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

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

OMB No. 1545-0047  $\mathbf{n}$ **Open to Public** Inspection

Department of the Treasury Internal Revenue Service	Go to www.irs
A For the 2021 calend	ar vear, or tax vear beginning

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

AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name Chang	e Doing business as		81-20590	74
	Initial return Final return	Number and street (or P.0. box if mail is not delivered to street address) C/O KOELLN, 82-52 211 ST	Room/suite	E Telephone number 718-776-	
	termir			G Gross receipts \$	251,525.
	Amen			H(a) Is this a group re	
			LLN	for subordinates	
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1)	or 📃 527		list. See instructions
		te: > ONEEARTHCONSERVATION.ORG		H(c) Group exemption	
κF	orm o	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2016 N	State of legal domicile: NY
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: BUIL	DING K	NOWLEDGE, M	OTIVATION,
Governance		RESILIENCE, AND CAPACITY IN PEOPLE, ORGA	NIZATI	ONS, AND CO	MMUNITIES
ern		Check this box 🕨 🛄 if the organization discontinued its operations or disposed			sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)			7
	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
Activities &		Total number of volunteers (estimate if necessary)			6
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		216,024.	249,569.
Revenue	9	Program service revenue (Part VIII, line 2g)		2,487. 505.	<u>80.</u> 284.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		219,016.	249,933.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		15,789.	14,565.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	······	0.	0.
pen		Total fundraising expenses (Part IX, column (D), line 25) 19,0	09. H	••	••
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		141,171.	165,334.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		156,960.	179,899.
	19	Revenue less expenses. Subtract line 18 from line 12			
or				62,056. ginning of Current Year	70,034. End of Year
ets - lanc	20	Total assets (Part X, line 16)		183,143.	253,177.
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		183,143.	253,177.
		Signature Block		···, -··	

art II | Signature block

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

Sign Here	Signature of officer         GAIL GOLDSTEIN KOELLN,         Type or print name and title	VICE PRESIDENT/SECH	RETARY	Date					
Paid	Print/Type preparer's name WILLIAM SKODY	Preparer's signature WILLIAM SKODY	Date 05/09		PTIN P00631754				
Preparer	Firm's name SKODY SCOT & CO,			Firm's EIN ▶ 13	3-3597814				
Use Only	Firm's address 520 EIGHTH AVE,								
	NEW YORK, NY 100	18		Phone no. $212$	967-1100				
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🗌 No									
132001 12-0	I3200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) ONE EARTH CONSERVATION	81-	2059074	Page <b>2</b>		
Par	t III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III			Х		
1	Briefly describe the organization's mission: BUILDING KNOWLEDGE, MOTIVATION, RESILIENCE, AND CAPA	ΔΟΤΨΥ ΤΝ				
	ORGANIZATIONS, AND COMMUNITIES IN THE UNITED STATES		FEOFILE,			
	INTERNATIONALLY SO THAT THEY CAN BETTER CHERISH AND					
	THEMSELVES, NATURE, AND OTHER BEINGS. THIS MISSION		VED BY			
2	Did the organization undertake any significant program services during the year which were not listed o					
	prior Form 990 or 990-EZ?		Yes	XN		
	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 se	ervices?	Yes	XNC		
If "Yes," describe these changes on Schedule O.						
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, as measur	ed by expense	s.		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to others, the t	otal expenses,	and		
	revenue, if any, for each program service reported.			0.0		
4a		) (Revenue \$	ADVO	80.		
	WILDLIFE CONSERVATION PROJECTS WORLDWIDE ARE SERVING AGAINST THE DEVASTATING LOSS OF SPECIES AND DAMAGE '			1		
	ENVIRONMENTS, WHILE ALSO WORKING TO STEM THE GLOBAL			ISIS		
	AND MITIGATE CLIMATE CHANGE, HELP PEOPLE TO WORK SU					
	ARE (THUS AVOIDING IMMIGRATION DUE TO ECONOMIC AND					
	KEEP FAMILIES AND WELL-BEING INTACT AROUND THE WORL					
	CONSERVATION CONTRIBUTES TOWARDS THESE EFFORTS BY W					
	ENDANGERED AND THREATENED PARROTS IN THE AMERICAS AS	S IT EMP	OWERS PE	OPLE		
	IN SOUTH AMERICA, CENTRAL AMERICA, THE U.S. AND WORD	LDWIDE T	O NURTUR	E		
	THEMSELVES, OTHER PEOPLE AND OTHER BEINGS. IN ADDIT					
	NURTURE NATURE PROGRAM SEEKS TO "EMPOWER THE PEOPLE					
	PLANET." WE AFFIRM THAT PEOPLE MUST BE HEALTHY AND	DEVELOP 1	MULTIPLE			
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$				
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$				
4d	Other program services (Describe on Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue \$		)			
4e	Total program service expenses ► 148,852.					
			Form	<b>90</b> (2021		
32002	12-09-21 SEE SCHEDULE O FOR CONTINUAT	ION(S)				
_	2					
30	509 788383 OE2535 2021.03041 ONE EARTH CONSER	VATION	OE2	535_1		

