			** PUBLIC DISCLOSURE COPY **	_						
	n	00	Return of Organization Exempt From Ir		OMB No. 1545-0047					
Forr	пУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce	ept private foundatio	ns) 2019					
(Rev	/. Jani	uary 2020)	Do not enter social security numbers on this form as it may be		Open to Public					
Depa	rtment o	of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the latest i	-	Inspection					
	A For the 2019 calendar year, or tax year beginning APR 11, 2019 and ending DEC 31, 2019									
	heck if		f organization	D Employer identifi	cation number					
a	pplicabl	e:		B Employer Identifi						
	Addre	SAVE	GIRAFFES NOW							
	Name			83-44238	10					
	_chang _Initial _return		usiness as							
]return]Final		and street (or P.O. box if mail is not delivered to street address) Room/suite DOUGLAS AVENUE, SUITE 300	E Telephone numbe						
	lreturn. termir	_								
	ated Amen		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	285,409.					
	_return _Applic	DALL	AS, TX 75225	H(a) Is this a group re						
	tion pendii	F Name a	nd address of principal officer: SUSAN MYERS	for subordinates						
	-	SAME	AS C ABOVE	H(b) Are all subordinates in						
		empt status:			list. (see instructions)					
			GIRAFFESNOW.ORG	H(c) Group exemption						
			X Corporation	of formation: 2019	V State of legal domicile: $ extsf{TX}$					
Pa	nrt I	Summary								
	1	Briefly describ	e the organization's mission or most significant activities: WE SAVE GII	RAFFES THRO	UGH					
č		CONSERV	ATION IN THEIR NATURAL HABITATS THROUGHO	UT NINE AFR	ICAN					
Governance	2	Check this bo	x x if the organization discontinued its operations or disposed of more t	than 25% of its net as	sets.					
vel	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	3					
	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)	4	1					
Activities &			of individuals employed in calendar year 2019 (Part V, line 2a)		0					
itie	6	Total number	of volunteers (estimate if necessary)	6	30					
Ę			d business revenue from Part VIII, column (C), line 12		0.					
Ă			business taxable income from Form 990-T, line 39		0.					
		Net unrelated		Prior Year	Current Year					
		Contributions	and grants (Dart)/III line 1h)		285,409.					
ne			Intributions and grants (Part VIII, line 1h)							
Revenue		•	ce revenue (Part VIII, line 2g)		0.					
Be			come (Part VIII, column (A), lines 3, 4, and 7d)							
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.					
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		285,409.					
			nilar amounts paid (Part IX, column (A), lines 1-3)		75,500.					
			to or for members (Part IX, column (A), line 4)		0.					
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.					
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.					
e e	b	Total fundrais	ing expenses (Part IX, column (D), line 25)							
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		102,897.					
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		178,397.					
	19	Revenue less	expenses. Subtract line 18 from line 12		107,012.					
or				ginning of Current Year	End of Year					
Assets or d Balances	20	Total assets (Part X, line 16)		109,438.					
Ass Ba	21		(Part X, line 26)		2,426.					
Net			fund balances. Subtract line 21 from line 20		107,012.					
	nrt II	Signatur								
Und	er nena		I declare that I have examined this return, including accompanying schedules and stateme	nts and to the best of my	/ knowledge and belief it is					
			. Declaration of preparer (other than officer) is based on all information of which preparer h							
<u>uu</u> ,	COILC									
0:	_	Signatur	e of officer	Date						
Sig		, -		Duto						
Her	е		N MYERS, PRESIDENT							
		7 51		Date Check [PTIN					
		Print/Type pre								
Paid		WILLIAM Firm's name	H. SIMSWILLIAM H. SIMS1SALMON SIMS THOMAS & ASSOCIATES, PLLC	1/11/20 self-employ						
-	arer	Firm's EIN 🕨	05-0568611							
Use	Only	Firm's address	▶ 12720 HILLCREST ROAD, SUITE 500							
			DALLAS, TX 75230-2039	Phone no. (9	72) 392-1143					
Мау	the II	RS discuss thi	s return with the preparer shown above? (see instructions)		X Yes No					
9320	01 01-2	0-20 LHA I	or Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2019)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) SAVE GIRAFFES NOW	83-4423842 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: WE SAVE GIRAFFES THROUGH CONSERVATION IN THEIR NATURAI	пуртшуша
	THROUGHOUT NINE AFRICAN COUNTRIES.	I HADIIAIS
2	Did the organization undertake any significant program services during the year which were not listed on th	e
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported.	others, the total expenses, and
4a	(Code:) (Expenses \$141,232. including grants of \$75,500.)	(Revenue \$)
	SAVE GIRAFFES NOW INVESTS IN PROJECTS THAT HELP PRESER	
	EXTINCTION IN NINE AFRICAN COUNTRIES.	
	WE HAVE PROJECTS THAT SUPPORT EACH OF THE FOUR SPECIES	
	RETICULATED, MASAI, NORTHERN, AND SOUTHERN AS WELL AS	THE PEOPLE LIVING
	ALONGSIDE THEM.	
	THESE PROJECTS INCLUDE:	
	- GIRAFFE REWILDING AND REINTRODUCTION IN KENYA AND NI	GER
	- GIRAFFE ORPHANAGES IN KENYA AND BOTSWANA	
	- DE-SNARING IN UGANDA	
	- ANTI-POACHING, CANINE UNITS, AND RAPID RESPONSE TEAM	IS IN ZAMBIA,
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
ام A	Other program convices (Describe on Schedule O)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 141,232.	
		Form 990 (2019)

