTS		4,100,/39	4.0/9		1 2/,000

94-6187633

19) Born Free USA united with API Statement of Functional Expenses Part IX

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

0001	Check if Schedule O contains a response or note to				⊽
<u></u>	·	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	0b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	15,882	15,882		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	119,195	89,396	11,920	17,879
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	702,408	526,806	70,241	105,361
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18,595	13,946	1,860	2,789
9	Other employee benefits	104,343	78,257	10,435	15,651
10	Payroll taxes	62,324	46,744	6,231	9,349
11	Fees for services (nonemployees):				
а	Management				
b	Legal·····	1,298	973	130	195
С	Accounting	23,901		23,901	
d	Lobbying	32,000			32,000
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,370		5,370	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) • •	754,914	713,089	34,222	7,603
12	Advertising and promotion	3,298	2,473	330	495
13	Office expenses	105,845	65,723	8,318	31,804
14	Information technology	11,858	8,893	1,186	1,779
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	91,989	82,706	3,713	5,570
17	Travel	29,730	23,451	2,511	3,768
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,454	18,340	2,445	3,669
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	150,512	112,884	15,051	22,577
23	Insurance	32,204	24,153	3,220	4,831
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Animal Feed	136,740	136,740		
b	Veterinary Care	26,911	26,911		
С	Other	10,239	7,680	1,024	1,535
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e · ·	2,464,010	1,995,047	202,108	266,855
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗓 if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			· · · · · · · · L
			(A)		(B)
		Cook was interest bearing	Beginning of year	4	End of year
	1	Cash - non-interest-bearing	385,675	1	556,665
	2	Savings and temporary cash investments	59,155	2	30,340
	3	Pledges and grants receivable, net	120,562	3	50,027
	4	Accounts receivable, net	4,846	4	4,846
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
	_	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	11,627	8	12,116
∢	9	Prepaid expenses and deferred charges	9,885	9	10,476
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,503,206		40-	
	b	Less: accumulated depreciation	903,169	10c	1,027,938
	11	Investments - publicly traded securities	1,075,671	11	715,165
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Other assets. See Part IV, line 11	5 054	14	5 054
	15	The state of the s	5,954	15	5,954
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,576,544	16	2,413,527
	17 18	Grants payable	143,165	17 18	190,667
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	·		21	
"	22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iiq		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	16,355	25	16,362
	26	Total liabilities. Add lines 17 through 25	159,520	26	207,029
		Organizations that follow FASB ASC 958, check here	133,320		201,025
Se		and complete lines 27, 28, 32, and 33.			
ıncı	27	Net assets without donor restrictions	2,285,675	27	2,075,149
sala	28	Net assets with donor restrictions	131,349	28	131,349
d E		Organizations that do not follow FASB ASC 958, check here ▶ ☐			
F		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,417,024	32	2,206,498
Z	33	Total liabilities and net assets/fund balances	2,576,544	33	2,413,527
^					Form 990 (2010)

Consolidated basis Both consolidated and separate basis Separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b х If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Х If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the За Х b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form **990** (2019) EEA

