0070 70	IRS e-file Signature Authorization	ļ	OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization		0040
	For calendar year 2018, or fiscal year beginning, 2018, and ending	, 20	2018
Department of the Treasury	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Go to www.irs.gov/Form8879EO for the latest information.</li> </ul>		
Internal Revenue Service Name of exempt organization	Go to www.irs.gov/Form8879EO for the latest mormation.	Employer i	dentification number
Name of exempt of gamzation			
ONE EARTH CON	SERVATION	81-20	059074
Name and title of officer			
GAIL GOLDSTEI	N KOELLN		
VP			
	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or 5 whichever is applicable, b than one line in Part I.	<b>a</b> , below, and the amount on that line for the return being filed with this form was blank lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applica	ble line belov	v. <b>Do not</b> complete more
1a Form 990 check here	bTotal revenue, if any (Form 990, Part VIII, column (A), line 12)bTotal revenue, if any (Form 990-EZ, line 9)	1b _	
2a Form 990-EZ check he			
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)		
Part II Declara	tion and Signature Authorization of Officer		
electronic return and acco further declare that the ar intermediate service provi (a) an acknowledgement the date of any refund. If debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected	, I declare that I am an officer of the above organization and that I have examined a cop ompanying schedules and statements and to the best of my knowledge and belief, they nount in Part I above is the amount shown on the copy of the organization's electronic der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, <b>(b)</b> the reason for any delay in pro- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organ istitution to debit the entry to this account. To revoke a payment, I must contact the U. han 2 business days prior to the payment (settlement) date. I also authorize the financia ic payment of taxes to receive confidential information necessary to answer inquiries a a personal identification number (PIN) as my signature for the organization's electronic electronic funds withdrawal.	v are true, con return. I cons o the IRS and cessing the r n electronic f ization's fede S. Treasury F al institutions and resolve is	rect, and complete. I sent to allow my d to receive from the IRS eturn or refund, and (c) unds withdrawal (direct eral taxes owed on this inancial Agent at involved in the sues related to the
Officer's PIN: check one	box only		
X I authorize SH	CODY SCOT & CO, CPAS, PC	to enter m	
	ERO firm name		Enter five numbers, bu do not enter all zeros
is being filed wi	e on the organization's tax year 2018 electronically filed return. If I have indicated within th a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a n the return's disclosure consent screen.	this return th authorize the	hat a copy of the return aforementioned ERO to
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 201 this return that a copy of the return is being filed with a state agency(ies) regulating chemeter my PIN on the return's disclosure consent screen.	8 electronica narities as particular $6 \sqrt{1}$	lly filed return. If I have t of the IRS Fed/State 19

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26	33	41	82	:53
		-		zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature <b>SKC</b>	DDY SCOT	& CO,	CPAS,	PC	Date 🕨	06/18/19	

## ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 823051 10-26-18

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2018.03050 ONE EARTH CONSERVATION

OE2535\_1

Form 8879-EO (2018)

			EXTENDED TO NOVEMBER 15, Short Form	2019		OMB No. 1545-1150
Form	.99	90-EZ	Return of Organization Exempt Fro	m Income	Tav	
10111			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			<b>2018</b>
Dena	rtment	of the Treasury	Do not enter social security numbers on this form as it	may be made pu	DIIC.	Open to Public
		enue Service	Go to www.irs.gov/Form990EZ for instructions and the	e latest informati	on.	Inspection
				nd ending		
B C a	heck if	f <b>C</b> Na	me of organization		D Employe	r identification number
	Addr	ess change				
	Nam		IE EARTH CONSERVATION ber and street (or P.O. box, if mail is not delivered to street address)	De sus (suits		2059074
	<b>∃</b> Final		O KOELLN, $82-52$ 211 ST	Room/suite	E Telephor	-776 - 7284
		City	or town, state or province, country, and ZIP or foreign postal code		F Group Ex	
		TTC	DLLIS HILLS, NY 11427-1314		Number	
GA		nting Method:	X Cash Accrual Other (specify) ►			if the organization is
			EARTHCONSERVATION.ORG			ired to attach Schedule B
				'(a)(1) or 527		90, 990-EZ, or 990-PF).
-		of organization:				, , , ,
LA	dd lin	ies 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total assets (Part I	ΙΙ,	
C	olumr	n (B)) are \$500,0	00 or more, file Form 990 instead of Form 990-EZ		🕨	
Pa	art I	_	e, Expenses, and Changes in Net Assets or Fund Balan			
			organization used Schedule O to respond to any question in this Part I			X
	1		gifts, grants, and similar amounts received			122,947.
	2		e revenue including government fees and contracts			20,143.
	3		ues and assessments			
	4		ome		4	
	5a		from sale of assets other than inventory 5a there basis and sales expenses 5b			
	b		ther basis and sales expenses5b 5b 5b 5b 5b5b 5b			
	с 6		ndraising events:		5c	
	-	-	rom gaming (attach Schedule G if greater than			
Revenue	Ĩ	<b>#</b>	6a			
eve	b	,	rom fundraising events (not including \$ of contri	ibutions		
£			g events reported on line 1) (attach Schedule G if the sum of such			
			Ind contributions exceeds \$15,000) 6b	5,2	07.	
	c		penses from gaming and fundraising events 6c	1,4	44.	
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line	6c)	6d	3,763.
	7a	Gross sales of	inventory, less returns and allowances 7a			
	b	Less: cost of g	bods sold 7b			
	C	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		(describe in Schedule O) SEE SC			145.
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			146,998.
	10		ilar amounts paid (list in Schedule O)			
<i>(</i> 0	11 12	Salaries other	o or for members		11	10 105
sec	13		es and other payments to independent contractors			0 600
Expenses	14		it, utilities, and maintenance			
Ă	15	Printina. public	ations, postage, and shipping		15	
	16	Other expenses	(describe in Schedule 0) SEE SC	HEDULE O	16	<b>T</b> 2 000
	17		s. Add lines 10 through 16			
<i>(</i> <b>)</b>	18		cit) for the year (Subtract line 17 from line 9)			
set	19		ind balances at beginning of year (from line 27, column (A))			
As		(must agree wi	th end-of-year figure reported on prior year's return)		19	
Net Assets	20		in net assets or fund balances (explain in Schedule O)			
	21		Ind balances at end of year. Combine lines 18 through 20		▶ 21	
LHA	For	r Paperwork Red	luction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2018)