Form 990 (2021)

Part IV Checklist of Required Schedules

ONE EARTH CONSERVATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	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			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			x
6	5			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
7				x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		- 23
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
А	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
h	Schedule K. If "No," go to line 25a         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
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%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	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 line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35a	Part V, line 1         Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
30	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par			•	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	x	
13200	(gambling) winnings to prize winners?	Form	990	(202
102002	4	1 011		1202
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Form 990	
Part V	Sta

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			•		x
				3a		_ <u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					v
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					37
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	xt?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
-	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:			55		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		•		
	Section 501(c)(12) organizations. Enter:			•		
		11a				
	Gross income from members or shareholders			-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	4.4%				
40-	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> 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	1	l			
	•	13b				
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
	12-09-21 5					(2021)
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Form 990	(2021)
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X

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.

Sec	Check if Schedule O contains a response or note to any line in this Part VI						
						Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	a 📃	7	2		
	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	<b>b</b>	6	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip wit	th any othe	r			
	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under the						Ι
	of officers, directors, trustees, or key employees to a management company or other person?				3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 \	was filed?		4		Τ
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets'	?		5		Τ
6	Did the organization have members or stockholders?				6		T
7a	Did the organization have members, stockholders, or other persons who had the power to elect or						t
	more members of the governing body?				7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						t
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y						t
	The governing body?	-	-		8a	x	I
b	Each committee with authority to act on behalf of the governing body?				8b	X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-						1
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal						
		leven				Yes	
0-2	Did the organization have local chapters, branches, or affiliates?				10a	103	
					10a		-
D	If "Yes," did the organization have written policies and procedures governing the activities of such				101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy be	etore filing th	he form?	11a	X	_
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					v	ł
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	4
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If						
	on Schedule O how this was done				12c	X	
3	Did the organization have a written whistleblower policy?				13		
4	Did the organization have a written document retention and destruction policy?				14		
5	Did the process for determining compensation of the following persons include a review and appro	val by	independe	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b	X	T
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						T
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	t with a				
	taxable entity during the year?				16a		I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu						1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		• •				
	exempt status with respect to such arrangements?				16b		l
ec	tion C. Disclosure				100		
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NY						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 0	00 T (poptic	501/o)/2			ile
0		anu 9		501(0)(3	ijs only	) avai	
	for public inspection. Indicate how you made these available. Check all that apply.						
_	Own website Another's website Upon request Other (explained on the second secon						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflic	ct of interes	t policy, ar	nd fina	ncial	
	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks	and record	s 🕨			
	THE ORGANIZATION - 718-776-7284		4.4				
	C/O KOELLN, 82-52 211 ST, HOLLIS HILLS, NY 11427	-13	14				
2006	3 12-09-21				Form	1 <b>990</b>	) (
	6						
30	509 788383 OE2535 2021.03041 ONE EARTH CONS	SEB1	JATTON		OE	253	F

