#### EXTENDED TO NOVEMBER 15, 2021

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

and ending

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

Open to Public Inspection

<b>3</b> c	heck if pplicab	C Name of organization		D Employer identific	cation number
	Addre				
	cnang Name chang			81-20590	71
H	cnang Initial return	Doing business as  Number and street (or P.0. box if mail is not delivered to street address)  F	Room/suite	E Telephone number	
	Final	C/O PORITIN 92 52 211 cm	NOOIII/Suite	718-776-	
	return termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	220,283.
	Amen Ireturn	ded United Hitter NV 11/27_121/		H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
	Applic		LN	for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
1 Т	37-67	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$ or	r 527	1	list. See instructions
		te: DONEEARTHCONSERVATION.ORG	021	H(c) Group exemption	
		forganization: X Corporation Trust Association Other	1 Year		State of legal domicile: NY
	rt I	Summary			- Ctate of logal actions
	1	Briefly describe the organization's mission or most significant activities: BUILD	ING K	NOWLEDGE, M	OTIVATION,
Governance	-	RESILIENCE, AND CAPACITY IN PEOPLE, ORGAN	IZATI	ONS, AND CO	MMUNITIES
rna	2	Check this box if the organization discontinued its operations or dispose			
)Ve	3			3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
/itie	6	Total number of volunteers (estimate if necessary)			11
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٧		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		158,942.	216,024.
nue	9	Program service revenue (Part VIII, line 2g)		1,573.	2,487.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		233.	505.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		160,748.	219,016.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		157.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		30,038.	15,789.
Expenses	ı	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)	5.	-	-
Ě		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		102,058.	141,171.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		132,253.	156,960.
	ı	Revenue less expenses. Subtract line 18 from line 12		28,495.	62,056.
es		Tierondo 1900 expenses. Cabando imo re non imo 12		ginning of Current Year	End of Year
lanc	20	Total assets (Part X, line 16)		121,087.	183,143.
ASS J Ba	21	Total liabilities (Part X, line 26)		0.	0.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		121,087.	183,143.
	irt II	Signature Block			
Jnde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
Sigr	า	Signature of officer		Date	
Her	е	GAIL GOLDSTEIN KOELLN, VICE PRESIDENT/	SECRE	TARY	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		WILLIAM SKODY WILLIAM SKODY	0	9/02/21 if self-employe	P00631754
	arer	Firm's name SKODY SCOT & CO, CPAS, PC		Firm's EIN ▶	13-3597814
Use	Only	Firm's address 520 EIGHTH AVE, SUITE 2200			
		NEW YORK, NY 10018		Phone no.21	2 967-1100
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BUILDING KNOWLEDGE, MOTIVATION, RESILIENCE, AND CAPACITY IN PEOPLE,
	ORGANIZATIONS, AND COMMUNITIES IN THE UNITED STATES AND INTERNATIONALLY SO THAT THEY CAN BETTER CHERISH AND NURTURE
	THEMSELVES, NATURE, AND OTHER BEINGS. THIS MISSION IS ACHIEVED BY
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?  LYes 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 services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$133,664 •including grants of \$) (Revenue \$2,487 •)
	WILDLIFE CONSERVATION PROJECTS WORLDWIDE ARE SERVING AS BULWARKS
	AGAINST THE DEVASTATING LOSS OF SPECIES AND DAMAGE TO THE HEALTH OF
	ENVIRONMENTS, WHILE ALSO WORKING TO STEM THE GLOBAL BIODIVERSITY CRISIS
	AND MITIGATE CLIMATE CHANGE, HELP PEOPLE TO WORK SUSTAINABLY WHERE THEY
	ARE (THUS AVOIDING IMMIGRATION DUE TO ECONOMIC AND OTHER PRESSURES) AND
	KEEP FAMILIES AND WELL-BEING INTACT AROUND THE WORLD. ONE EARTH
	CONSERVATION CONTRIBUTES TOWARDS THESE EFFORTS BY WORKING TO SAVE
	ENDANGERED AND THREATENED PARROTS IN THE AMERICAS AS IT EMPOWERS PEOPLE
	IN SOUTH AMERICA, CENTRAL AMERICA, THE U.S. AND WORLDWIDE TO NURTURE
	THEMSELVES, OTHER PEOPLE AND OTHER BEINGS. IN ADDITION, ONE EARTH'S NURTURE NATURE PROGRAM SEEKS TO "EMPOWER THE PEOPLE WHO ARE SAVING THE
	PLANET." WE AFFIRM THAT PEOPLE MUST BE HEALTHY AND DEVELOP MULTIPLE
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(Code
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\( \) including grants of \$\\ \) (Revenue \$\\ \)
4e	Total program service expenses ► 133,664.

