# TAX RETURN FILING INSTRUCTIONS

#### FORM 990-EZ

#### FOR THE YEAR ENDING

December 31, 2011

Prepared for	Conservation Through Poverty Alleviation International, Inc. 221 Lincoln Road Lincoln, MA 01773-5100
Prepared by	Tonneson & Company CPAs PC 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office by August 15, 2012. This form may be faxed to Pamela Gentry at 781-451-2476, in lieu of mailing. We will then electronically file your return with the IRS.
	A copy of the return is enclosed for your files. We suggest that you retain the copy indefinitely.
	We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions at 781-245-9999.

0070 50		ure Authorization	OMB No. 1545-1878
Form 8879-EO	•	t Organization	
	For calendar year 2011, or fiscal year beginning		<sup>,20</sup> —   <b>2011</b>
Department of the Treasury Internal Revenue Service	-	IS. Keep for your records. structions.	
Name of exempt organization			Employer identification number
Conservation	Through Poverty Alleviat	ion	
International			87-0713649
Name and title of officer			<b></b>
Catherine L.	-		
President/Dir			
Part I Type of	Return and Return Information (Whole	Dollars Only)	
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b> whichever is applicable, bi than 1 line in Part I.	n for which you are using this Form 8879-EO and a, below, and the amount on that line for the return ank (do not enter -0-). But, if you entered -0- on th	Irn being filed with this form was blank, ne return, then enter -0- on the applicab	then leave line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , or <b>5b</b> , le line below. <b>Do not</b> complete more
1a Form 990 check here	▶ □ b Total revenue, if any (Form 990 re ▶ X b Total revenue. if any (Form	), Part VIII, column (A), line 12)	$\frac{16}{2b} = 124498$
2a Form 990-EZ check he 3a Form 1120-POL check		990-EZ, line 9)	
4a Form 990-PF check he		OL, line 22) i <b>ncome</b> (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here		I, line 3c or Part II, line 8c)	
Part II Declarat	on and Signature Authorization of O	officer	
return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a organization's consent to Officer's PIN: check one X I authorize TO as my signature is being filed wit	institution account indicated in the tax preparat titution to debit the entry to this account. To rev an 2 business days prior to the payment (settlen c payment of taxes to receive confidential inform personal identification number (PIN) as my sign electronic funds withdrawal. <b>Dox only</b> <b>nneson &amp; Company CPAs PC</b> <b>ERO firm name</b> on the organization's tax year 2011 electronically in a state agency(ies) regulating charities as part of the return's disclosure consent screen.	voke a payment, I must contact the U.S. hent) date. I also authorize the financial hation necessary to answer inquiries and ature for the organization's electronic re-	. Treasury Financial Agent at institutions involved in the d resolve issues related to the eturn and, if applicable, the to enter my PIN 27244 Enter five numbers, but do not enter all zeros
As an officer of t indicated within	he organization, I will enter my PIN as my signatu this return that a copy of the return is being filed ter my PIN on the return's disclosure consent so	with a state agency(ies) regulating char	
Officer's signature		Date	
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN.	04132386663 do not enter all zeros	}
	neric entry is my PIN, which is my signature on the g this return in accordance with the requirement s Returns.		
ERO's signature <b>Heid</b>	i E. MacLean	Date <b>&gt;</b> 08/	01/12
		Form - See Instructions	
HA For Paparwork Pag		•	Form <b>8879-EO</b> (2011)
123051 12-01-11	uction Act Notice, see instructions.		