Form	aan	(2019)
гош	990	120191

 Form 990 (2019)
 SAVE
 GIRAFFES
 NOW

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			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?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		x
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		x
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form	aan	(201	a
гопп	990	(201	9

 Form 990 (2019)
 SAVE
 GIRAFFES
 NOW

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		х
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 of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	008		- 23
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form	990 (2019) SAVE GIRAFFES NOW 83-4423	842	P	_{age} 5
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		x
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).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year7d	10		
	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		X
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			
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
2	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
c	Enter the amount of reserves on hand			
14a		14a		x
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
10	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the experimetion on advectional institution publication that he continue 1000 success to a patient success and income 0	16		x
10	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

-	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer director trustee or leve employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, 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
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
74		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
D	a second other than the second is had 0	7b		х
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		
8		0-	X	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 0h	X	
а 0		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	•		х
<u>Sec</u>	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V.	N
10-	Did the eventing have lead shorters by affiliate 0	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	A X	
14	Did the organization have a written document retention and destruction policy?	14	_	
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?		v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	RICHARD MYERS - 214-760-6000			
	5333 NORTH DENTWOOD DRIVE, DALLAS, TX 75220		000	
932006	§ 01-20-20	Form	990	(2019)

 Form 990 (2019)
 SAVE
 GIRAFFES
 NOW
 83-4423842
 Pag

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

83-4423842 Page 6

Form 990 (2019) SAVE GIRA						_			83-4423	842 _{Page} 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
Check if Schedule O contains a respo			lino	in t	hic E	Dart	vii			
Section A. Officers, Directors, Trustees, Key B								ed Employees		
1a Complete this table for all persons required to									with or within the organ	nization's tax year.
 List all of the organization's current officers 	s, directors, tru	istee						, ,	•	
Enter -0- in columns (D), (E), and (F) if no compens	•							Colline of House and Inc.	- "	
 List all of the organization's current key em List the organization's five current highest co 										a received report.
able compensation (Box 5 of Form W-2 and/or Box										
 List all of the organization's former officers, reportable compensation from the organization and 						omp	oens	sated employees who re	eceived more than \$100	0,000 of
• List all of the organization's former director more than \$10,000 of reportable compensation fro	om the organiz	zatio							tor or trustee of the org	anization,
See instructions for the order in which to list the p										
Check this box if neither the organization nc		orga	nıza			nper	isate		rector, or trustee.	(E)
(A) Name and title	(B) Average			Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per	box	not c , unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trus I	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	stee			Isated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		oyee	omper				and related
	below	vidual	In stitutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Emp	For			
(1) SUSAN G. M. MYERS	40.00	x		v					0	0
PRESIDENT/DIRECTOR (2) RICHARD A. MYERS	20.00	A		X				0.	0.	0.
DIRECTOR	20.00	x						0.	0.	0.
(3) MARY ELLEN ZELLERBACK	10.00									0.
SECRETARY/TREASURER	10000	x		х				0.	0.	0.
										-
) `						
		-								
		-					-			