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Form 990-EZ (2018) ONE EARTH CONSERVATION			81-2	20590	<b>74</b> Page
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to resp					
	()	A) Beginning of year		<b>(B)</b> E	nd of year
22 Cash, savings, and investments		35,269	• 22		92,592
23 Land and buildings			23		
24 Other assets (describe in Schedule 0)			24		
25 Total assets		35,269	• 25		92,592
26 Total liabilities (describe in Schedule 0)		0	• 26		0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		35,269	• 27		92,592
Part III Statement of Program Service Accomplishmen	nts (see the instruction	ons for Part III)		Ex	penses
Check if the organization used Schedule O to resp	oond to any question	in this Part III	X	(Required	
What is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons; optional for
Describe the organization's program service accomplishments for each of its three largest program		s. In a clear and concise		others.)	no, optional for
manner, describe the services provided, the number of persons benefited, and other relevant inform					
28 SEE SCHEDULE O					
Grants \$ ) If this amount includes foreign g	irants, check here	<b></b>	<u>_</u> 1	28a	70,612
29	1010, 0100K 11010				,
<u> </u>			—		
		<b>&gt;</b>	<u> </u>	29a	
(Grants \$) If this amount includes foreign g	rants, check here	····· ►		298	
30					
(Grants \$ ) If this amount includes foreign g				30a	
31 Other program services (describe in Schedule O)					
(Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		31a	80 610
				32	70,612
Part IV List of Officers, Directors, Trustees, and Key E			see the i	nstructions f	or Part IV)
Check if the organization used Schedule O to resp			(d)		
	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	contril	Ith benefits, outions to	(e) Estimated amount of othe
(a) Name and title	per week devoted to	W-2/1099-MISC) (if not paid, enter -0-)		/ee benefit nd deferred	compensation
	poolion	(ii not paid, enter -0-)	comp	ensation	oomponoution
DR KIM LORRAINE JOYNER	40.00			0	0
PRESIDENT	40.00	0.		0.	0
GAIL GOLDSTEIN KOELLN	10.00	10 405		0	•
VICE PRESIDENT	10.00	12,495.		0.	0
MEREDITH GARMON					
DIRECTOR	1.00	0.		0.	0
ERIC KREUTER					
DIRECTOR	1.00	0.		0.	0
HECTOR ORLANDO PORTILLO REYES					
DIRECTOR					
	1.00	0.		0.	0
AIMEE WHITE					
	1.00	0.		0.	0
AIMEE WHITE					
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AIMEE WHITE				0.	