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

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

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

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

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

Name and title     Average hours per inter and a discloration built any light any between inter and a discloration organization     Reportable compension from related organization (W-2/1099-NEC)     Estimated and compension from related organization (W-2/1099-NEC)       (1) LORAKIM JOYNER     40.000     X     X     0.     0.       (1) LORAKIM JOYNER     15.000     X     X     0.     0.     0.       (2) GRANIM KOPINER     15.000     X     X     0.     0.     0.       (3) AIME WHITE     1.000     X     X     0.     0.     0.       BOARD MEMBER     1.000     X     0.     0.     0.     0.       (3) AIME WHITE     1.000     X     0.     0.     0.     0.       BOARD MEMBER     1.000     X     0.     0.     0.     0.       (3) AIME WHITE     1.000     X     0.     0.     0.     0.       BOARD MEMBER     1.000 <th>(A)</th> <th>(B)</th> <th></th> <th colspan="2">(C)</th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)		(C)		(D)	(E)	(F)			
hours per veek (list any additional section of related organizations below week (list any differentiation of compensation related organizations below week (list any differentiation of compensation related organizations (l) LORAKIN JOYNER     compensation the organizations (W-2/1099-NISC/ 1099-NEC)     compensation the organizations (W-2/1099-NISC/ 1099-NEC)     amount of other compensation (W-2/1099-NISC/ 1099-NEC)     amount of other compensation (W-2/1099-NISC/ 1099-NEC)       (1) LORAKIN JOYNER     40.00 X     X     X     0.     0.     0.       (2) GALI GOLDSTEIN KOELLN     15.00 X     X     X     14,565.     0.     0.       (3) AIRE KINTE     1.000 X     X     X     0.     0.     0.       (3) AIRE KINTE     1.000 X     X     0.     0.     0.       (5) HECTOR ORLANON FORTILLO REVES BOARD MEMBER     1.000 X     X     0.     0.     0.       (5) HECTOR ORLANON (5) HECTOR ORLANON BOARD MEMBER     1.000 X     X     0.     0.     0.       (1) OCE HOFFMAN BOARD MEMBER     1.000 X     X     0.     0.     0.       (1) OCE HOFFMAN BOARD MEMBER     1.000 X     X     0.     0.     0.       (1) OCE HOFFMAN BOARD MEMBER     1.000 X     1.000 X     0.     0.     0.       (1) MEMBER     1.000 X     1.000 X     1.000 X     1.000 X     0.     0.       (1) MEDE	Name and title	Average	(do	not c	Pos		) than	one	Reportable	Reportable	Estimated
Week (ist ary hours for related organizations below ine)     ist ary ist ary		hours per	box, unless p		ess pe	s person is both an			compensation		
(1) LORAKIM JOYNER       40.00       x       x       0.       0.       0.         PRESIDENT       (2) GALL GOLDSTEIN KOELIN       15.00       x       x       14,565.       0.       0.         VICE PRESIDENT/SECRETARY       x       x       14,565.       0.       0.       0.         (3) AIMEE WHITE       1.00       x       x       0.       0.       0.       0.         (4) ERIC KREUTER       1.00       x       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         (5) HECTOR ORLANDO PORTILLO REVES       1.00       x       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         C(7) MEREDITH GARMON       1.00       x       0.       0.       0.       0.       0.       0.       0.         COAD MEMBER       x       0. <td></td> <td></td> <td></td> <td colspan="2"></td> <td colspan="3"></td> <td></td> <td></td> <td></td>											
(1) LORAKIM JOYNER       40.00       x       x       0.       0.       0.         PRESIDENT       (2) GALL GOLDSTEIN KOELIN       15.00       x       x       14,565.       0.       0.         VICE PRESIDENT/SECRETARY       x       x       14,565.       0.       0.       0.         (3) AIMEE WHITE       1.00       x       x       0.       0.       0.       0.         (4) ERIC KREUTER       1.00       x       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         (5) HECTOR ORLANDO PORTILLO REVES       1.00       x       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         C(7) MEREDITH GARMON       1.00       x       0.       0.       0.       0.       0.       0.       0.         COAD MEMBER       x       0. <td></td> <td></td> <td>irecto</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			irecto								
(1) LORAKIM JOYNER       40.00       x       x       0.       0.       0.         PRESIDENT       (2) GALL GOLDSTEIN KOELIN       15.00       x       x       14,565.       0.       0.         VICE PRESIDENT/SECRETARY       x       x       14,565.       0.       0.       0.         (3) AIMEE WHITE       1.00       x       x       0.       0.       0.       0.         (4) ERIC KREUTER       1.00       x       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         (5) HECTOR ORLANDO PORTILLO REVES       1.00       x       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         C(7) MEREDITH GARMON       1.00       x       0.       0.       0.       0.       0.       0.       0.         COAD MEMBER       x       0. <td></td> <td></td> <td>e or d</td> <td>tee</td> <td></td> <td></td> <td>sated</td> <td></td> <td></td> <td>•</td> <td></td>			e or d	tee			sated			•	
(1) LORAKIM JOYNER       40.00       x       x       0.       0.       0.         PRESIDENT       (2) GALL GOLDSTEIN KOELIN       15.00       x       x       14,565.       0.       0.         VICE PRESIDENT/SECRETARY       x       x       14,565.       0.       0.       0.         (3) AIMEE WHITE       1.00       x       x       0.       0.       0.       0.         (4) ERIC KREUTER       1.00       x       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         (5) HECTOR ORLAND PORTILLO REVES       1.00       x       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         C(7) MEREDITH GARMON       1.00       x       0.       0.       0.       0.       0.       0.       0.         COAD MEMBER       x       0. <td></td> <td></td> <td>rustee</td> <td>l trus</td> <td></td> <td>/ee</td> <td>mpen</td> <td></td> <td></td> <td>1039-1120)</td> <td></td>			rustee	l trus		/ee	mpen			1039-1120)	