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2019

Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

Name	e of the organization Employer identification number									
		ree USA united with API					94-618763			
-	rt I	Reason for Public Charity	•) See instructions	3.		
The	orga	nization is not a private foundation bec		-	-					
1	님	A church, convention of churches, or				I)(A)(i).				
2	님	A school described in section 170(b)		•						
3	님	A hospital or a cooperative hospital se	•			•	VANCED Fortunally			
4	Ш	A medical research organization oper	ated in conjunction	with a hospital described	d in sectio	n 170(b)(1)(A)(iii). Enter the			
_	П	hospital's name, city, and state:	-£:+ -£!!		-4					
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	overnmen	iai unit described in			
	П	section 170(b)(1)(A)(iv). (Complete F	,	uit deceribed in eastion 4	70/b\/4\/A	\\\.				
6 7	x	An organization that normally receive	-				m the general public			
'	函	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	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	Ħ	An agricultural research organization			ited in coni	iunction wit	th a land-grant college			
•	ш	or university or a non-land-grant colle								
		university:	go o. ag.ioaiia.o (o			,,				
10	П	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	contributi	ons, memb	ership fees, and gross	;		
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its			
		support from gross investment incom-	e and unrelated bu	siness taxable income (l	ess sectior	า 511 tax) f	rom businesses			
		acquired by the organization after Jun	ne 30, 1975. See s e	ection 509(a)(2). (Compl	ete Part III	.)				
11		An organization organized and operat	ted exclusively to te	est for public safety. See	section 50	09(a)(4).				
12		An organization organized and opera-	ted exclusively for	the benefit of, to perform	the function	ons of, or to	carry out the purpose	s		
		of one or more publicly supported orga	anizations describe	ed in section 509(a)(1) o	r section (509(a)(2). S	See section 509(a)(3).			
		Check the box in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	and comple	te lines 12e, 12f, and 1	l2g.		
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its s	upported o	rganization	n(s), typically by giving			
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the di	irectors or	trustees of the			
		supporting organization. You mu	st complete Part l'	V, Sections A and B.						
	b	Type II. A supporting organization	n supervised or con	ntrolled in connection with	n its suppo	rted organi	zation(s), by having			
		control or management of the sur	oporting organization	on vested in the same pe	rsons that	control or	manage the supported			
		organization(s). You must comp	lete Part IV, Section	ons A and C.						
	С	Type III functionally integrated.	A supporting organ	nization operated in conr	ection with	n, and func	tionally integrated with,			
		its supported organization(s) (see	e instructions). You	must complete Part IV	, Sections	A, D, and	E.			
	d	☐ Type III non-functionally integra	ated. A supporting	organization operated in	connection	n with its su	upported organization(s	s)		
		that is not functionally integrated.	-				nt and an attentiveness	3		
		requirement (see instructions). Yo	•	•	•					
	е	Check this box if the organization				s a Type I,	Type II, Type III			
		functionally integrated, or Type III	•							
	f	Enter the number of supported organ						• • • • •		
	g	Provide the following information about		` ,				I		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization ır governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))	docum		instructions)	instructions)		
					Vac	No				
					Yes	No				
(A)										
(B)										
(C)										
(D)										
/E\										
(E)										
Tota	ı									

990 or 990-EZ) 2019 Born Free USA united with API 94-6187633 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,544,672	2,606,447	1,947,114	2,453,717	1,987,829	12,539,779
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	3,544,672	2,606,447	1,947,114	2,453,717	1,987,829	12,539,779
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,587,736
6	Public support. Subtract line 5 from line 4						10,952,043
_	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,544,672	2,606,447	1,947,114	2,453,717	1,987,829	12,539,779
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	110,682	64,777	94,562	32,787	20,644	323,452
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	35,055	4,742	22,283	69,796	81,241	213,117
11	Total support. Add lines 7 through 10						13,076,348
12	Gross receipts from related activities, etc. (s	ee instructions)			12	
13	First five years. If the Form 990 is for the or	rganization's fir	st, second, thi	rd, fourth, or fif	fth tax year as	a section 501(c)(3)
	organization, check this box and stop here						▶ [
	ction C. Computation of Public Suppo						
14	Public support percentage for 2019 (line 6, c	column (f) divid	ed by line 11, o	column (f))		14	83.75 %
	Public support percentage from 2018 Sched					15	88.48 %
16a	33 1/3% support test - 2019. If the organiza						
	box and stop here. The organization qualified						_
k	33 1/3% support test - 2018. If the organiza						_
	this box and stop here . The organization qu	-	• • •	-			
17a	10%-facts-and-circumstances test - 2019.	-					
	10% or more, and if the organization meets					•	
	Part VI how the organization meets the "fact						
	organization						_
b	10%-facts-and-circumstances test - 2018.	•					line
	15 is 10% or more, and if the organization m					•	
	Explain in Part VI how the organization mee						
	supported organization						_
18	Private foundation. If the organization did r	not check a box	on line 13, 16	sa, 16b, 17a, o	r 17b, check th	is box and see	•
	instructions						▶ ┌