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#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	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			v
_	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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?			x
40	If "Yes," complete Schedule D, Part IV	9		
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, VIII, IX, or X	10		
• •	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			<sub>V</sub>
	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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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			l
	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		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		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			X
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	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	ا ۔ ا		<sub>~</sub>
40	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,"	19		X
20a	complete Schedule G, Part III  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		<del></del> -
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

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#### 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		1.00	
	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			х
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		1
2 <del>4</del> a	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	051		x
00	Schedule L, Part I	25b		Λ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del> </del> -
	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			l
	"Yes," complete Schedule L, Part IV	28a		X
	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?			X
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		21
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	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		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  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
U	(gambling) winnings to prize winners?	1c	Х	
	\U			

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# Form 990 (2020) ONE EARTH CONSERVATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Edu Grot the caledard year ending with or within they ware covered by this return  b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines is and 2s is greater than 50, you may be required to effect eige instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a International accounts in a toreign country Such as a barria account, securities account, or other financial accountry?  3b If "Yes," which if they are from 90-T for this year? If "No" to fire 3b, provide an explanation on Schedule O  3b If "Yes," which the harmed of the foreign country by the such as a barria account, securities account, or other financial accountry.  5a Was the organization aparty to a prohibited tax shelter transaction and the such contributions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).  5a Was the organization that was or is a party to a prohibited tax shelter transaction?  5b If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction?  5c In "Yes" to line be a to 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c In "Yes," did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization shell are shell that the subject of the property of the second shell any contributions that were not tax deductibles?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor?  7d In the foreign section as payment in access of \$57 made party as a combination and party for goods and services provided to the payor and the section of the section of the section 170(c).  8d If "Yes," indicate t				Yes	No				
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 0							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has tifled a Form 9907 for this year of "Wo" to fine 3b, proviside an explanation on Schedule O  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)?  5b If "Yes," either the name of the foreign country.  5c Was the organization in foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5c Was the organization in foreign country (such as a bank account, securities account, or other financial account)?  5c Was the organization for foreign country (such as a bank account, securities and provided the foreign country or a provided and provided to the such as a country or any contribution shall be organization that it was or is a party to a prohibited tax shelter transaction?  6c Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6d Discount in the provided of the organization that it was or is a party to a prohibited tax shelter transaction?  6d Discountry organization shall be organization to the development of the provided of the organization shall be organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," indicate the number of the dueloof the goods or services provided?  6d If "Yes," indicate the number of forms 8882 field during the year  6d If "Yes," indicate the number of forms 8882 field during the year.  6d Did the organization relieved a contribution of qualified intellectual property, did the organization file a form 1986 or the value of the goods or services provided?  7d If the organization relieved a contribution of qualified intellectual property, did the organization file a form 1986 or the property in the party organization a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b						
b If Yes, "has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O  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? A  b If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 888617.  6c Did the shelt in the organization that it was or is a party to a prohibited tax shelter transaction?  6c Did 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?  7 Organizations that many receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  7 Organizations that many receive deductible contributions under section 170(c).  a Did the organization netwer a payment in excess \$15° made party as a contribution any party for goods and services provided?  7 Organizations that many receive deductible contributions under section 170(c).  a Did the organization netwer and security of the organization services provided to the payor?  7 The was did the organization netwer and security of the organization received and contribution of care to the payment of the organization received and contribution of care to the year organization received and contribution of care, boats, airplanes, or other vehicles, did the organization file of the payment of the payment of the organization file of the payment of the organization netwer and contribution of the payment of the payment of the payment of the payment of		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a A any time during the calendary year, dot 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 accounts (FBAR).  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibited tax shelter transaction? 5b X  b Id any taxable party notify the organization that it was or is a party to a prohibited tax enter transaction? 5c Sc X  b Id any taxable party notify the organization the fire fire M88677 5c  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a Id the organization stat any precieve deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a Id the organization state any receive deductible contributions under section 170(c).  b If "Yes," inclinate the number of Forms 8822 filed during the year  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8820?  c Did the organization, during the year of the value of the goods or services provided?  7b If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7c X  f Did the organization received a contribution of publified trailectual property, did the organization file Form 1980 or the value of the goods or services for the Form 8899 as required?  7c X  f Did the organization received a contri	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
the interval of the contributions of the financial account, or other financial account)?  b if 1'Yes, 'return 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 shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17?  6a Does the organization shall have not tax deductible as charitable contributions?  6b If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization stat may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution of prossing property for which it was required to file Form 8282?  8 Did the organization received aparty as a contribution of the year or the foreign and party for goods and services provided to the payor?  7 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of underty, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 8082 as required?  1 If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(1) organizations Enter:  a initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities  10 G	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
b If "Yes," enter the name of the foreign country ▶  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5b IV and any taxable party notify the organization file Form 8868-77.  5c If "Yes" to line Sar of Sb, of the organization file Form 8868-77.  5c Obose 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?  6c A If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization norify the donor of the value of the goods or services provided?  9d If "Yes," include the organization norify the donor of the value of the goods or services provided?  7b If "Yes," include the organization norify the donor of the value of the goods or services provided?  7c X  7d If "Yes include the organization norify the donor of the value of the goods or services provided?  7b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1086-07  8 Sponsoring organization make a distribution of cars, botts, airplanes, or other vehicles, did the organization file a Form 1086-07  8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make a distribution to a control during the year?  10 Section 501(c)(12) qua	4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If X If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  If the organization make and achieved funds. Did a donor advised fund maintained by the sponsoring organization make and idistribution to a donor, donor adviser, or related person?  Sponsoring organization make and distribution to a donor, donor advisor, or related person?  Did the sponsoring organization make and idistribution to a donor, donor advisor, or related person?  Sponsoring organization make a distribution to a donor, donor advisor, or related person?  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.)  28 Section 501(c)(2) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other s	6a								
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sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	_		711						
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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.  a Is the organization licensed to issue qualified health plans in more than one state?  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 c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	9								
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X				
If "Yes," complete Form 4720, Schedule O.					77				
	16		16		X				
		If "Yes," complete Form 4720, Schedule O.	Farm	000	(0000)				