(1) LORAKIM JOYNER       40.00       x       x       0.       0.       0.         PRESIDENT       (2) GALL GOLDSTEIN KOELIN       15.00       x       x       14,565.       0.       0.         VICE PRESIDENT/SECRETARY       x       x       14,565.       0.       0.       0.         (3) AIMEE WHITE       1.00       x       x       0.       0.       0.       0.         (4) ERIC KREUTER       1.00       x       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         (5) HECTOR ORLAND PORTILLO REVES       1.00       x       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         C(7) MEREDITH GARMON       1.00       x       0.       0.       0.       0.       0.       0.       0.         COAD MEMBER       x       0. <td></td> <td>U U</td> <td>d ual t</td> <td>utiona</td> <td>L_</td> <td>mploy</td> <td>st col</td> <td>5</td> <td>10001120)</td> <td></td> <td></td>		U U	d ual t	utiona	L_	mploy	st col	5	10001120)		
(1) LORAKIM JOYNER     40.00     x     x     x     0.     0.     0.       PRESIDENT     15.00     x     x     14,565.     0.     0.       (3) AIMEE WHITE     1.00     x     0.     0.     0.     0.       BOARD MEMBER     x     0.     0.     0.     0.     0.       (4) ERIC KREUTER     1.00     x     0.     0.     0.     0.       BOARD MEMBER     x     0.     0.     0.     0.     0.       (5) HECTO ROLANDO PORTILLO REVES     1.00     x     0.     0.     0.       BOARD MEMBER     x     0.     0.     0.     0.       (6) JOYCE HOFPMAN     1.00     x     0.     0.     0.       BOARD MEMBER     x     0.     0.     0.     0.       (7) MEREDITH GARMON     1.00     x     0.     0.     0.       IDARD MEMBER     x     0.     0.     0.     0.       (7) MEREDITH GARMON     1.00     x     0.     0.     0.       IDARD MEMBER     x     0.     0.     0.     0.       IDARD MEMBER     x     0.     0.     0.     0.       IDARD MEMBER     IDARD     IDA		line)	Indivi	Institu	Office	Key e	Highe	Forme			0
(2) GAIL GOLDSTEIN KOELLN       15.00       X       X       14,565.       0.       0.         UTCE PRESIDENT/SECRETARY       X       X       14,565.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         (5) HECTOR ORLANDO PORTILLO REYES       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (6) JOYCE HOFFMAN       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (7) MEREDITH GARMON       1.00       X       0.       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.         MEMBER       X       0.       0. <td< td=""><td>(1) LORAKIM JOYNER</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(1) LORAKIM JOYNER	40.00									
VICE PRESIDENT/SECRETARY         X         X         X         14,565.         0.         0.           BOARD MEMBER         1.00         X         0.	PRESIDENT		X		X				0.	Ο.	0.
(3) AIMEE WHITE       1.00       x       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.         C(1) MEREDITH GARMON       1.00       x       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.         (7) MEREDITH GARMON       1.00       x       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.         Image: Deard MEMBER       x       0. <td>(2) GAIL GOLDSTEIN KOELLN</td> <td>15.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) GAIL GOLDSTEIN KOELLN	15.00									
BOARD MEMBER         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           G(3) JOYCE HOFFMAN         1.000         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (7) MEREDITH GARMON         1.000         X         0.         0.         0.         0.           Image: Im	VICE PRESIDENT/SECRETARY		X		X				14,565.	0.	0.
(4) ERIC KREUTER       1.00       X       0.       0.       0.         (5) HECTOR ORLANDO PORTILLO REYES       1.00       X       0.       0.       0.         (6) JOYCE HOFFMAN       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (7) MEREDITH GARMON       1.00       X       0.       0.       0.       0.         (7) MEREDITH GARMON       1.00       X       0.       0.       0.       0.         (7) MEREDITH GARMON       1.00       X       0.       0.       0.       0.         (7) MEREDITH GARMON       1.00       X       0.       0.       0.       0.         (7) MEREDITH GARMON       1.00       X       0.       0.       0.       0.         (7) MEREDITH GARMON       1.00       X       0.       0.       0.       0.       0.         (10)       1.00       X       0.       0.       0.       0.       0.       0.         (11)       1.00       X       0.       0.       0.       0.       0.       0.         (12)       <	(3) AIMEE WHITE	1.00									
BOARD MEMBER         X         0.	BOARD MEMBER		X						0.	0.	0.
(5) HECTOR ORLANDO PORTILLO REYES       1.00       X       0.       0.       0.         (6) JOYCE HOFFMAN       1.00       X       0.       0.       0.       0.         (7) MEREDITH GARMON       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         MARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       Image: Constraint of the state of	(4) ERIC KREUTER	1.00									
BOARD MEMBER       X       0.	BOARD MEMBER		X						0.	0.	0.
(6) JOYCE HOFFMAN       1.00       x       0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(5) HECTOR ORLANDO PORTILLO REYES	1.00									
BOARD MEMBER     X     0.     0.     0.       (7) MEREDITH GARMON     1.00     X     0.     0.     0.       BOARD MEMBER     X     0.     0.     0.     0.       Image: Constraint of the second	BOARD MEMBER		X						0.	0.	0.
(7) MEREDITH GARMON       1.00       X       0.0.0.         BOARD MEMBER       X       0.0.0.       0.0.0.         Image: Constraint of the second secon	(6) JOYCE HOFFMAN	1.00									
BOARD MEMBER     X     0.0.0.0.	BOARD MEMBER		X						0.	0.	0.
	(7) MEREDITH GARMON	1.00									
	BOARD MEMBER		Х						0.	0.	0.
			1								
			-								
			<u> </u>								
			-								
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Form 990 (2021)