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Form       Super-Lett       Description of the transmittion of the transmittic of the transmittion of the transmittic of the				Shor <u>t</u> Forr	n _					OMB No. 1545-1150
A For the 2011 calendar year, or tax year beginning       and ending         Description       Conservation       D Employer identification number         Inservation       Conservation       B Conservation       B Conservation         Inservation       Conservation       Conservation       B Conservation         Inservation       Conservation       B Conservation       B Conservation         Inservation       Conservation       M Conservation       B Conservation       B Conservation         Inservation       Conservation       M Conservation       B Conserv				Return of Organization Exem	pt Fi	rom l	ncome	e Ta	X	0011
A For the 2011 calendar year, or tax year beginning       and ending         Description       Conservation       D Employer identification number         Inservation       Conservation       B Conservation       B Conservation         Inservation       Conservation       Conservation       B Conservation         Inservation       Conservation       B Conservation       B Conservation         Inservation       Conservation       M Conservation       B Conservation       B Conservation         Inservation       Conservation       M Conservation       B Conserv	Forr	n <b>9</b> 9	90-EZ	Under section 501(c), 527, or 4947(a)(1) of i (except black lung benefit trust or p	the Interi rivate fou	nal Reven undation)	ie Code			
A For the 2011 calendar year, or tax year beginning       and ending         Description       Conservation       D Employer identification number         Inservation       Conservation       B Conservation       B Conservation         Inservation       Conservation       Conservation       B Conservation         Inservation       Conservation       B Conservation       B Conservation         Inservation       Conservation       M Conservation       B Conservation       B Conservation         Inservation       Conservation       M Conservation       B Conserv	Depa	artment	of the Treasury	Sponsoring organizations of dohor advised funds, organizations that opera organizations as defined in section 512(b)(13) must file Form 990. All other organizations	ate one or r nizations w	nore hospita vith gross rec	I facilities, and o eipts less than	certain c \$200,00	ontrolling 0 and to	g <sup>otal</sup> Onen to Public
A For the 2011 calendar year, or tax year beginning       and ending         Description       Conservation       D Employer identification number         Inservation       Conservation       B Conservation       B Conservation         Inservation       Conservation       Conservation       B Conservation         Inservation       Conservation       B Conservation       B Conservation         Inservation       Conservation       M Conservation       B Conservation       B Conservation         Inservation       Conservation       M Conservation       B Conserv	Interi	nal Reve	enue Service	assets less than \$500,000 at the end of the The organization may have to use a copy of this return	rear may u to satis	se this form. Sfy state r	eporting req	quirem	ents.	Inspection
actions of a optimized in a section optimized in a function of a section optimized in a section optimized				idar year, or tax year beginning				_		
International, Inc.         87-07.13649           Instantarian         Number and steel (P.D.O.S., India is not delivered to street address)         RoomSynik         E Telephone number           International, Inc.         87-07.13649         RoomSynik         E Telephone number           International, Inc.         100 or Some, State or Country, and 2P+4         RoomSynik         E Telephone number           Neuronamical         Linc.Oln, MA 01773-5100         Hicket bit is not asset on Sole or Country, and 2P+4         Room Same         Room Same           Version         State (John MA 01773-5100         Hicket bit is not asset on Sole or Country, and 2P+4         Room Same         Room Same<	B	Check if applicab	C N	ame of organization				DEm	oloyer i	identification number
Image: result       Number and Sile (or PLO tox, if mail is not delivered to street address)       PoonVyule       E Telephone number 781-259-9184         Image: result of the control in the c		Addre	ess change C	onservation Through Poverty All	levia	ation				
□ number       221 Lincoln Road       781-259-9184         □ Average relation       [Chy or forwn, state or country, and ZIP + 4       F Group Examplion         □ Average relation       [Chy or forwn, state or country, and ZIP + 4       F Group Examplion         □ Website:       □ State (Chine)       [Chine]       [Chine]         □ Website:       □ WWW.CPALID.ORG       If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its grass receipts are normally networe than \$50,000. Arrom 90:427 or form 90:04:12, and you have so the a return, be sure to life a complete return.       State (Chine)       \$ 127, 395.         Part [ Pervence, Expension, and Changes in Net1 Assets or Fund Balances (set the instructions for Part)]       [X]       1       127, 395.         Part [ Pervence, Expension, and Arrom 90:000 or more, the form 900 instead of form 90:02       \$ 127, 395.       \$ 127, 395.         Part [ Pervence, Expension, and Arrom 90:000 or more, the form 90 instead of form 90:02       \$ 127, 395.       \$ 127, 395.         Part [ Pervence, Expension, and adding averame files and contact       2       1, 314.       \$ 120, 153.         1       Contributions, gitta distange averame reveice reveale including averame files and contact.       2       1, 217.         2       Program averice reveale including averame files and contact.       2       1, 314.         1       Contributions, of contac		Name	e change I	nternational, Inc.				8	7 – 0	713649