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

					Λ				
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	4						
	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 6	5						
2	· · · · · · · · · · · · · · · · · · ·								
	officer, director, trustee, or key employee?		2		Х				
3	Did the organization delegate control over management duties customarily performed by or under th		<u> </u>						
Ü	of officers, directors, trustees, or key employees to a management company or other person?		3		х				
4			4		X				
4	Did the organization make any significant changes to its governing documents since the prior Form S				X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass		5						
6	Did the organization have members or stockholders?		6		Х				
7a	$ \   Did the organization have members, stockholders, or other persons who had the power to elect or all the organization have members and the elect or all the organization have members and the elect or all the organization have members and the elect or all the organization have members and the elect or all the elect or al$	ppoint one or							
	more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or							
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at 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 Re	evenue Code.)							
		•		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such cl								
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y before ming the form:	114						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X					
b			120	25					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		40-	х					
40	in Schedule O how this was done		12c	- 22	X				
13	Did the organization have a written whistleblower policy?		13		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 approve	•							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37					
	The organization's CEO, Executive Director, or top management official		15a	X					
b	Other officers or key employees of the organization		15b	Х					
	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 arrange	ment with a							
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization'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 ► NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)(	3)s only	/) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain	on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finai	ncial					
	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 bo	oks and records							
	THE ORGANIZATION - 718-776-7284	· <u></u>							
	C/O KOELLN, 82-52 211 ST, HOLLIS HILLS, NY 11427-	1314							