												age <b>8</b>		
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title		(B) Average hours per week	box, offic	not c , unle	ss pe	ition more rson i	than o is botl pr/trus	n an	(D) (E) Reportable Reportable compensation compensatio from from related			<b>(F)</b> Estimated amount of other		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa rom the anizat d relat anizatie	e ion ed
									14,565.		0.			0.
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							14,565. 0. 14,565.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	io r	eceived more than \$100	0,000 of reportable	Э		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for su</i>				•				phest compensated emp	-		3	163	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	),000? If "Yes,	e co " <i>co</i> i	ompo mple	ensa ete S	atior Sche	n and edule	l ot 9 <i>J 1</i>	her compensation from for such individual	the organization		4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comption B. Independent Contractors</i>	-				-			-			5		Х
1	Complete this table for your five highest cor										pens	ation	from	
	the organization. Report compensation for t (A) Name and business			onai		VITN	or w	Itnir	n the organization's tax (B) Description of s		С	(C ompe	<b>C)</b> nsatio	n
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to		se lis )	stec	d above) who received n	nore than		Form	<b>990</b> (2	2021)

132008 12-09-21

Pa	πν	ш	Statement of Re	venue						
			Check if Schedule O o	contains a	response	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue		Revenue excluded from tax under
								lunction revenue	business revenue	sections 512 - 514
ts s	1	2	Federated campaigns		1a					
un			Membership dues		1b					
۵, ۳			Fundraising events		1c	93.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		1d					
nila,					1e	69,974.				
Sir			Government grants (contr All other contributions, gifts,	-		00,0740				
iti Ter						179,502.				
₽ġ			similar amounts not included		1f	119,302.				
no		•	Noncash contributions included in		1g \$	<b>`</b>	249,569.			
a O		n	Total. Add lines 1a-1f				249,309.			
						Business Code	0.0	0.0		
ice	2	а	PROGRAM SERVI	CE IN	ICOME	900099	80.	80.		
erv		b								
n S en		С								
Program Service Revenue		d								
rog		е								
₽		f	All other program service	revenue						
		g	Total. Add lines 2a-2f			►	80.			
	3		Investment income (includ	ding divide	ends, inter	est, and				
			other similar amounts) $_{\ldots}$			►	284.			284.
	4		Income from investment of		• •					
	5		Royalties		<u></u>	🕨				
				(i	i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses $\dots$	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss)	)		►				
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
anı			and sales expenses	7b						
Revenue		с	Gain or (loss)	7c						
Re		d	Net gain or (loss)			• • • • • • • • • • • • • • • • • • •				
her			Gross income from fundraisin							
đ			including \$	93.	of					
			contributions reported on	line 1c). S	See					
			Part IV, line 18		8a	1,592.				
		b	Less: direct expenses		8b	1,592.				
			Net income or (loss) from			·····	0.			
			Gross income from gamin		~ <u> </u>					
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from							
			Gross sales of inventory, I							
	10	a	and allowances							
		h	Less: cost of goods sold							
		C	Net income or (loss) from	Sales Of IN	ventory	Business Code				
sno	44	~				Dusiness Code				
Dec	11	a b								
Miscellaneous Revenue		D C								
Be			All other revenue							
5		u	All other revenue			L		1	1	1