30       Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity is schedule 0.       31       X         33       Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity is schedule 0.       31       X         34       Were any significant charges made to the organization is mon. Charvise, explaint in the charge on Solidou I or mon during the yaar from business activities (104, 50, 510 (104, 50, englistic)).       35       Did the organization activity of 104 (104, 50) (104, 50) (104, 50) (104, 50).       365       N/A         35       Did the organization activity activity. Solidou I or mod earing the yaar from business activities (104, 50, 510 (104, 50, englistic)).       366       X         36       Did the organization activity. Solidou, dissolution, turnination, or solution with a start of the start?       36       X         37       X       X       36       X       36       X         38       Did the organization file organization. Solution (104, 50) (2014, 201	Pa	<b>rt V</b> Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
33       bit me organization engage in any significant tabley on previously reported to the IRSP IT Yes, "provide a debied description of each entry in 5-bedue 0       33       bit me organization are unreleaded business gross income of \$1000 or more during the year from business activities (such as those reported organization have unreleaded business gross income of \$1000 or more during the year from business activities (such as those reported organization have unreleaded business gross income of \$1000 or more during the year from business activities (such as those reported organization asbed to setting the year from business activities (such as those reported organization asbed to setting beyoar Trys," complets Schedule 0       36       X         34       Was any significant change to the organization abbed to setting 050(e) more during the year TrYs, "complets Schedule 0, Set information in Schedule 0       36       X         35       Bit of the organization undergo allowidation, dissolution, termination, or significant disposition of net assets during the year TH*S," complets Schedule 0, Far III       36       X         36       Did the organization file for 1124/C, 50 (10(5), or 50 (10(5) or 5			Jian		
actively in Schedule 0       33       X         4 We as systemized that a sense the the organization is name. Otherwise, explain the charge on Schedule 0 (see instructions)       44       X         35a       Did the organization have unrelated business gross income of \$1,000 or more during the year from basiless activities (such as those reported on times 2, as the organization field a form 980-1 for the year? If "No," provide an explanation in Schedule 0       35b       N/A         35a       Did the organization actions of 10(4), 5010(5), 5010	33	Did the organization engage in any significant activity not previously reported to the IBS2 If "Yes." provide a detailed description of each		103	
44         We any spinforth changes rade to be organization summed outcomets? If Yes' itach a conformed corp of the amended documents? If Yes' itach a conformed corp of the amended for the regarding of the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, amang others)? <b>4 4</b>			33		x
documents if they reflect a change to the organizator's name. Otherwise, explain the change on Schedule O (see instructions)       34       X         55 on time 2, 6a, and 7a, among others)?       55 on time 2, 6a, and 7a, among others)?       55 on time 2, 6a, and 7a, among others)?       55 on time 2, 6a, and 7a, among others)?       55 on time 2, 6a, and 7a, among others)?       55 on time 2, 6a, and 7a, among others)?       55 on time 2, 6a, and 7a, among others)?       55 on time 2, 6a, and 7a, among others)?       55 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       57 on time 2, 6a, and 7a, among others)?       56 on time 2, 6a, and 7a, among others)?       57 on time 2, 6a, and 7a, among others)?       57 on time 2, 6a, and 7a, among others)?       57 on time 2, 6a, and 7a, among others)?       57 on time 2, 6a, and 7a, among others)?       57 on time 2, 6a, and 7a, among others)?       57 on time 2, 6a, and 7a, among others)?       57 on time 2, 6a, and 7a, amo	34				
35.a       Utile the organization have unrelated business goes income of \$1,000 or more during the year from business activities (such as those reported on lines 2, fas, and 7, arrong others?)       35.b       X         b       If Yes? to line 35a, has the organization lifed a Form 990-T for the year? If No, "provide an explanation in Schedule 0       35.b       X/A         c       Was the organization action 30 (c)(4), 50 (c)(5), or 50 (c)(6) organization subject to section 6033(e) notice, reporting, and proxy tix.       36.c       X         38       Did the organization induction, a significant disposition of the asset during the year? If Yes, complet Schedule (), Fari III.       36.c       X         38       Did the organization induction or male any loans to, any officer, director, trustee, or key employee or vere any such hass made in a prory area and still ocatinating the end of this syste covered by this return?       38.c       X         39       Did the organization inducted on line 9       38.a       N/A         30       Section 501(c)(7) organizations. Dud the organization during the year under: section 49.15 b. O.,       38.c       O.         30       Section 501(c)(7) organizations. Dud the organization any explore any such hass made in a prory area organization during the year, or did tengogia in a necross benefit transaction in a pror year that has not been reported on any of the organization inducted on line 9       0       0         31       Did the organization       Did Di (c)(2) organizations. Dured organization a party			34		х
on lines 2, 6a, and 7a, among others)?       35a       X         b II Yes's to line 3b, bas the organization line J a Form 900-T for the year? II Yia; provide an explanation in Schedule 0       35b       N/A         35b       M/A       35b       N/A       35c       X/A         35c       M/A       35c       N/A       35c       N/A         35c       M/A       35c       N/A       35c       X/A         35c       M/A       35c       X/A       35c       X         35c       M/A       35c       X       35c       X         35c       M/A       0       0       35c       X         35c       M/A       0<	35 a		1		
b (1 Yes) to line 35a, has the organization line 4 form 390-1 for the year? If Yua, 'provide an explanation is Schedule 0       35b.       M/A         326       Was the organization a section 5003(e) notice, reporting, and proxy tax explicition undergo a liquidation, discultion, termination, or significant disposition of net assets during the year? If Yes,' complete applicable parts of Schedule N       35b.       X/A         327       Inter amount of policia expenditures, direct or indirect, as described in the instructions       37a.       0.         328       Did the organization if Form 120-POL tor this year of more, director, trustee, or key employee ervise any such lears made in a prior year and sill obstanding of the end of the section 40010(C) organizations. Enter:       38b.       N/A         339       Section 501(C) organizations. Enter:       38b.       N/A         340       Brokes in 501(C) organizations. Enter:       38b.       N/A         350       Section 501(C) organizations. Enter:       0.       5       0.         351       Brokes in 501(C) organizations. Enter:       0.       5       0.       0.         351       Brokes in 501(C) granization enter amount of tax imposed on the organization during the year of did tengage in an excess benefit transaction during the year, or did tengage in an excess benefit transaction any of the organization enterperiod anary of the organization enterperiod anary of the organization. Enter amount of tax imposed on the organization enteperiod anary of the organization set on 501(C)(3), 501(C			35a		Х
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6), organization subject to section 6032(e) notice, reporting, and proxy tax requirements from the year // 11*Yes; complete Studie L, Part II       366       X         38       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes;       366       X         39       Enter amount or policial expenditures, direct or indirect, as described in the instructions       371       O       375       X         39       Did the organization borrow from, or make any kons to, any officer, director, trustne, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       386       N/A         39       Section 501(c)(7) organizations. Enter       396       N/A       388       X         30       Or cysteepide Schedul L, Part II and enter the total almount involved       398       N/A       398       N/A         30       Or cysteepide Schedul L, Part II and enter the total almount involved       398       N/A       398       N/A         30       Dr cysteepide Schedul L, Part II and enter the total almount involved       398       N/A       398       N/A         30       Dr cysteepide Schedul L, Part II and enter the ordal amount involved       0       0       0       0       0       0       0	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
38       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? II "Yes," complete applicable parts of Scholdu N       36       X         37       Eiter amount of political expenditures, direct or indirect, as described in the instructions       37       37       0         38       Did the organization in the Form 1120+POL for this year?       38       X         38       Did the organization boror form or make any loans to, any officer, director, trustee, or key employee or vere any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38       X         39       Botto the organization. Enter       39       N/A       38       X         39       Botto the organizations. Enter       39       N/A       38       X         30       Di the organization. Enter amount of tax imposed on the organization during the year, orditor the progen are sections 4912.       0.       .       .       .       .         40       Exection 501(c)(3) organizations. Enter amount of tax imposed on on any of tas prior forms 980 or 980-E22 H / Yes, 'complete Schedule L, Part 1       .       <					
38       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? II "Yes," complete applicable parts of Scholdu N       36       X         37       Eiter amount of political expenditures, direct or indirect, as described in the instructions       37       37       0         38       Did the organization in the Form 1120+POL for this year?       38       X         38       Did the organization boror form or make any loans to, any officer, director, trustee, or key employee or vere any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38       X         39       Botto the organization. Enter       39       N/A       38       X         39       Botto the organizations. Enter       39       N/A       38       X         30       Di the organization. Enter amount of tax imposed on the organization during the year, orditor the progen are sections 4912.       0.       .       .       .       .         40       Exection 501(c)(3) organizations. Enter amount of tax imposed on on any of tas prior forms 980 or 980-E22 H / Yes, 'complete Schedule L, Part 1       .       <		requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