## 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.

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

Check this box if neither the organization		orga	aniza			mpe	nsat			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation from related	amount of other
	week (list any	<u>ا</u>					Ė	from the	organizations	compensation
	hours for	direct				- D		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			ınsate		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	윤			
(1) LORAKIM JOYNER	40.00	ļ								
PRESIDENT		Х		Х				0.	0.	0.
(2) GAIL GOLDSTEIN KOELLN	15.00									
VICE PRESIDENT/SECRETARY		Х		Х				15,788.	0.	0.
(3) AIMEE WHITE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) ERIC KREUTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) HECTOR ORLANDO PORTILLO REYES	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) JOYCE HOFFMAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) MEREDITH GARMON	1.00									
BOARD MEMBER		X						0.	0.	0.
		1								
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		1								
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Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation from	compensation from related			nount o other	of
	(list any	tor						the	organization			oti iei pensa	tion
	hours for	r direc				ted			(W-2/1099-MI			om the	
	related	stee o	trustee			bensa		(W-2/1099-MISC)			_	anizati	
	organizations below	ual tru	ional t		ployee	t com	١.					d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-ormer				l	ıı ıızatı	1113
		-	_		×	1 0							
		4											
		1											
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											<u> </u>		
		1											
		$\vdash$											
		1											
1b Subtotal							<b></b>	15,788.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								15,788.		0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportab	ole			C
compensation from the organization												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	cey e	emp	loye	e, o	r hic	ghest compensated emp	oloyee on	ľ			
line 1a? If "Yes," complete Schedule J for			•		•		_		•		3		Х
4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from					
and related organizations greater than \$1											4		X
5 Did any person listed on line 1a receive or	•				-	•		ted organization or indiv	idual for services	3			v
rendered to the organization? If "Yes," con Section B. Independent Contractors	mpiete Scheaui	e J T	or si	ucn	pers	son .					5		X
Complete this table for your five highest or the stable for your five highest or your	compensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation fo													
(A)				_				(B)			(C		_
Name and busines	s address	NC	INC	<u> </u>			4	Description of s	services		comper	nsation	1
							_			<u> </u>			
2 Total number of independent contractors		not lii	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	nization >					U					Form	000 /	0000
											- r vrm '		

Pa	rt V	1111			a in this Dort VIII			
			Check if Schedule O contains a response	or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	a	Federated campaigns 1a					
ran			Membership dues 1b					
ξ, mc			Fundraising events 1c	1,752.				
ar /			Related organizations 1d	,				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	32,000.				
ion r Si			All other contributions, gifts, grants, and	-				
but			similar amounts not included above 1f	182,272.				
n d O		g	Noncash contributions included in lines 1a-1f 1g \$					
Co		h	Total. Add lines 1a-1f		216,024.			
				Business Code				
e	2	а	PROGRAM SERVICE REV.	900099	2,487.	2,487.		
Program Service Revenue		b						
S c		С						
ran }ev		d						
rog		е						
Δ.			All other program service revenue		0 400			
		g	Total. Add lines 2a-2f		2,487.			
	3		Investment income (including dividends, intere	-	FOF			E 0 E
			other similar amounts)		505.			505.
	4		Income from investment of tax-exempt bond p	T				
	5		Royalties (i) Real	(ii) Personal				
	6	_		(ii) i ersoriai				
			Gross rents 6a Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worted to some on the sol					
			Gross amount from sales of (i) Securities	(ii) Other				
	•	_	assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses					
Revenue		С	Gain or (loss) 7c					
Re			Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
Oth			including \$ 1,752. of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b	1,267.	0			
				····· •	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
				······				
	10	а	Gross sales of inventory, less returns and allowances10a	,				
		h	Less: cost of goods sold 10th					
			Net income or (loss) from sales of inventory	·				
		Ť	The state of t	Business Code				
sno	11	а						
ane		b						
Miscellaneous Revenue		С						
Alist R		d	All other revenue					
_			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	<b></b>	219,016.	2,487.	0.	505.

Section FO1/a/2) and FO1/a/4) argonizations must complete all columns. All other argonizations must complete actumn (A	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A	η (A).