12 To

Form 990 (2021)

e Total. Add lines 11a-11d

Total revenue. See instructions

80.

249,933.

9

►

Form **990** (2021) OE2535\_1

284.

0.

81 - 2059074

Page **9** 

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

D-	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	14,565.	4,855.	4,855.	4,855
e	trustees, and key employees	14,505.	±,055•	±,055•	4,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	F				
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (nonemployees):				
'' a	Management				
b	Legal				
c	Accounting	4,975.		4,975.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	77,592.	67,490.		10,102
12	Advertising and promotion	857.	857.		
13	Office expenses	1,058.	423.	635.	
14	Information technology	462.	462.		
15	Royalties				
16	Occupancy				
17	Travel	44,861.	44,861.		
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	878.		878.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSE	16,127.	16,127.		
a b	SUPPLIES	12,363.	12,363.		
c c	FUNDRAISING EXPENSES OT	4,052.	,		4,052
d	MISCELLANEOUS	1,414.	1,414.		-,
e e	All other expenses	695.	_,	695.	
25 25	Total functional expenses. Add lines 1 through 24e	179,899.	148,852.	12,038.	19,009
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)				

132010 12-09-21

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2021.03041 ONE EARTH CONSERVATION

10

Form **990** (2021)

ONE EARTH CONSERVATION Part X Balance Sheet

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

Form 990 (2021)

(A) (B) End of year Beginning of year 34,967. 15,639. Cash - non-interest-bearing 1 1 148,176. 237,538 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 183,143. 253,177. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 183,143. 253,177. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗋 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 183,143. 253,177. Total net assets or fund balances 32 32 183,143. 253,177. 33 33 Total liabilities and net assets/fund balances ... Form **990** (2021)

15130509 788383 OE2535

Form	1 990 (2021) ONE EARTH CONSERVATION	81-205	9074	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			33.
2	Total expenses (must equal Part IX, column (A), line 25)	2			99.
3	Revenue less expenses. Subtract line 2 from line 1	3			34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	183	3,1	43.
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	253	3,1	77.
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 on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		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?		2b		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	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

# 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
1	2021
	Open to Public Inspection
Employer	identification number

Name of the	organization
-------------	--------------

		ONE	EARTH CONS	ERVATION				. 8	1-2059074			
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete tł	nis part.) S	ee instruction	IS.				
Гhe	orgar	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	1)(A)(i).					
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	<b>(b)(1)(A)(i</b> i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).					
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	f the colleg	e or			
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributic	ons, members	hip fees, a	nd gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of i	ts support	from gross investmen	t		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	ifety. See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e 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 section 5	5 <b>09(a)(3).</b> (	Check the box on			
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and	d 12g.				
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), 1	typically by	' giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	es of the s	supporting			
	_	organization. You must c	-									
b		<b>Type II.</b> A supporting org	-				-		-			
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported			
	_	organization(s). <b>You mus</b>										
С		Type III functionally inte						lly integrat	ed with,			
	_	its supported organizatio										
d		Type III non-functionally						-				
		that is not functionally int			•		-	d an attent	iveness			
		requirement (see instruct		•								
е		☐ Check this box if the orga					a Type I, Type	II, Type III				
	<b>F</b> t	functionally integrated, or		nally integrated support	ing organi	zation.						
T		er the number of supported o	•	d every institut (s)					- L	_		
g		vide the following informatior i) Name of supported	(ii) EIN	d organization(s).	(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 in	-	support (see instructions	3)		
				above (see instructions))	100	110				-		
										-		
										-		
Lot.	1				-							