94-6187633

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

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 -						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
-	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support		1		1		
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		 				
15	and 12.)						
14	First five years. If the Form 990 is for the or	rganization's fi	rst second thi	rd fourth or fi	l fth tax vear as	a section 501(c)(3)
	organization, check this box and stop here	-			-		
Sec	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
	Public support percentage from 2018 Sched					16	%
_	ction D. Computation of Investment In					1 .0	
	Investment income percentage for 2019 (line			ine 13, columr	n (f))	17	%
	Investment income percentage from 2018 S		•			18	
	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	•	-	-			_
-	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-	-	•	- =

Part IV S

Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
)	20		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	10a		
	iva		
	10b		
A (Fo	rm 990	or 990-E	EZ) 2019

Га	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tay year also a majority of the directors		res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	the supported organization(s). ition D. All Type III Supporting Organizations			
000	aton b. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
Ū	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	 ;),
а				,
b				
С		(see ii	nstruc	ctions
2	Activities Test. Answer (a) and (b) below.		Yes	
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			ĺ
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

94-6187633

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations					
1								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income (A) Prior Year								
Sec	tion A - Adjusted Net Income		(A) Prior fear	(optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
СО	llection of gross income or for management, conservation, or							
ma	aintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
ins	structions for short tax year or assets held for part of year):							
	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
fa	actors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
se	e instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sec	tion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
en	nergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	g organization (see				
	instructions).	3	, ii ,	• • • • • • • • • • • • • • • • • • • •				

EEA Schedule A (Form 990 or 990-EZ) 2019

Pai	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	tions	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
5	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
	From 2016			
	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
ī	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
•				

e Excess from 2019

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 C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

► Complete if the organization is described below.

- 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) organ	nizations: Complete Part III.			
Nam	ne of organization			Employer iden	tification number
Вс	orn Free USA united wit				187633
Pa	rt I-A Complete if the	organization is exempt unde	r section 501(c) or is a section 527 o	rganization.
1	Provide a description of the orga	nization's direct and indirect political car	npaign activities in P	art IV. (see instructions for	
	definition of "political campaign a	ctivities")			
2		ditures (see instructions)			
3		paign activities (see instructions)			
Pa		organization is exempt unde	·	, , ,	
1	-	ax incurred by the organization under se			
2		ax incurred by organization managers u			
3		tion 4955 tax, did it file Form 4720 for th			
4a					· · · U Yes U No
b	If "Yes," describe in Part IV.			\	(-)/ ()
		organization is exempt unde	•	,, ,	C)(3).
1		led by the filing organization for section	·		
_				·	
2		anization's funds contributed to other or	-		
_	•			▶ \$	
3	•	es. Add lines 1 and 2. Enter here and or		• •	
		rm 1120-POL for this year?			· · · Yes No
4					
5		employer identification number (EIN) of reach organization listed, enter the amo		-	-
		ons received that were promptly and dire	•	0 0	
		r a political action committee (PAC). If a	-	·	
	as a separate segregated fund o	a political action committee (1 Ac). If a	duttorial space is rie	eded, provide information in i	aitiv.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					,
	(1)				
	(0)				
	(2)				
	(2)				
	(3)				
	<u></u>				
	(4)				
	(5)				
	(v)				
	(6)				
	\~/	1		i	l

Sch	edule C (Fo	rm QC	90 or 990-EZ) 2019	Born	Free IISA	united with	ADT			94-6187633	Page 2
	art II-A	_	,					n 501(c)(3) an	d filed Form	5768 (election u	
			section 501	(h)).							
Α	Check	•	if the filing or	ganizatior	n belongs to a	n affiliated group	(and list in Par	t IV each affiliated (group member's n	ame,	
			address, EIN	I, expense	es, and share	of excess lobbying	g expenditures	s).			