37a       Entra anount of political apenditures, direct or indirect, as escrited in the instructions       ▶ 97a       0-         b       Did the organization file Form 1120-POL for this year?       37b       X         38a       Did the organization borrow from, or make any bians to, any officer, director, trustee, or key employee or were any such baars made in a prior year and still outstanding at the end of the tax year covered by this return?       38b       N//A         39a       Excline 51(c)(X) organizations. Enter:       38b       N//A         39a       Excline 51(c)(X) organizations. Enter:       38b       N/A         39a       Excline 51(c)(X) organizations. Enter:       38b       N/A         39a       Excline 51(c)(X) organizations. Enter:       38b       N/A         39a       Excline 51(c)(X) organizations. Enter:       0-       ; section 4305       0-         40b       Excline 51(c)(X) organizations. Enter amount of tax imposed on the organization during the year ordit in tange or organization and the ange or anount of tax imposed on organization managers or disquinellife persons of ULC) 455, and 456       0-       40b       X         41       List the states with which a congo this feature site of Sin 2.0 -	36				
b Uit the organization if Ferm 1120-POL for this year?       37b       X         38 a Did the organization bords more, or make any bans to, any officer, director, trustee, or key employee or were any such bans made       38a       X         b If Yes; complete Schedule L, Part II and enter the total amount involved       38a       X/A         b Gross receipts, included on line 9       38a       N/A         b Gross receipts, included on line 9       39a       N/A         0 Section 501(c)(3) so flic()(4), and 501(c)(29) organizations. Enter mount of tax imposed on the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Under science 51(c)(3), 501(c)(4), and 501(c)(29) organizations. Chart mount of tax imposed on organization mages or disqualified persons during the year under science 510(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization. Range in any social of 456 excess benefit transaction 11 (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization. Range in any dot 16 to (10, 29) organizations. Enter amount of tax on ine 40c reinbursed by the organization science and sol (c)(29) organizations. Enter amount of tax imposed on ary of 16 portion 501(c)(5), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 456 excess benefit transaction?       0.         41 List the states with which a copy of this returns Biod > NY       0.       1.       1.         41 List the states with which a copy of this returns Biod > NY       21.       1.       1.       1.       1.         42 The o		complete applicable parts of Schedule N			Х
38a Diff the organization borrow form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38b       N/A         39a Exton 501(c)(3) organizations. Enter:       38b       N/A         39a Exton 501(c)(3) organizations. Enter:       38b       N/A         40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year ord if engage in any section 4958 ▶ 0.       0.         5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4958 ▶ 0.       0.         5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Bitle amount of tax imposed on organization managers on disqualified persons during the year under sections 4912, 4956, and 4958       0.         4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers on disqualified persons during the year under sections 4912, 4956, and 4958       0.         4 Use the states with which a collicity (29) organizations. Enter amount of tax on line 40c reinbursed by the organization sections 4917, 4957, complete Form 8886-7       40e       X         4 List the states with which a collicity (20) organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-7       11427 - 1314         4 List the states with which a coll organ country.       YIE + 718 - 776 - 7284         4 Located at P        C/O KOELLM, 82 - 52 211 S , HOLLIS HILLS , NY	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>a</b> 37a 0.	,		
in a prior year and still outstanding at the end of the tax year covered by this return?       38b       N/A         b If Yes; complete Schedule L, Part II and enter the total amount involved       38b       N/A         38 Section 501(c)(3) organizations. Enter       39b       N/A         40 Section 501(c)(3) organizations. Enter       39b       N/A         40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       0.       section 491 ►       0.         5 Section 501(c)(3), ont (501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on the organization angles in any section 495 & xccess benefit transaction during the year, or did it engage in an excess benefit transaction fully the year, or did it engage in any section 495 & xccess benefit transaction for the year, or did it engage in any section 495 & xccess benefit transaction for (0,3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations and the year, or did it engage in any section 495 & 0.       0.         40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed       0.       0.         41 List the states with which a copy of this return is filed ▶ NY       NY       114 27-1314         42 The organization is hook are in ear of ▶ THE ORGANIZATION       Telephone no. ▶ 718-776-7284         43 the during the calendar year, did the organization have an inferest in or a signature or other authority over a financial account in a foreign country: ▶       2         43			37b		Х
b       H*st; complete Schedule L, Part II and enter the total amount involved       38b       N/A         39       Section 501(c)(7) organizations. Enter:       39a       N/A         39       Initiation feas and capital contributions included on line 9       39a       N/A         39       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955       0.         5       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4956 excess benefit transaction during the year ordit lengage in any section 4958 excess benefit transaction manages or disqualitified persons during the year and/or tax imposed on any organization manages or disqualitified persons during the year undiring the year of tax imposed on any organizations.       0.         0       Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax inposed on any organizations.       0.         1       List the states with which a copy of this return is filed <b>&gt;</b> NY       14       14       14       14 <td>38 a</td> <td></td> <td></td> <td></td> <td></td>	38 a				
39       Section 501(c)(7) organizations. Enter:       39a       N/A         40       Bords receipts, included on line 9 (or public use of club facilities       39a       N/A         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4905 )       0.         40a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Unit the organization engage in any section 4965 )       0.         40b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4965, and 4968 .       0.         40b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4965, and 4968 .       0.         40c       X         41       List the states with which a copy of this return is filed ▶ NY       0.         42a       The organizations books are incared ▷ ▶ THE ORGANIZATION Telephone no. ▶ 718-776-7284         42a       The organization is a organization a party to a prohibited tax shelter         42a       The organization is a companization a party as particle or other authority over a financial account in a foreign country: [such as a bank secount, securities account, or other financial account in a foreign country: [such as a bank secount, securities account, or other difficulties (FBAR).         44a       N/A </td <td></td> <td></td> <td>38a</td> <td></td> <td>X</td>			38a		X
a Initiation fees and capital contributions included on line 9       38 a       N/A         b Gross receipts, included on line 9, for public use of club facilities       38 b       N/A         0 Gross receipts, included on line 9, for public use of club facilities       0.; section 4915       0.         0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit       0.         1 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed       0.         e All organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter       0.         transaction 71 If 'Yes,' complete Form 8886-T       40e       X         41 List the states with which a condy of this return is filed ▶ NY       Telephone no. ▶ 718 - 776 - 7284       11427 - 1314         42 A me organization targer and the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶       218 + 11427 - 1314         43 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ <td></td> <td></td> <td>-  </td> <td></td> <td></td>			-		
b       Gross receipts, included on line 9, for public use of club facilities       39b       N/A         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       0.       section 4915       0.         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any       0.       iscution 4915       0.         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       0.         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction 1 (Ves), 500(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization shoots are in care of breatworks (Ves), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization shoots are in care of breatworks (Ves), 501(c)(4), and 501(c)(29) organization aparty to a prohibited tax shelter transaction 1 (Ves), 500(c)(4), and 501(c)(29) Organization and party to a prohibited tax shelter transaction this return is filed by NY         42a       The organization shoots are in care of by THE ORGANIZAPTION       Telephone no. > 718 = 776 = 7284         Located at > C/O KOELLN , 82 = 52 211 ST , HOLLIS HILLS , NY       ZiP + 4 > 114227 - 1314         b       At any time during the calendar			ſ		
40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       0.; section 4931 ▶ 0.; section 4935 ▶ 0.;         5       Section 501(c)(3).501(c)(4), and 501(c)(29) organizations. Their amount of tax imposed on any of its prior Forms 990 or 990-E27 11 Yes," complete Schedule L, Par1 1       40b       X         6       Section 501(c)(3).501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disqualified persons during the year under sections 4912, 4955, and 4958       0.       40b       X         6       Section 501(c)(3).501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed       0.       40c       X         1       List the states with which a copy of this return is filed ▶ NY       1       40c       X         42a       The organization are in carent ▶ THE ORGANIZATION       Telephone no. ▶ 718-776-7284       121427-13144         b       Acount in a foreign country (such as a bank account, securities account, or other authority over a financial account in a foreign country: ▶       Telephone no. ▶ 718-776-7284         42b       X       11/427-13144       2ip+4 ▶ 11427-1314         b       At any time during the claendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶       Telephone no. ▶ 718-776-7284         42b       X       11/427-13144       12/2-71314       42b <td></td> <td></td> <td>-  </td> <td></td> <td></td>			-		