#### Schedule A (Form 990) 2021

## ONE EARTH CONSERVATION

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

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	89,752.	122,947.	158,942.	216,024.	249,569.	837,234.		
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								
4	Total. Add lines 1 through 3	89,752.	122,947.	158,942.	216,024.	249,569.	837,234.		
	The portion of total contributions		-			_			
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						376,896.		
6	Public support. Subtract line 5 from line 4.						460,338.		
	ction B. Total Support						,		
-	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	89,752.	122,947.	158,942.	216,024.	249,569.	(f) Total 837,234.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	20.	145.	233.	505.	284.	1,187.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						838,421.		
	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	34,105.		
13	First 5 years. If the Form 990 is for th	ne organization's fi				501(c)(3)			
	organization, check this box and stop	here			-				
Se	ction C. Computation of Publ								
14	Public support percentage for 2021 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	54.91 %		
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	49.30 %		
	33 1/3% support test - 2021. If the c					nore, check this bo	ox and		
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			▶ X		
b	33 1/3% support test - 2020. If the c								
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation					
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization								
k	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or		
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the								
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	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) 2021		

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## ONE EARTH CONSERVATION

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1		
	First 5 years. If the Form 990 is for th	ne organization's fi	irst. second. third.	fourth, or fifth tax	vear as a section	1 501(c)(3) organ	ization.
	check this box and <b>stop here</b>	·····					► □
Se	ction C. Computation of Publ	ic Support Pe					····· • —
	Public support percentage for 2021 (		-	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inve			)			
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))	)	17	%
	Investment income percentage from		'			18	%
19a	a 33 1/3% support tests - 2021. If the	organization did r				33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	
k	<b>33 1/3% support tests - 2020.</b> If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly supp	orted organizat	ion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶□
1320	23 01-04-22			1 -		Schedu	le A (Form 990) 2021
				15			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

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2021.03041 ONE EARTH CONSERVATION

nedule A (Form 990) 2021 ONE	EARTH	CONSERVATION
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Supporting Organizations (continued)

Scl

Part IV

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

За

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Yes No

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### ONE EARTH CONSERVATION

1         Check here if the organization satisfied the Integral Part Test a			Part VI). See instruction
All other Type III non-functionally integrated supporting organi	zations must complete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instruct	ions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <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		
Section 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	n 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 n	on functionally intograt	d Type III supporting or	nanization (soo

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

Schedule A (Form 990) 2021

132026 01-04-22

Par	tV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Secti	on D -	Distributions				Current Year
1	Amou	ints paid to supported organizations to accomplish exe		1		
2	Amou	ints paid to perform activity that directly furthers exemp				
	organ	izations, in excess of income from activity		2		
3	Admir	nistrative expenses paid to accomplish exempt purpose	าร	3		
4	Amou	ints paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrik	putions to attentive supported organizations to which the	ne organization is responsive	e		
	(provi	de details in Part VI). See instructions.			8	
9	Distrik	outable amount for 2021 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distrik	outable amount for 2021 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2021 (reason-				
	able c	cause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
с	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carry	over from 2016 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrik	outions for 2021 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2021 distributable amount				
с	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2021, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	zero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7						
	and 4c.					
8						
а		ss from 2017				
b	Exces	ss from 2018				
с	Exces	ss from 2019				
d	Exces	ss from 2020				
		ss from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Part IV. Section A, lines 1, 2, 20, 30, 40, 46, 56, 6, 80, 90, 90, 114, 110, and 110; Part IV, Section B, lines 1 and 27, Part IV, Sectin		Form 990) 2021		TH CONSERVA			81-2059074 P
		Part IV, Section A, li line 1; Part IV, Section	ines 1, 2, 3b, 3c, 4b, 4 ion D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c, 1 art IV, Section E, lines	1a, 11b, and 11c; F 1c, 2a, 2b, 3a, and	Part IV, Section B, lines 3 3b; Part V, line 1; Part	1 and 2; Part IV, Section C V, Section B, line 1e; Part V
		(See instructions.)				e this part for any additi	
2022 0.1.0.22							
2002 01.04.02 Schoole & Escove							
2002 01.0.4 2							
2002 01.04.22 Schodulo A /Earon							
22028 01.04.22 Sobodulo A /Earm							
2009.01.04-22 Schodulo A //Earm							
2008 01.04.02 Sebadula A //Serre							
2008 01.04.22 Cobadula & /Earm							
2008 01.04.22 Sobodulo & /Earm							
2008 01.04.22 Sobodulo & /Earm							
22008 01.04.22 Sobodulo & /Earm							
22028 01.04.22 Sobodulo & /Earm							
22008 01.04.22 Sobodulo & /Earm							
20028 01.04.22 Sobodulo & /Earm							
22028 01.04.22 Sobodulo A /Earm							
Sobodula A /Earm							
Sabadula A /Earm							
Schedule A IFOrm	32028 01-04-2	2					Schedule A (Form 990
20							

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

81-2059074

ONE EARTH CONSERVATION

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) 2021

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 Schedule O (Form 990) 2021

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Name of the organization

ONE EARTH CONSERVATION

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 18:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM

990, FORM 1023, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 77,592.