	990 (2019) SAVE GIRA	AFFES NC	W							83-44	238	342	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	(D) (E) Reportable Reportable compensation compensation from from related			an	(F) timate nount o other	
	(list any hours for related organizations below line)					Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0		com fr org and	pensation om the anization relate anization	e on ed
											5	-		
										\mathcal{O}	_			
										<i>•</i>				
											_			
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VII								0.		<u>0.</u> 0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no		ose	liste	d ab	ove) wh	o re			••			••
	compensation from the organization						,					1		0
											г		Yes	No
3	Did the organization list any former officer,											•		х
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth		he organization		3		X
5	Did any person listed on line 1a receive or a rendered to the organization? // "Yes." com	iccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	lual for services		5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y		ensat			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C ompei	;) nsatior	۱
	\sim													
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to	thos C		ted	above) who received mo	ore than				

				VE GIR	AFFES	S NOW			83-4423	842 Page 9
Pa	rt V	/111	Statement of Re	venue						
			Check if Schedule O	contains a i	response	or note to any lin				
							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue	business revenue	from tax under
										sections 512 - 514
ts t	1	а	Federated campaigns		1a					
ran		b	Membership dues		1b					
ية م			Fundraising events		1c					
ar A			Related organizations		1d					
o, G			Government grants (contr		1e					
ŝ			All other contributions, gifts,							
buti			similar amounts not included		1f	285,409.				
i fri		g	Noncash contributions included in		1g \$		1			
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f				285,409.			
						Business Code	-			
ø	2	а								
, vic		b								
Ser		с								
žel m		d								
Program Service Revenue		e				-				
Pro		f	All other program service	revenue		-				
			Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)							
	4		Income from investment of							
	5		Royalties							
			,	(i)	Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss							
			Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ē			and sales expenses	7b						
venue		с	Gain or (loss)	7c						
Rev			Net gain or (loss)							
er			Gross income from fundraisi							
Other			including \$							
-			contributions reported on							
			Part IV, line 18			a				
		b	Less: direct expenses		8					
			Net income or (loss) from			►				
			Gross income from gamin	-						
			Part IV, line 19	•		a				
		b	Less: direct expenses		91					
			Net income or (loss) from							
	10		Gross sales of inventory, I							
			and allowances			a				
		b	Less: cost of goods sold							
			Net income or (loss) from							
			() ··· •••••		, ·	Business Code				
snc	11	а								
nne		b								
iscellaneous Revenue		с								
lisc B		d	All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				285,409.	0.	0.	0.

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	75,500.	75,500.						
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								
4	individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above to disgualified								
Ŭ	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):								
а	Management								
b	Legal	4,270.	S	4,270. 6,355.					
с	Accounting	6,355.		6,355.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,	1							
	column (A) amount, list line 11g expenses on Sch 0.)	15,375. 7,750.		15,375.	7 7 5 0				
12	Advertising and promotion	8,818.	7,671.	1,129.	7,750. 18.				
13	Office expenses	0,010.	7,071.	1,149.	10.				
14 15	Information technology Royalties								
15 16	Occupancy	1,512.		1,512.					
17	Travel	58,061.	58,061.	1,3120					
18	Payments of travel or entertainment expenses		,						
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	756.		756.					
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 0.)								
а									
b									
c									
d									
e or	All other expenses	178,397.	141,232.	29,397.	7,768.				
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	110,337.	141,434.	49,591.	7,700.				
20	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here								