section 4911       0.; section 4912       0.; section 4955       0.         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 access benefit transaction during the year; of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I       40b       X         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year; under sections 4912, 4955, and 4958       0.       0.         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year; under sections 4912, 4955, and 4958       0.       0.         d       All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T       0.       0.         d2a The organization books are in care of b PTHE ORGANIZATION to realize account, securities account, securities account, or other authority over a financial account in a foreign country: b       718-776-7284         section 4914/(a)(1) nonescipolinos and filing requirements for a signature or other authority over a financial account in a foreign country: b       718-776-7284         section 4947 (a)(1) nonescipolinos and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       219 + 4 b 11427-1314         b		······································	-		
b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did i lengage in an excess benefit transaction in a pior year that has not been reported on any of its pior forms 990 e90-E27 II "yes," complete Schedule L, Part I       40b       X         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       .	40 a		ſ		
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ if Yes," complete Schedule I, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	h		ſ		
of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I       40b       X         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.       0.       0.       0.         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete form 8886-T       0.       0.         11 List the states with which a copy of this return is filed <b>&gt;</b> NY       NY       1.	U		ſ		
c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T       0.         40e       X         41       List the states with which a copy of this return is filed ▶ NY         42a       The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 718-776-7284         Located at ▶ C/O KOELLN , 82-52 211 ST, HOLLTS HILLS, NY       ZIP+4 ▶ 11427-1314         b       At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       42b       X         c       At any time during the calendar year, did the organization maintain an office outside the United States?       43       N/A         44a       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b       Did the organization nameta on file of any reser. Form 990 must be completed instead of Form 990-EZ       44c       X         b       Did the organization operate one or more ho			40b		x
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed       0.         by the organization       0.         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shefter       0.         t1 List the states with which a copy of this return is filed ▶ NY       10e         t2a The organizations bocks are in care of ▶ THE ORGANIZATION       Telephone no. ▶ 718-776-7284         Located at ▶ C/O KOELLN, 82-52 211 ST, HOLLIS HILLS, NY       ZIP + 4 ▶ 11427-1314         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: Such as a bank account, securities account, or other financial accounts (FBAR).       42e         At any time during the calendar year, did the organization maintain an office outside the United States?       42e       X         If "Yes," enter the name of the foreign country: ▶       43       44e       X         Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ       43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital faciliti	c		100		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization       0.         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T       40e       X         41       List the states with which a copy of this return is filed ▶ NY       NY       21P + 4 ▶ 11427-1314         42a       The organization's books are in care of ▶ THE ORGANIZATION Located at ▶ C/O KOELLN, 82-52 211 ST, HOLLIS HILLS, NY       ZiP + 4 ▶ 11427-1314         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶       Yes No         32e the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42b       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the name of the foreign country: ▶			ſ		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       40e       X         41 List the states with which a copy of this return is filed <b>NY</b> Yes       The organization's books are in care of <b>NTHE ORGANIZATION</b> Telephone no. <b>P18-776-7284</b> 22a The organization's books are in care of <b>NTHE ORGANIZATION</b> Telephone no. <b>P18-776-7284</b> ZIP+4 <b>P11427-1314</b> b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       Yes       No         42b       X       Yes, "enter the name of the foreign country: <b>P</b> Yes       Yes       No         3section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a       X       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         b Did the organization neeive any payments for indoor taming services during the year?       If "Yes," Form 990 must be completed instead of If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in is Schedule 0       44d       X         b Did the organization have a c	d		ſ		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8886-T       40e       X         41       List the states with which a copy of this return is filed ▶ NY       X       The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 718-776-7284       ZiP + 4 ▶ 11427-1314         22       The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 718-776-7284       ZiP + 4 ▶ 11427-1314         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       Yes No         account)?       If "Yes," enter the name of the foreign country: ▶       Yes       Yes No         Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44e       X         b Did the organization neerve any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44e       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44e       X			ſ		
41       List the states with which a copy of this return is filed ▶ NY         42a       The organization's books are in care of ▶ THE ORGANIZATION       Telephone no. ▶ 718-776-7284         Located at ▶ C/O KOELLN, 82-52       211 ST, HOLLIS HILLS, NY       ZIP 4 ▶ 11427-1314         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶       Yes No         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42b       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a       X       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization neceive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c Did the organization have a controlled entity within the meaning of section 512(b)(13)?       44c       X         b Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b	e		ſ		
42a       The organization's books are in care of ▶ THE ORGANIZATION       Telephone no. ▶ 718-776-7284         Located at ▶ C/O KOELLN, 82-52 211 ST, HOLLIS HILLS, NY       ZIP +4 ▶ 11427-1314         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         if "Yes," enter the name of the foreign country: ▶		transaction? If "Yes," complete Form 8886-T	40e		Х
Located at ► C/O KOELLN, 82-52 211 ST, HOLLIS HILLS, NY       ZIP+4 ► 11427-1314         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         If "Yes," enter the name of the foreign country: ►					
b At any time during the calendar year, did the organization have an interest in or a signature or other authority       Yes         over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes         If "Yes," enter the name of the foreign country:	42 a				
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         if "Yes," enter the name of the foreign country:          See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42b         if "Yes," enter the name of the foreign country:           See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         if "Yes," enter the name of the foreign country:          42c       X         if "Yes," enter the name of the foreign country:           42c       X         if "Yes," enter the name of the foreign country:            42c       X         if "Yes," enter the name of the foreign country:			.142	7-1	314
account)?       42b       X         if "Yes," enter the name of the foreign country:	b				
If "Yes," enter the name of the foreign country:				res	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 44a 44b 44b 44b 44c 44c 44c 44d 45a 44d 45a 45b 45b		,	420		
c At any time during the calendar year, did the organization maintain an office outside the United States?       42 X         If "Yes," enter the name of the foreign country: ▶         43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       ▲ 43 N/A         44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ★ 43 N/A         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ★ 44a X         c Did the organization receive any payments for indoor tanning services during the year?       If "Yes," provide an explanation in Schedule 0         45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a X         b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions					
If "Yes," enter the name of the foreign country: ▶         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       ▶       43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ¥4a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of of Form 990-EZ       ¥4b       X         c       Did the organization receive any payments for indoor tanning services during the year?       ¥4c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       ¥4d       ¥4d         45a       Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       ¥5b       ¥5b			420		x
<ul> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year</li> <li>43 N/A</li> <li>44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0</li> <li>44a</li> <li>44d</li> <li>45a</li> <li>b Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions</li> </ul>	C		726	]	- 23
and enter the amount of tax-exempt interest received or accrued during the tax year <ul> <li></li></ul>	43				
Yes       No         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       44d       X         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45b       45b       45b	10				
44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       44d       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b		······································			
Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44b       X         c Did the organization receive any payments for indoor tanning services during the year?       44c       X         d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       X         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b       45b			1	Yes	No
b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44b       X         of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b       45b	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       X         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45b       45b		Form 990-EZ	44a		Х
c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       44d       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b       45b	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b       45b		of Form 990-EZ	44b		
in Schedule 0 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45a 45a 512(b)(13)? 1512(b)(13)? 1512(b)(13)(b)(13)(b)(13)(b)(13)(b)(13)(b)(13)(b)(13)(b)(13)(b)(13)(b)(13)(b)(13)(b)(13)(b)(		Did the organization receive any payments for indoor tanning services during the year?	44c		Х
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45 a       X         b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45 a       X	d				
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45 a       X         b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45 a       X		in Schedule O			
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions			45a		X
	b				