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67,490.

10,102.

77,592.

Ο.

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

**Open to Public** Inspection

1.General Informat	tion				
For Fiscal Year Beginnin	ig (mm/dd/yy	yy) 01/01/202	1 and Ending (mm/dd/yyyy) 12/31	/2021	
Check if Applicable:	Name of Or	0			entification Number (EIN):
Address Change	ONE E	ARTH CONSERV	ATION	81-2	2059074
Name Change	Mailing Add		011 am	NY Registra 45-91-	tion Number:
Initial Filing		OELLN, 82-52	211 51		-90
Final Filing	City / State	/ZIP: S HILLS, NY	11427-1314	Telephone:	76-7284
Reg ID Pending	Website:		1112, 1011	Email:	0 /201
		RTHCONSERVAT	ION.ORG		DELLN@ONEEARTH
Check your organization?	's			Confirm your Do	nietration Category in the
registration category:	🗌 7A c	only 🗌 EPTL only	X DUAL (7A & EPTL) EXEMPT*		gistration Category in the / at <u>www.CharitiesNYS.com</u> .
2. Certification					
See instructions for certi	fication requi	rements. Improper certif	ication is a violation of law that may be subj	ect to penalties. T	he certification requires
two signatories.					
			this report, including all attachments, and to rdance with the laws of the State of New Yor		
,	,	,			
President or Authorized	Officer:		OFFICER		
		Signature	Print Na	me and Title	Date
Chief Financial Officer o	r Trogeuror		• OFFICER		
	n measurer.	Signature		me and Title	Date
	_				
3. Annual Reportin	g Exempt	ion			
	,	, , , ,	zation is claiming an exemption under one c	0,0	, ,
			ete only parts 1, 2, and 3, and submit the ce		
additional attachments a	re required. I	f vou cannot claim an ex	emption or are a DUAL filer that claims only	one exemption.	ou must file applicable

schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and	Attachm	ients	
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	L No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee
--------

See the checklist on the	7A filing fee:		EPTL	EPTL filing fee:		fee:	Make a single check or money order	
next page to calculate your							payable to:	
fee(s). Indicate fee(s) you							"Department of Law"	
are submitting here:	\$	25.	\$	100.	\$	125.	Department of Law	

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CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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

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	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:			
<b>CHAR500</b>	- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.			
Annual Filing Checklist	- 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 F If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund X If you answered "yes" in Part 4b, submit Schedule 4b: Government Gr	Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
<ul> <li>Check the financial attachments you must submit with your CHAR500:</li> <li>IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable</li> <li>All additional IRS Form 990 Schedules, including Schedule B (Schedul disclosure and will not be available for public review.</li> <li>Our organization was eligible for and filed an IRS 990-N e-postcard. Ou filing year. We have included an IRS Form 990-EZ for state purposes or an anticipation of the second second</li></ul>	r revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certifie Review Report if you received total revenue and support greater than \$ Audit Report if you received total revenue and support greater than \$1 If the fiscal year begins before that date, an Audit Report is required if No Review Report or Audit Report is required because total revenue and We are a DUAL filer and checked box 3a, no Review Report or Audit R	\$250,000 and up to \$1,000,000 ,000,000 and the fiscal year begins on or after July 1, 2021. total revenue and support is greater than \$750,000 nd support is less than \$250,000
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	<b>7A</b> 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:	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct

\$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
$\fbox$ \$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

## Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- 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)).

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2021.03041 ONE EARTH CONSERVATION

# CHAR500

Open to Public Inspection

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: ONE EARTH CONSERVATION 45-91-96

#### 2. Government Grants

Name of Government Agency	Amoun	t of Grant
1. US FISH AND WILDLIFE SERVICE	1.	69,974.
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:	69,974.

168481 01-10-22 1019 CHAR500 Schedule 4b: Government Grants (Updated January 2022)

2021.03041 ONE EARTH CONSERVATION