	30001011 00 1(11)).			
A	Check ▶ ☐ if the filing organization belongs to an	affiliated group (and list in Part IV each affiliated group m	ember's name,	
	address, EIN, expenses, and share o	of excess lobbying expenditures).		
<u>B</u>	Check ▶ ☐ if the filing organization checked box	A and "limited control" provisions apply.		
	Limits on Lobbyi	ng Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opin	on (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative	e body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c ar	nd 1d)		
f	Lobbying nontaxable amount. Enter the amount from	m the following table in both		
	columns.	_		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1	f)		
h	Subtract line 1g from line 1a. If zero or less, enter -)		
i	Subtract line 1f from line 1c. If zero or less, enter -0			<u> </u>
j	If there is an amount other than zero on either line	h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No
		Vana Assaussian Danied Haden as etian 504/la)		

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.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column (e))									
С	Total lobbying expenditures									
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

EEA Schedule C (Form 990 or 990-EZ) 2019 Schedule C (Form 990 or 990-EZ) 2019 Born Free USA united with API 94-6187633

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

_		(a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		Х	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		29,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
	Other activities?		Х	
J	Total. Add lines 1c through 1i			29,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
Da	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\ <u>\</u> \\(5\	or se	ection
ı a	501(c)(6).	,)(J),	01 3	schon
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization make only in-nouse lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O			
	answered "Yes."	()		, , c, .c
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		-	
	political expenses for which the section 527(f) tax was paid).			
а	Current year · · · · · · · · · · · · · · · · · · ·		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	rt IV Supplemental Information			
	ide 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, lie instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ines 1	and	

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 2019

Open to Public Inspection

Employer identification number

Bor	n Free USA united with API		94-6187633
Pa			ounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) · · · ·		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be use	ed
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	tax year 🕨		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		ation easements during the year
	>	,	ů ,
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation	easements during the year
	▶ \$, ,	5 ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	atement, and
	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.	S .	
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" o		
1a	If the organization elected, as permitted under FASB ASC 958		balance sheet works
	of art, historical treasures, or other similar assets held for publi		
	service, provide, in Part XIII the text of the footnote to its finance		- · F
b	If the organization elected, as permitted under FASB ASC 958		ince sheet works of
~	art, historical treasures, or other similar assets held for public e	·	
	provide the following amounts relating to these items:	on research in turners	and of public solvies,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2			·
2	If the organization received or held works of art, historical treas	_	airi, provide trie
	following amounts required to be reported under FASB ASC 95	-	L •
a	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X		▶ \$

Sched	lule D	(Form 990) 2019	Born	Free USA	united with	API				94-618	37633	Page 2
Pa	rt II	I Organiza	tions N	<i>l</i> laintainir	ng Collections	of Art, Hi	sto	rical Treasures,	or Other	· Similar <i>i</i>	Assets	(continued)
3	Us	ing the organization	n's acqui	sition, access	sion, and other reco	rds, check a	ny of	the following that ma	ıke significaı	nt use of its		
	col	lection items (chec	k all that	apply):								
а		Public exhibition				d		Loan or exchange p	rograms			
b		Scholarly researc	h			е		Other				
С		Preservation for f	uture ger	nerations								
4	Pro	ovide a description	of the or	ganization's o	collections and expl	ain how they	/ furth	er the organization's	exempt pur	pose in Part	t	