ONE EARTH CONSERVATION

Form 990-EZ (2018)

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81-2059074 Page 3

orm	n 990-EZ (2	ONE EARTH CONSE	ERVATION			195	81-20	590		Page 4
									Yes	No
46		ganization engage, directly or indirectly, in po	olitical campaign activitie	s on behalf of or	in oppositio	on to candidates for p	bublic office?			
Pa		omplete Schedule C, Part I Section 501(c)(3) Organization	s Only			at infastration		4	6	X
1 6		All section 501(c)(3) organizations must	And Address of the second state of the second	49b and 52 an	d comple	te the tables for lin	es 50 and	51		
		Check if the organization used Schedule								
2.7	1.1	estimate for the clinicity Stat	dat exclusion and	-12.12 Dec 242.12	1111 281	heren heren data a			Yes	No
47	Did the or	ganization engage in lobbying activities or ha	ve a section 501(h) elec	tion in effect durin	ng the tax y	vear? If "Yes," comple	te Sch. C, Pa	art II 4	7	Х
48		anization a school as described in section 170							8	X
		ganization make any transfers to an exempt n							Ja	X
		as the related organization a section 527 orga							9b	
50		this table for the organization's five highest c 0,000 of compensation from the organization.			ers, directo	rs, trustees, and key	employees)	wno eac	n received	more
	liiaii p iut	(a) Name and title of each employee		(b) Average	hours	(C) Reportable	(d) Health b	penefits	(e) Estir	nated
				per week dev		compensation (Forms W-2/1099-MISC)		ons to	amount o	
		NON	1E	positic	on	W-2/ 1099-1013C)	plans, and compens	deferred	compens	sation
7	Carlo An		Phillippen the Provide S	uppest how us	in a des co Militar	a and the second		1.000	-20.00 m	
	Dig.	eners formations and formula - from m								
13			nde here sold former	ista l'unit flig						
8	Au	in the set of the set of a set of the set of	NUMBER AND ADDRESS	New Job Comment		a dischara Mana		rigen		
		Service the service of the service of the service of	a presidente apresa a presidente a	Contraction of the		the best steps of		30		
	1.1	hzernik v.							•	
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	(all)		Stering of the set	ngdong, men 90	10.000	1 2m 25 5 3% 612	0.00000000	0.01.02	3.7 ( ) (3)	
	672	in the second	it are table tool, she his	i tanj kunijusta		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n maker a	1011-63		
51	organizat	this table for the organization's five highest c ion. If there is none, enter "None." NON ame and business address of each independe	1E		an Sassing	) Type of service		1. J. M.	mpensatio	
		to a constant anno 1997 - Anno 1997 The share of the state of the state Iven by the state of the state of the state Iven by the state of the state of the state	o gostri nobel ve Basi n bl. Ari u a gosa zebin o Ari u a gosa zebin o		njere in Verder si	n podensk um de koneg Instansk felgelsk koneg U.S. dat skore sk		entel Enter		
1		Nya il musicationation quanta A Nati 4 di Mattanata Directati (1963)	nacionale o service reservice o service reservice o services	non men nem he most setting of	anteset. Selection	n nedit fre valeelij 1 de merioanske stat	an a	(horsta) Basista		
d		ber of other independent contractors each re								
52	Did the or	ganization complete Schedule A? Note: All se								
true,	er penalties , correct, al	d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other the Signature of other	s return, including accor	mpanying schedu	les and sta	tements, and to the b			Yes and belie	No
Sig He	re	GAIL GOLDSTEIN KOEI	LLN, VP							
		Print/Type preparer's name	Preparer's signature		Date	Check	if PT	IN		
Pa	id					self- emp	and the second sec			
	eparer	WILLIAM SKODY	WILLIAM SK	ODY	06/1				31754	1
	e Only	Firm's name SKODY SCOT 8	Σ CO, CPAS,	PC		Firm's E	N ▶13-			
00	o only	Firm's address <b>&gt; 520</b> EIGHTH	AVE, SUITE	2200		Phone n	o. 212	967	-1100	)
		NEW YORK, N		L						
May	the IRS di	scuss this return with the preparer shown abo	ove? See instructions		<u></u>				Yes	No
								For	m 990-E2	2 (2018