Form 990 (2019)

SAVE GIRAFFES NOW

Part IX Statement of Functional Expenses

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

SAVE GIRAFFES N	WOW
-----------------	-----

		Check if Schedule O contains a response or not	e to any line in this Part X			
			-	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	105,938.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				4
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes		5		
Assets	6	Loans and other receivables from other disqualit				
		under section 4958(f)(1)), and persons described	l in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	3,500.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line ⁻	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		0.	16	109,438.
	17	Accounts payable and accrued expenses	\sim		17	2,426.
	18	Grants payable	\sim		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	ner officer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
labi		controlled entity or family member of any of thes	se persons		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D			25	
	26			0.	26	2,426.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀			
čě		and complete lines 27, 28, 32, and 33.				
Ilan	27	Net assets without donor restrictions			27	107,012.
Ba	28	Net assets with donor restrictions			28	
ŭ		Organizations that do not follow FASB ASC 9	58, check here 🕨 🔛			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or ec			30	
t A:	31	Retained earnings, endowment, accumulated in		-	31	
Ne	32	Total net assets or fund balances			32	107,012.
	33	Total liabilities and net assets/fund balances		0.	33	109,438.

Form **990** (2019)

Part X | Balance Sheet

Form	990	(201)	Q)
	330	1201	3

Form	rm 990 (2019) SAVE GIRAFFES NOW		83-	-4423842	Pa	_{ge} 12
Pa	Part XI Reconciliation of Net Assets					-
	Check if Schedule O contains a response or note to any li	ne in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1		5,4	
2	2 Total expenses (must equal Part IX, column (A), line 25)		2	17	8,3	97.
3	B Revenue less expenses. Subtract line 2 from line 1			10	7,0	12.
4	Net assets or fund balances at beginning of year (must equal Pa	rt X, line 32, column (A))	4			0.
5	5 Net unrealized gains (losses) on investments					
6				4		
7						
8						
9						0.
10						
	column (B))			10	7,0	12.
Pa	Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any li	ne in this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990:	X Accrual Other				
	If the organization changed its method of accounting from a price		chedule O.			
2a	2a Were the organization's financial statements compiled or review			2a		X
	If "Yes," check a box below to indicate whether the financial sta					
	separate basis, consolidated basis, or both:	,				
		Both consolidated and separate basis				
b	b Were the organization's financial statements audited by an indep			2b		x
	If "Yes," check a box below to indicate whether the financial sta					
	consolidated basis, or both:		oopulato buolo,			
		Both consolidated and separate basis				
c	c If "Yes" to line 2a or 2b, does the organization have a committee		aht of the audit			
Ŭ	review, or compilation of its financial statements and selection of			20		
	If the organization changed either its oversight process or select					
3a	Ba As a result of a federal award, was the organization required to u					
ou	Act and OMB Circular A-133?					x
h	b If "Yes," did the organization undergo the required audit or audit					<u> </u>
D.	or audits, explain why on Schedule O and describe any steps ta		-			
	or addito, explain why on conclude o and decompeting steps ta				990	(2019)
				1011	,	(2010)
	$\wedge \vee$					
	b If "Yes," did the organization undergo the required audit or audit or audits, explain why on Schedule O and describe any steps ta					

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public

						Open to Public Inspection				
Nam	ne of t	the organizati	on						Employer	identification numbe
				GIRAFFES						3-4423842
Pa	rt I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions	S.	
The	organ	ization is not a	a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).		4
2		A school des	cribed in sect	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:				4				
10		An organizati	on that norma	ally receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, membersl	hip fees, an	d gross receipts from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of i	ts support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a thro	ough 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
а		🗌 Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or r	nanagement c	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
С		Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
		its support	ed organizatio	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	ation(s)
		that is not	functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requiremen	nt (see instruct	tions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.		
е	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III									
					nally integrated supporti					
f	Ente	er the number	of supported of	organizations						
g				n about the supporte		(iv) to the error	anization listed			
	((i) Name of supp organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o		(vi) Amount of other support (see instructions
		organization	1		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions

Schedule A (Form 990 or 990-EZ) 2019 SAVE GIRAFFES NOW

83-4423842 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2017 (d) 2018 (e) 2019 (a) 2015 (b) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 285,409. 285,409. 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 285,409. 285,409. 4 Total. Add lines 1 through 3 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) 285,409. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2017 **(e)** 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (d) 2018 (f) Total 285,409. 285,409. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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.) 285,409. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 ►X organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SAVE GIRAFFES NOW 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.)

Se	ction A. Public Support						
Cale	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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					ζ,	Y
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513					\sim	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
I	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			S	P		
	c Add lines 7a and 7b		(
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						I
	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) 2010	(0) 2010	(0) 2011	(4) 2010	(0) 2010	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0				
I	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on)					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				I
14	First five years. If the Form 990 is for check this box and stop here	0			5		
Se	ction C. Computation of Public						
			¥	(f)		45	0/
	Public support percentage for 2019 (lin		•			15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Invest					16	%
	•						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2						<u>%</u>
19;	a 33 1/3% support tests - 2019. If the	-					7 is not
I	more than 33 1/3%, check this box an b 33 1/3% support tests - 2018. If the						▶∟⊥ Ind
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

			Yes	No
11	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		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
		4	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
	**** ** ******************************		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	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). tion D. All Type III Supporting Organizations	•		
			Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NU
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
6 00	supported organizations played in this regard.	3		
	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 instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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		

1	Check here if the organization satisfied the Integral Part Test as a qualifying t			Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		4
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		1

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 20-	19 SAVE	GIRAFFES	NOW

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

Schedule A (Form 990 or 990-EZ) 2019 SAVE GIRAFFES NOW

Par	Ar V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	
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 th	e organization is responsive		
	(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			
Secti	ion 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018	S		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	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			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

PART II, SHORT YEAR EXPLANATION:

THE	2019	FORM	990	IS	AN	INITIAL,	SHORT	YEAR	RETURN	FOR	SAVE	GIRAFFES
NOW	•											1
												~~
												0
)
										$\underline{\boldsymbol{\Sigma}}$		
								C				
							(
							\bigcap					
						C						
						$\overline{\nabla}$						
			ろ									
		$\overline{}$										
	\mathbf{O}											

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

S

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

83-4423842

7,72	GIRAFFES	NOW	
AVE	GIRAFFES	MOM	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots by

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

83-4423842

SAVE GIRAFFES NOW

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$284,942.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll OKANA COMPLEXITY (Complete Part II for noncash contributions.)
(a) No	(b) Name address and $ZIP \pm 4$	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	S	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

SAVE GIRAFFES NOW

.....

83-4423842

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	5
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization		Employer identification number						
SAVE	GIRAFFES NOW		83-4423842						
Part III) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Parti									
	Transferee's name, address, a	Relationship of transferor to transferee							
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	\sim								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	Relationship of transferor to transferee							
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individua	s in the Ŭni	ted States	1	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 for		nation.	-	Open to Public Inspection
Name of the organization SAVE G	IRAFFES NOW						Employer identification number 83-4423842
Part I General Information on Gra							
 Does the organization maintain rec criteria used to award the grants or Describe in Part IV the organization 	r assistance?	-					on XYes No
Part II Grants and Other Assistance	ce to Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more 1 (a) Name and address of organizat or government		(c) IRC section (if applicable)	(d) Amount of cash grant	eg. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SAHARA CONSERVATION FUND 1 GOVERNMENT DR SAINT LOUIS, MO 63110	26-0171939	501(C)(3)	5,000.	S ⁰ .			NIGER GIRAFFE PROGRAM
GIRAFFE CONSERVATION FOUNDATION 17 S MAGNOLIA AVE	81-2749463	E01/(0)/(2)	15,000.	0.			UGANDA DE-SNARING PROJECT
ORLANDO, FL 32801 INTERNATIONAL FUND FOR ANIMAL WELFARE INC 290 SUMMER STREE YARMOUTH PORT, MA 02675		C	25,000.	0.			GRANT
SAN DIEGO ZOOLOGICAL SOCIETY 2920 ZOO DR SAN DIEGO, CA 92101	95-1648219	501(C)(3)	27,000.	0.			GRANT
		0					
	S ^O						
2 Enter total number of section 501(c3 Enter total number of other organiz			e line 1 table				<u>4.</u> 0.