	collection items (check all that apply):				-					
а	Public exhibition		d	Loan	or exchange prog	grams	;			
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain h	how they	further the	organization's ex	empt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or								_	
	assets to be sold to raise funds rather than to		rt of the	organization	's collection?			Yes	No	
Pa	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		-					П.,	п	
	•							· ∐ Yes	∐ No	
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	wing tab	ole:			1	1		
_	Beginning balance					4.0	Amou	ını		
۲ C						1c 1d				
d	9 ,					1e				
f	· · · · · · · · · · · · · · · · ·									
2a	· · · · · · · · · · · · · · · · · · ·									
b	If "Yes," explain the arrangement in Part XIII. 0					-		☐ Yes	∐ No	
Pa		<u>'</u>								
	Complete if the organization a	answered "Yes"	on For	m 990, Pa	art IV, line 10.					
		(a) Current year	(b) F	Prior year	(c) Two years bac	k	(d) Three years back	(e) Four yea	ars back	
1a	Beginning of year balance	131,349		31,349	31,34	9	31,349	31	L,349	
b	Contributions		1	.00,000						
С	Net investment earnings, gains, and									
	losses · · · · · · · · · · · · · · · · · ·					_				
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs					_				
f	Administrative expenses									
g	End of year balance	131,349		31,349	31,34	9	31,349	32	L,349	
2	Provide the estimated percentage of the currel Board designated or quasi-endowment		(line 1g,	column (a))	neid as:					
a	Permanent endowment	%								
D	Term endowment %	•								
C	The percentages on lines 2a, 2b, and 2c should	ld equal 100%								
3a	Are there endowment funds not in the possess	•	on that a	are held and	administered for	the				
-	organization by:	non or the organizati	on that c	aro mora ama	dariii ilotoroa ioi			Ye	es No	
	•							3a(i)	1.0	
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati							3b		
4	Describe in Part XIII the intended uses of the d	•								
Da	et VI Land Buildings and Equip									

Land, Buildings, and Equipment.

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

	Complete if the digalization answered Tes On Form 990, Fait IV, line Tra. See Form 990, Fait A, line To.									
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a	Land		207,332		207,332					
b	Buildings		1,971,473	1,193,228	778,245					
С	Leasehold improvements									
d	Equipment		324,401	282,040	42,361					
<u>e</u>	Other									
Tota	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)									

EEA Schedule D (Form 990) 2019

Schedule D (Form 9		94-6187633	Page 3
Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. S	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)		
Total. (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)		
Total. (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)Security Deposit	5,954
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,954
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,

Other Liabilities. Part X

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	
(2Deferred Rent	16,362
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,362

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 - - - - - 🗓

Sched	ule D (Form 990) 2019 Born Free USA united with API		9	4-618	7633 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statem	nents			
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	2,237,459
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	147,745		
b	Donated services and use of facilities	2b	•		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	147,745
3	Subtract line 2e from line 1			3	2,089,714
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,370		
b	Other (Describe in Part XIII.)	4b	•		
С	Add lines 4a and 4b			4c	5,370
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,095,084
Pa	rt XII Reconciliation of Expenses per Audited Financial State	emer	nts With Expenses	s per l	Return.
	Complete if the organization answered "Yes" on Form 990,	, Part	IV, line 12a.	_	
1	Total expenses and losses per audited financial statements			1	2,447,985
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,447,985
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,370		
b	Other (Describe in Part XIII.)	4b	•		
С	Add lines 4a and 4b			4c	5,370
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) • • •			5	2,453,355
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	nes 1	and 2b; Part V, line 4; I	Part X, I	ine
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y addi	tional information.		
01.	Footnote for uncertain tax position under FIN 48 (Part X	۲)			
The	accounting standard on accounting for uncertainty in inc	come	taxes addresses	the	determination of
whe	ther tax benefits claimed or expected to be claimed on a	tax	return should b	e rec	orded in the
	•				
fin	ancial statements. Under that guidance, the Organization	may	recognize the t	ax be	nefit from an
	<u> </u>				
unc	artain tay position only if it is more likely than not th	nat f	he tay position	. will	he sustained o

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return 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 the position. Examples of tax positions include the tax-exempt status of the Organization and various positions related to the potential sources of unrelated business taxable income (UBIT).