832174 12-11-18

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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# 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
2018
Open to Public Inspection

Name	Name of the organization Employer identification number										
			EARTH CONS						1-2059074		
Par	tΙ	Reason for Public	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instruction	S.			
The o	rgan	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 churches, or association of churches described in section 170(b)(1)(A)(i).									
2 [		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)									
з [		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 [		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
-		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go	vernment or governr	mental unit described in s	section 17	70(b)(1)(A)	(v).				
7	Х	An organization that norma	Illy receives a substa	antial part of its support f	rom a gov	ernmental	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 <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	le or		
r		university:									
<b>10</b>		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from		
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment		
		income and unrelated busin		e (less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
г		See section 509(a)(2). (Con	• •								
<b>11</b>		An organization organized a	•								
12		An organization organized a	-	-	-			•			
		more publicly supported or	-						Check the box in		
		lines 12a through 12d that				-		-			
а		<b>Type I.</b> A supporting orga	-	-	•			••••••			
		the supported organization		• • • • •	a majority	of the aire	ctors or trust	ees of the s	supporting		
h		organization. You must o	-		tion with it		od organizati	nn(n) hu ha	wing		
b		Type II. A supporting org control or management or	-				•		-		
		organization(s). You mus			ame perso			age the sup	poned		
c		Type III functionally inte			in connec	tion with	and functions	Illy integrat	ed with		
U		its supported organizatio	• • • •					iny integration	co with,		
d		Type III non-functionally						rted organi	ization(s)		
		that is not functionally int					• •	•			
		requirement (see instruct			-		-	a an attorn			
е		Check this box if the orga		-				e II. Type III			
		functionally integrated, or					JI , JI	, ,,			
f	Ente	er the number of supported of									
		vide the following informatior									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount o		(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)		

Total

Schedule A (Form 990 or 990-EZ) 2018 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 5

2018.03050 ONE EARTH CONSERVATION

## Schedule A (Form 990 or 990-EZ) 2018 ONE EARTH CONSERVATION

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			43,361.	89,752.	122,947.	256,060.
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			43,361.	89,752.	122,947.	256,060.
	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,						
	a a luvrana (f)						200,668.
6	Public support. Subtract line 5 from line 4.						55,392.
	ction B. Total Support						3373521
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(a) 2018	(f) Total
	Amounts from line 4	(a) 2014	(6) 2010	43,361.	89,752.	(e) 2018 122,947.	256,060.
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,			4.	20.	145.	169.
~	and income from similar sources			7.	20.	T#3•	109.
9							
	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.)						
	Total support. Add lines 7 through 10						256,229.
	Gross receipts from related activities,	· ·	,			12	30,652.
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor ction C. Computation of Publ	here	rooptogo				► X
	-						
	Public support percentage for 2018 (		•			14	%
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the c				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		•				▶∟
b	33 1/3% support test - 2017. If the o						is box
	and <b>stop here.</b> The organization qual						▶∟
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tł	nis box and <b>stop h</b>	<b>ere.</b> Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	-					
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	heck a box on line	13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and <b>s</b>	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

# Schedule A (Form 990 or 990 EZ) 2018 ONE EARTH CONSERVATION

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified 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						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 in 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3) or	ganization,
							<b>&gt;</b>
See	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2018 (	line 8, column (f), d	divided by line 13,	, column (f))		15	%
16	Public support percentage from 2017	7 Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)18</b> (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	<b>33 1/3% support tests - 2018.</b> If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qua	lifies as a publicly	supported organiz	ation	▶□
b	33 1/3% support tests - 2017. 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	3%, and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions	
8320	23 10-11-18				Sch	edule A (Forn	n 990 or 990-EZ) 2018
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## Schedule A (Form 990 or 990-EZ) 2018 ONE EARTH CONSERVATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

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# Schedule A (Form 990 or 990 EZ) 2018 ONE EARTH CONSERVATION Part IV Supporting Organizations (continued)

	copporting of gamma (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<b> </b>
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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	tion 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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	0		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
-				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
a L				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		- )	
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inside the second se	ructions	ŕ –	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ	) 2018
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2018.03050 ONE EARTH CONSERVATION

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## Schedule A (Form 990 or 990-EZ) 2018 ONE EARTH CONSERVATION

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

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 instructions)	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 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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# Schedule A (Form 990 or 990 EZ) 2018 ONE EARTH CONSERVATION

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2018 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			Farm 000 ar 000 F7) 0040

Schedule A (Form 990 or 990-EZ) 2018

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	(Form 990 or 990-EZ) 2018 <b>ONE</b>		
Part VI	Supplemental Information		

Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
832028 10-11-18	Schedule A (Form 990 or 990-EZ) 2 12
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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	s on <b>2</b>	No. 1545-0047
Name of the organizatio	ONE EARTH CONSERVATION	Employer identifi 81-20590	
FORM 990-EZ,	PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION	OF OTHER REVENUE:	AM	OUNT:
INTEREST INC	OME		145.
FORM 990-EZ, DESCRIPTION	PART I, LINE 16, OTHER EXPENSES:	ΔΜ	OUNT :
FIELD LEVEL			70,612.
BANK CHARGES	AND FEES		399.
INFORMATION	TECHNOLOGY		501.
DUES AND SUB	SCRIPTIONS		215.
INSURANCE			1,108.
LICENSES AND	FEES		195.
MARKETING AN	D ADVERTISING		619.
OFFICE EXPEN	SES		28.
TRAVEL			131.
TOTAL TO FOR	M 990-EZ, LINE 16		73,808.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - BUILDIN	NG KNOWLEDGE,	
MOTIVATION,	RESILIENCE, AND CAPACITY IN PEOPLE, ORGANIZ	ATIONS, AND	

INSEPARABLE AND MUTUALLY BENEFICIAL.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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COMMUNITIES IN THE UNITED STATES AND INTERNATIONALLY SO THAT THEY CAN

BETTER CHERISH AND NURTURE THEMSELVES, NATURE, AND OTHER BEINGS. THIS

MISSION IS ACHIEVED BY 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

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization ONE EARTH CONSERVATION	Employer identification number $81-2059074$
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
THE NURTURE NATURE PROGRAM CONSISTS OF WORKSHOPS, ONLINE	
WEBINARS, CLASSES, PRINTED MATERIALS AND NURTURE NATURE	
COMMUNITIES, AND IS CURRENTLY OFFERED IN THE UNITED STATE	IS
AND CANADA. WE ALSO INSPIRE, MOTIVATE, EDUCATE, AND SUPPO	ORT PEOPLE IN
LATIN AMERICA TO TAKE CARE OF THEMSELVES, THEIR ORGANIZAT	IONS, WILD
PARROTS, AND THE BIOLOGICAL COMMUNITY BY DEVELOPING THEIR	AWARENESS AND
UNDERSTANDING OF NATURE, ESPECIALLY HUMAN NATURE AS IT RE	LATES TO ALL
OF NATURE.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Schedule O (Form 990 or 990-EZ) (2018)

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(Rev. January 2019)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Enter filer's identifying number

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					a shacharying	number
Type or	r Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) o		number (EIN) or
print	ONE EARTH CONSERVATION	81-2059074				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s C/O KOELLN, 82-52 211 ST	Social se	curity number (	SSN)		
return. See instructions.	City, town or post office, state, and ZIP code. For a for HOLLIS HILLS, NY 11427-132		Iress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			
Applicati	on	Return	Application Re			
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	THE ORGANIZATIO					
	boks are in the care of $\blacktriangleright$ C/O KOELLN, 82-	-52 2	<u> 11 ST - HOLLIS HIL</u>	LS, N	Y 11427-	-1314
-	one No. ▶ 718-776-7284		Fax No. 🕨			
	organization does not have an office or place of busines					🕨 🛄
• If this i	is for a Group Return, enter the organization's four digit					
box 🕨 🗌	If it is for part of the group, check this box $igstarrow$	and atta	ach a list with the names and EINs of	f all memb	ers the extensi	on is for.
	quest an automatic 6-month extension of time until			e the exem	npt organizatior	return for
-	organization named above. The extension is for the org. $\boxed{X}$ calendar year $2018$ or	anization's	s return for:			
▶[	tax year beginning	, an	id ending			
2 If th	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	'n	
	☐ Change in accounting period					
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less			
any	nonrefundable credits. See instructions.			3a	\$	0.
<b>b</b> If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_
esti	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required, by			_
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	453-EO ai	nd Form 8879-E	O for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>886</b>	8 (Rev. 1-2019)

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# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	lion			
For Fiscal Year Beginnin	g (mm/dd/yyyy) 01/01/	2018 and Ending (	mm/dd/yyyy) 12/31/	2018
Check if Applicable:	Name of Organization: ONE EARTH CONS	SERVATION		Employer Identification Number (EIN): 81-2059074
Name Change	Mailing Address: C/O KOELLN, 82	2-52 211 ST		NY Registration Number: 45-91-96
Final Filing	City / State / ZIP: HOLLIS HILLS,		4	Telephone: 718 776-7284
Reg ID Pending	Website: ONEEARTHCONSER			Email: INFO@ONEEARTHCONSER
Check your organization registration category:	's	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.
2. Certification				
	fication requirements. Imprope	er certification is a violation	of law that may be subjec	t to penalties. The certification requires
We certify under	penalties of perjury that we rev	iewed this report, including	all attachments, and to th	e best of our knowledge and belief,
	re true, correct and complete i			
			•	
President or Authorized			OFFICER	
	Signature		Print Nam	e and Title Date
Chief Financial Officer o			• OFFICER	
	Signature			e and Title Date
	eignataro			
3. Annual Reportin	g Exemption			
Check the exemption(s)	that apply to your filing. If your	organization is claiming ar	exemption under one cat	egory (7A or EPTL only filers) or both
				ied Char500. No fee, schedules, or
additional attachments a	re required. If you cannot clair	n an exemption or are a DL	JAL filer that claims only or	ne exemption, you must file applicable
schedules and attachme	nts and pay applicable fees.			
exceed \$2	<u> </u>			overnment agencies, etc. did not raising counsel (FRC) to solicit
	filing exemption: Gross receip e fiscal year.	ts did not exceed \$25,000	and the market value of as	sets did not exceed \$25,000 at any time
4. Schedules and A	Attachments			
See the following page				
for a checklist of	Yes X No 4a. Did y	our organization use a pro	fessional fund raiser, fund	raising counsel or commercial co-venturer
schedules and		raising activity in NY State		
attachments to			- · ·	
complete your filing.	Yes X No 4b. Did t	he organization receive gov	vernment grants? If yes, co	omplete Schedule 4b.
5. Fee				
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	
next page to calculate yo	-	-		Make a single check or money order

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

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

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### ONE EARTH CONSERVATION

CHAR500	Simp
UTANJUU	- You
Appual Filing Chaoklist	- You
Annual Filing Checklist	

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

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

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

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

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

X No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

## **Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
$\fbox$ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 or more but less than \$50,000,000 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

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct 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 <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. 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 <u>www.CharitiesNYS.com.</u>

#### 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)).

868461 01-15-19 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

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