D:	Check if Schedule O contains a respons	Se or note to any line in to	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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				
	Benefits paid to or for members				
5	Compensation of current officers, directors,	15,789.	5 262	5 262	E 263
_	trustees, and key employees	15,709.	5,263.	5,263.	5,263
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes  Fees for services (nonemployees):				
11	` ' ' '				
	Management				
	Legal	4,200.		4,200.	
	Accounting	1,2000		4,200	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	38,341.	33,349.		4,992
12	Advertising and promotion	816.	816.		,
13	Office expenses	4,517.	1,807.	2,710.	
14	Information technology	516.	516.		
15	Royalties				
16	Occupancy				
7	Travel	33,458.	33,458.		
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	868.		868.	
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	PROGRAM EXPENSE	50,640.	50,640.		
b	SUPPLIES	7,815.	7,815.		
С					
d					
е	All other expenses	456.55	400 551	10.011	40.05
25	Total functional expenses. Add lines 1 through 24e	156,960.	133,664.	13,041.	10,255
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		41,416.	1	34,967.
	2	Savings and temporary cash investments		79,671.	2	148,176.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described			6	
S.	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	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		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	I	121,087.	16	183,143.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
S	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%			
iabi		controlled entity or family member of any of thes	se persons		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	<b>T. I.P. I.P.P.</b> A. I.P. 47.0 I.O.E.		0.	26	0.
w		Organizations that follow FASB ASC 958, che	ck here 🕨 🗓			
če		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions		121,087.	27	183,143.
Ä	28	Net assets with donor restrictions	<u></u>		28	
Ĕ		Organizations that do not follow FASB ASC 9	58, check here 🕨 📖			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
Ţ	31	Retained earnings, endowment, accumulated in	<b>_</b>		31	
Se	32	Total net assets or fund balances		121,087.	32	183,143.
	33	Total liabilities and net assets/fund balances		121,087.	33	183,143.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,0 56,9			
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3							
4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1	83,1	43.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	1	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		21	<u> </u>	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	;			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C	Э.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit				
	Act and OMB Circular A-133?		3	1	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired auc	tit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	<u> </u>			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

ONE EARTH CONSERVATION

**Employer identification number** 81-2059074

Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		· ·			ii).	
4		A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in col	njanotion with a moopital	GOOGIIDO			ino noopital o namo,
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in
3				nege of university owner	o opera	ted by a g	overnmentar unit descrit	Jeu III
_		section 170(b)(1)(A)(iv). (C				<b>.</b>	( )	
6	v	A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction 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 colleg	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a		ively to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	•					
а		Type I. A supporting orga				•	, ,	v aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·				
		organization. You must o						
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s), by ha	vina
~		control or management o	•					•
		organization(s). You mus			arric perse	ons that oc	ontrol of manage the sup	ported
_		Type III functionally inte	-		in connoc	tion with	and functionally intograt	ad with
·		its supported organization					• •	ea with,
d		Type III non-functionally		•				ization(a)
u								
		that is not functionally int	-		-		-	iveriess
		requirement (see instruct	•	-				
е		Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.		
f		er the number of supported o		-l				
g		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
		-		above (see instructions))	103	140		
Fota								
	41							

16170902 788383 OE2535

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	43,361.	89,752.	122,947.	158,942.	216,024.	631,026.		
2	Tax revenues levied for the organ-								
	ization'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	40.064	00 550	100 015	450 040	016 001	604 006		
4	Total. Add lines 1 through 3	43,361.	89,752.	122,947.	158,942.	216,024.	631,026.		
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,						250 412		
	column (f)						358,412.		
6	Public support. Subtract line 5 from line 4.						272,614.		
	ction B. Total Support	( ) 0040	#120047	( ) 0040	( 1) 0040	( ) 0000	(0 T )		
	ndar year (or fiscal year beginning in)	(a) 2016 43,361.	(b) 2017 89,752.	(c) 2018 122, 947.	(d) 2019 158,942.	(e) 2020 216,024.	(f) Total 631,026.		
	Amounts from line 4	43,301.	03,132.	144,947.	130,942.	210,024.	031,020.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	4.	20.	145.	233.	505.	907.		
_	and income from similar sources	4.	20.	143.	۷,33.	303.	307.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
11	assets (Explain in Part VI.)						631,933.		
12	Gross receipts from related activities,	etc (see instruction	one)			12	35,345.		
13	First 5 years. If the Form 990 is for the			fourth or fifth tax			33,3131		
	organization, check this box and <b>stor</b>	- 1			-		<b>▶</b> X		
Sec	ction C. Computation of Publ		rcentage						
	Public support percentage for 2020 (			column (f))		14	%		
15	Public support percentage from 2019					15	%		
16a	33 1/3% support test - 2020. If the					· · · · · · · · · · · · · · · · · · ·	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization	· !			<b>▶</b> □		
b	33 1/3% support test - 2019. If the								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			<b></b>		
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		▶□		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line					
	more, and if the organization meets tl	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization			
18	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) 2020