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% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities as of year end.

EEA Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	Free USA united with				94-6187	
Par			Outside the	United States. Complete i	f the organization answered	I "Yes" on
	Form 990, Part IV, line					
1	For grantmakers. Does the orga			_		
	other assistance, the grantees' e					
	award the grants or assistance?					X Yes No
•	5	N	·			
2	For grantmakers. Describe in P	art V the orgai	nization's proced	fures for monitoring the use of i	is grants and other assistance	
	outside the United States.					
3	Activities per Region. (The follow	ving Part I line	3 table can be	dunlicated if additional snace is	needed)	
	(a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
		of offices in the region	employees, agents, and	region (by type) (such as, fundraising, program services,	a program service, describe specific type of	expenditures for and investments
		the region	independent	investments, grants to recipients	service(s) in the region	in the region
			contractors in the region	located in the region)		
—	ast Asia and the					
	acific			Program services	Conservation	15,881
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(7)						
(8)						
_(0)						
(9)						
(10)						
(11)						
(12)						
(13)						-
(14)						+
(15)						
(15)						
(16)						
(10)			1			†
(17)						
3a	Subtotal					15,881
b	Total from continuation					
	sheets to Part I					
c	Totals (add lines 3a and 3h)					15 991

Part II	Grants and Othe	er Assistance to C	Organizations or Entities	Outside the Unit	ted States. Comp	lete if the orga	nization answere	d "Yes" on F	orm 990,
	Part IV, line 15, fo	r any recipient wh	o received more than \$5,0	00. Part II can be	duplicated if addi	tional space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			East Asia and the						
(1)			Pacific	Conservation	15,882				Fair mark
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
b	y the IRS, or for which the g	grantee or counsel has	above that are recognized as char provided a section 501(c)(3) equiv	valency letter					

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)							
(2)							
_(3)							
(4)							
(5)							
(6)							
<u>(7)</u>							
(8)							
(9)							
<u>(</u> 10)							
(11)							
(12)							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
(16)							
<u>(17)</u>							
<u>(</u> 18)							

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

Schedule F (Form 990) 2019 EEA

Schedule F (Form 990) 2019 Page **5**

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.
	information. See instructions.

EEA Schedule F (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name of the organization						Employer ide	ntification number
Born Free USA united with AP	I					94-61	87633
Part I Fundraising Activities. Form 990-EZ filers are not				wered "Yes" or	Form 99	90, Part IV	, line 17.
Indicate whether the organization raise Mail solicitations Internet and email solicitations	•	any of the fol	llowing activi	ties. Check all that a f non-government g f government grants	rants		
c Phone solicitations d In-person solicitations 2a Did the organization have a written or	oral agreement w	g 🗌 🤅	Special fundr	raising events			
or key employees listed in Form 990, I b If "Yes," list the 10 highest paid individ compensated at least \$5,000 by the or	Part VII) or entity uals or entities (fu	in connection	with profess	sional fundraising se	ervices?	□ Ye	es No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or reta	ount paid to cained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				ions or has been no	tified it is a	vomat from	
registration or licensing.	is registered or in	censed to so	iicit contribut	ions of has been no	tilled it is e	xempt from	
							_

Born Free USA united with API Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Community Ev (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	133,371			133,371
Ľ	2	Less: Contributions Gross income (line 1 minus line 2)	133,371			133,371
	4	Cash prizes	133,371			133,371
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	83,942			83,942
	10 11	Direct expense summary. Add lines Net income summary. Subtract line	• , ,			83,942
Pa	rt I	Gaming. Complete if the c	organization answered "			49,429 I more than
		\$15,000 on Form 990-EZ,		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Š.	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	ract line 7 from line 1, colur	mn (d)		
9 a b	ls	nter the state(s) in which the organization licensed to conduct (No," explain:		these states?		···· Yes No
		ere any of the organization's gaming l 'Yes," explain:	icenses revoked, suspendo	-	•	···· Yes No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Born Free USA united with API