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

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
					*
			\sim		
			5		
Part IV Supplemental Information. Provide the information red	quired in Part I, line	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:)			
THE ORGANIZATION SELECTS GRANT REC	IPIENTS B	ASED ON IT	<u>rs independ</u>	ENT RESEARCH	
AND REQUIRES PERIODIC PERFORMANCE	REPORTS A	ND A FINAI	L REPORT ON	CE THE GRANT	
FUNDS HAVE BEEN FULLY EXPENDED TO	DETERMINE	THE RESPI	ECTIVE DONE	ES'	
UTILIZATION OF ANY MONIES RECEIVED	•				
\sim					

SAVE GIRAFFES NOW

1423842 Page 2

83-4423842

Schedule I (Form 990) (2019)

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. EZ
OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number
83-4423842

SAVE GIRAFFES NOW

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTRIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UGANDA, AND KENYA

- POPULATION MONITORING, SATELLITE TRACKING AND CONSERVATION RESEARCH

PROJECTS IN NIGER, TANZANIA, KENYA AND UGANDA

- REGION-WIDE MASTER PLAN FOR GIRAFFE CONSERVATION IN BOTSWANA, ANGOLA,

NAMIBIA, ZAMBIA, AND ZIMBABWE. THE GIRAFFE MIGRATE ACROSS NATIONAL

BOUNDARIES, THEREFORE INTERNATIONAL POLICY NEEDS TO BE AGREED UPON

FORM 990, PART VI, SECTION A, LINE 2:

SUSAN G. R. MYERS AND RICHARD A. MYERS HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO ALL DIRECTORS, OFFICERS AND MEMBERS HAVING BOARD AUTHORITY. ADDITIONALLY, THE SECRETARY OF THE ORGANIZATION DISTRIBUTES A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY WITHIN 30 DAYS AFTER EACH ANNUAL MEETING OF THE BOARD OF DIRECTORS TO ALL DIRECTORS, OFFICERS AND MEMBERS HAVING BOARD AUTHORITY. EACH SUCH PERSON MUST ANNUALLY SIGN A STATEMENT THAT THEY

A) RECEIVED A COPY OF THE POLICY

Name of the organization SAVE GIRAFFES NOW	Employer identification number $83 - 4423842$
B) HAS READ AND UNDERSTANDS THE POLICY	
C) AGREES TO COMPLY WITH THE POLICY	
D) UNDERSTANDS THE POLICY APPLIES TO ALL COMMITTEES AND SU	BCOMMITTEES, IF
ANY, HAVING BOARD AUTHORITY; AND	
E) UNDERSTANDS THAT FOR THE CHARITABLE ORGANIZATION TO MAI	NTAIN ITS
TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY I	N ACTIVITIES THAT
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.	~
	<u> </u>
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATI	ON'S CEO,
EXECUTIVE DIRECTOR, OFFICERS, AND KEY EMPLOYEES INCLUDES A	REVIEW AND
APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND C	ONTEMPORANEOUS
SUBSTANTIATION OF THE DELIBERATION AND DECISION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTERES	T POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S W	EBSITE.

Page 2

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