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

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

Section A. Public Support	relew, piedee cerri	proto r art m.y				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and	` ,	` `	, ,	, ,	1 ,	` ` `
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						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
<ul><li>6 Total. Add lines 1 through 5</li><li>7a Amounts included on lines 1, 2, and</li></ul>						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6      10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	first, second, third	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Pub	ic Support Pe	ercentage				
15 Public support percentage for 2020 (	line 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inve	stment Incom	ne Percentage	•			
17 Investment income percentage for 20	<b>)20</b> (line 10c, colu	mn (f), divided by	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						<b></b> ▶□
<b>b 33 1/3% support tests - 2019.</b> If the line 18 is not more than 33 1/3%, che	e organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20 Private foundation. If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
46:		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	-	If how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		<i>,</i>		Yes	No
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described in line 2, above, did the organization's supported organizations have a	_		
		cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sect		E. Type III Functionally Integrated Supporting Organizations			
		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	<u> </u>		
a		The organization satisfied the Activities Test. Complete line 2 below.	-		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
		ties Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		ipported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
		e organization evergise 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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must complete 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						
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						
c	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 <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2020

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ued)	Ţ.
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

D1VI	(1 cm 000 cm 000 EZ) E020					
Part VI	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 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

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

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

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ONE EARTH CONSERVATION

Employer identification number 81-2059074

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN THE UNITED STATES.

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

COMBINING WORK DIRECTED OUTWARD TOWARD OTHER BEINGS AND OUTWARD TOWARDS

NATURE WITH WORK DIRECTED INWARD TOWARD ONE'S OWN HUMAN NATURE, AS

OUTER WELL-BEING AND INNER WELL-BEING ARE INSEPARABLE AND MUTUALLY

BENEFICIAL.

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

INTELLIGENCES SO ALL OF LIFE, INDIVIDUALS AND HUMAN AND BIOTIC SYSTEMS

ON EARTH CAN FLOURISH. BY NURTURING THEIR EMOTIONAL, SOCIAL,

MULTISPECIES, ECOLOGICAL, AND SPIRITUAL NATURES, PARTICIPANTS

EXPERIENCE GREATER BELONGING, BEAUTY, REVERENCE, WHOLENESS, JOY, AND

VITALITY, AND SO MIGHT THEIR FAMILIES, COMMUNITIES, AND ORGANIZATIONS.

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

THE FORM 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. THE FINAL FORM 990 (FILED WITH THE IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR INSPECTION.

IN ADDITION, UPON REQUEST OF ANY BOARDMEMBER, A COPY WILL BE PROVIDED. IF THERE ARE ANY MATERIAL CHANGES, AN AMENDED FORM 990 WILL BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING
KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization ONE EARTH CONSERVATION	Employer identification number 81-2059074
INFORMATION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THIS REVIEW INCLUDES RESEARCHING GUIDESTAR, 990S, NY NON-	PROFIT NETWORK
ANNUAL SALARY SURVEY, PHONE CALLS TO OTHER ORGANIZATIONS	TO COLLECT DATA.
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE CONTRACTORS:	
PROGRAM SERVICE EXPENSES	33,349.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	4,992.
TOTAL EXPENSES	38,341.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	38,341.