94-6187633

01. Form 990 governing body review (Part VI, line 11)
The Form 990 is reviewed and approved by the Finance & General Purposes Committee. A copy
of the final, approved Form 990 is given to every board member before it is filed.
02. Conflict of interest policy compliance (Part VI, line 12c)
Conflicts of interest are discussed during the board meetings.
03. CEO, executive director, top management comp (Part VI, line 15a)
Compensation is reviewed and approved by the board annually.
04. Other officer or key employee compensation (Part VI, line 15b
Compensation is reviewed and approved by the board annually.
05. Governing documents, etc, available to public (Part VI, line 19)
Governing documents, financial information, and policies are available upon request at the
Organization's main headquarters.
06. List of other fees for services expenses (Part IX, line 11g)
Other Fees for Services - Major Categories (Program)
Animal Advocacy - \$635,817
Public Education - \$77,273

Statement of Program Service Accomplishments

2019

PG01

94-6187633

Name(s) as shown on return

Your Social Security Number

Born Free USA united with API

Statement #4

Form 990-Part III(a) Statement of Service Accomplishment

Program Service Code

Program Service Expenses \$1129009

Grants and allocations included in above expense

\$0

Program Services Revenue

\$0

Explanation

Born Free USA raised public awareness of the dangers and cruelty of keeping wild animals as pets use in entertainment venues such as zoos and theme parks; the wildlife trade; and the trapping and fur industry. The organization used social media, mainstream media, and educational outreach materials to advance its charitable purposes. It maintains an interactive database of deadly and dangerous captive wild animal incidents to shed light on the magnitude of the issue of captive exotic animals, along with a database of trap-related injuries and deaths to make the public aware of the dangers of traps of wildlife, pets, and humans on public and private lands. It also addressed the supply and demand of fur for fashion by urging retailers and fashion houses to pledge to be fur free. Born Free USA worked to end cruelty to furbearing animals by advocating for policy changes related to the barbaric body-gripping traps and snares in the National Wildlife Refuge System and campaigned to secure protections for endangered and threatened species under the Endangered Species Act. It continued its Fur for the Animals program in which donated used fur apparel was distributed to wildlife rehabilitation centers around the country to comfort injured and orphaned wildlife. The organization worked to educate citizens about elephant and rhino poaching, trophy hunting, and the illegal commercial wildlife trade and was an NGO participant at the Conference of the Parties to the Convention on International Trade in Endangered Species of Flora and Fauna where it worked to secure increased protections for numerous species of endangered plants and animals. In Canada, Born Free USA provided support for non-lethal research into a formerly culled deer population in British Columbia and presented an informed response against a plan for the government of Ontario that would turn the Double-Creste Cormorant into a "game" species. It opposed the Ontario plan to open the spring hunt for black bears to non-residents and the use of strychnine to kill Richardson's Ground Squirrels in Albert and Saskatchewan. It continued its opposition of culls of various species including deer in Shott Hills Provincial Park in Ontario; wolves in western Canada sealions and seals on the west coast Born Free USA conducted a series of wildlife law enforcement trainings for judges, prosecutors and customs officers in ECOWAS member countries. These trainings enhanced the ability of the countries' law enforcement officers to enforce CITES regulations and to combat wildlife crime. The organization produced train the trainer training curriculum focused on wildlife law enforcement and worked on the development of Wildscan West Africa, a phone application designed to facilitate the identification of protected species in the field. It led fact-finding mission \sharp in collaboration with the governments of Benin, Côte d'Ivoire, Mali, and Senegal to evaluate the impact of wildlife crime on biodiversity and develop recommendations to tackle wildlife crime in the region.