### **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

### 2020

**Open to Public** Inspection

1.General	Inform	nation
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i.General informat	LION						
For Fiscal Year Beginnin	ig (mm/dd/yy	<sub>/yy)</sub> 01/01/	2020	and Ending (r	nm/dd/yyyy)	12/31/	2020
Check if Applicable:  Address Change		Name of Organization: ONE EARTH CONSERVATION					Employer Identification Number (EIN): 81-2059074
Name Change Initial Filing		ailing Address: C/O KOELLN, 82-52 211 ST					NY Registration Number: 45-91-96
Final Filing  Amended Filing	City / State	e/ZIP: S HILLS,	NY 1	1427-131	4		Telephone: 718 776-7284
Reg ID Pending	Website:						Email:
		RTHCONSER	VATIO	N.ORG			INFO@ONEEARTHCONSER
Check your organization registration category:	's 7A (	only EPTL	only [	X DUAL (7A &	EPTL)		Confirm your Registration Category in the Charities Registry at <a href="www.CharitiesNYS.com">www.CharitiesNYS.com</a> .
2. Certification							
See instructions for certi two signatories.	fication requ	irements. Imprope	r certificat	ion is a violation	of law that m	nay be subjec	t to penalties. The certification requires
	!!'		1 11-1-		-11 -111		a basel of a color and ball of
							e best of our knowledge and belief, applicable to this report.
President or Authorized	Officer:				OFF	ICER	
		Signature				Print Name	e and Title Date
Chief Financial Officer of	r Troop, mor				• OFF:	ICER	
Chief Financial Officer of	r rreasurer.	Signature			011.		e and Title Date
		Signataro				T THIC TYCH	o and mile Bate
3. Annual Reportin	g Exempt	tion					
Check the exemption(s)	that apply to	your filing. If your	organizati	on is claiming an	exemption u	under one cat	egory (7A or EPTL only filers) or both
categories (DUAL filers) t	that apply to	your registration, o	complete o	only parts 1, 2, a	nd 3, and su	bmit the certif	fied Char500. No fee, schedules, or
additional attachments a	re required.	If you cannot claim	an exem	ption or are a DL	IAL filer that	claims only or	ne exemption, you must file applicable
schedules and attachme	ents and pay	applicable fees.					
	<u> </u>	_			•		overnment agencies, etc. did not raising counsel (FRC) to solicit
		he fiscal year.	a not enge	ige a profession	ai iuiiu iaisei	(i i i i) oi iuiiu	Taising counsel (Fro) to solicit
	J	•					
3b FPTI	filing exemp	tion: Gross receipt	s did not e	exceed \$25,000	and the mark	ket value of as	ssets did not exceed \$25,000 at any time
	e fiscal year.	<u></u> cccc .ccc.p	- a.a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4. Schedules and Attachments							
See the following page							
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer							
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to							
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the	7A filii	ng fee:	EPTL fili	ina fee:	Total fee:		
next page to calculate yo		J	<b>_</b> /	<b>J</b>			Make a single check or money order
fee(s). Indicate fee(s) you							payable to:
are submitting here:	\$	25.	\$	50.	\$	75.	"Department of Law"
		_		-			

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

068451 01-07-21 1019

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:  If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers  If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publ Review Report if you received total revenue and support greater than \$250,0 Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and sup We are a DUAL filer and checked box 3a, no Review Report or Audit Report i  Calculate Your Fee	00 and up to \$750,000. ) port is less than \$250,000
Calculate four ree	
For 7A and DUAL filers, calculate the 7A fee:  \$0, if you checked the 7A exemption in Part 3a  \$\overline{X}\$\$ \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?  Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:  7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b  \$25, if the NET WORTH is less than \$50,000  \$\$50, if the NET WORTH is \$50,000 or more but less than \$250,000  \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000  \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000  \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000  \$1500, if the NET WORTH is \$50,000,000 or more	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
	<b>DUAL</b> filers are registered under both 7A and EPTL. <b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <b>Schedule E - Registration Exemption for Charitable Organizations.</b> These organizations are not required to file annual financial reports but may do so voluntarily.
\$ 1000, ii the NET Welline \$60,000,000 of mello	Confirm your Registration Category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	<ul> <li>- IRS Form 990 Part I, line 22</li> <li>- IRS Form 990 EZ Part I, line 21</li> <li>- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).</li> </ul>

Need Assistance?

Visit: www.CharitiesNYS.com

(212) 416-8401 Call:

Email: Charities.Bureau@ag.ny.gov

068461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

Page 2

### **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

2020

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
ONE EARTH CONSERVATION	45-91-96

#### 2. Government Grants

Name of Government Agency	Amount of Grant
1. US FISH AND WILDLIFE SERVICE	1. 32,000.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 32,000.