□ sevend retwom       Tot wom, state or courty, and 20° + 4       F Group Exemption         □ Accounting Method:       □ Cash       XA Accounting Method:       □ Cash         0 Accounting Method:       □ Cash       XA Accounting Method:       □ Cash         1 Webste:       > WWW - CPALIT.ORG       He comparison is not ascelin 500 (X) ≤ most required to attach Schedule 6         1 Webste:       > WWW - CPALIT.ORG       He organization is not ascelin 500 (X) ≤ most required to attach Schedule 6         5 Accounting Method:       □ Cash       The organization is not ascelin 500 (X) ≤ most required to though Form 900-14; c-gostaration and its gross receipts are School,000 or more, out hotal assets (Part II, inte 25, outnet with B school, Cash or respond to any question in this 211       12.7, 395.         Part In the organization set School O or respond to any question in this 211       Image: School Cash organization and the gross receipts are School,000 or more, out hotal assets (Part II, inte 25, outnet, School Cash organization and the gross receipts are School,000 or more, out hotal assets (Part II, inte 27, 395.         Part In the organization used Schedue to the respond to any question in this 211       Image: School Cash organization and school Cash organization and the gross receipts are school Cash organization and the gross receipts are school Cash organization and school Cash organization and the school Cash organization and the school Cash organization and school Cash or		Initial	rotarri				Room/suite		•	
Image: Product and State of the second the second of the second of the second of t		Term						7	81-	259-9184
6       Accounting Method:       □ Cash □ X   Accrual □ Other (specify) ►       IIII Construction (Specify) ►       IIIII Construction (Specify) ►       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Amer	idea retain					F Gro	up Exe	emption
Website: ► WWW. CPALI.ORG       required to attach Schedule B         J Tax-exempt state (check only one) — LS 501(c)(13 _ 501(c)(13 _ 14(met no.) _ 4947(a)(1) or _ 502       required to attach Schedule B         K Check ► _ the the organization is not a section 508(a)(3) supporting organization and its gross receipts are normally notimer than SS0.000. A form 990-E2 or form 990 return is not required though Form 990-K (e-postcard) may be required (see instructions). But if the organization chooses to the aretur, be sure to file a complete return.         L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are 8200,000 or more, out forlal assets (Part II, line 25, column (b) below) are \$500,000 or more, the Form 990 return of form 990-E2       1 227, 395.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)       Image: the instructions for Part I.)         Check the organization used Schedule to respond to any question in this Part I       Image: the instructions for Part I.)       Image: the instructions for Part I.)         Check the organization used Schedule to respond to any question in this Part I       Image: the instructions for Part I.)       Image: the instructions for Part I.)         Check the organization used Schedule to respond to any question in this Part I.       Image: the instructions for Part I.)       Image: the instructions for Part I.)         Check the organization ecosities the thin inventory       Image: the instructions for Part I.)       Image: the instructions for Part I.)       Image: the instructions for Part I.)         <		Applic	ation pending <b>L</b>					Nui	nber 🕨	
1       1       34947(a)(1) or       527       (Form 990, 990-EZ, or 990-PF).         K       Check ▶       If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are than \$50,000. A rom 990-YEZ or 990-YEZ.       990-PEZ, or 990-PEZ, or 990-PEZ.       990-PEZ.       990-PEZ.       990-PEZ.       990-PEZ.       990.990-PEZ.       990-PEZ.       990-PEZ	G /	Accour	nting Method:	Cash X Accrual Other (specify)				H Che	eck 🕨	if the organization is no
K       Check ▶			-						uired to	o attach Schedule B
\$50,00.0. A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.       1       127,395.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)       1       120,353.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)       Image: Solution (B) below) are \$500,000 or more, file form 990-E2       > \$       127,395.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)       Image: Solution (B) below) are \$500,000 or more, file form 990-E2       > \$       127,395.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)       Image: Solution (B) below are \$300,000 or more, out total assets (Part II, 1314.       Image: Solution (B) below are \$300,000 or more, out total assets (Part II, 1314.       Image: Solution (B) below are \$300,000 or more, out total assets (Part II, 1314.       Image: Solution (B) below are \$300,000 or more, Solution (B) below are \$300,000 or more, out total assets (Part II, 1314.       Image: Solution (B) below are \$300,000 or more, Solu	J	Tax-ex	<b>cempt status</b> (c	heck only one) $-$ X 501(c)(3) 501(c) ( ) (insert no.	.) 🛄 4	947(a)(1)	or 🛄 527	(Fo	rm 990	), 990-EZ, or 990-PF).
a return, be sure to file a complete return.       1 active, be sure to file a complete return.       1 active 35, 60, and 70, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or intotal assets (Part II, line 25, column (B) below are \$500,000 or more, file form 990 FZ       1 227,395.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I).       IX         1       Contributions, grits, grants, and similar amounts received       1 120,153.         2       1,314.       3         3       Membenship dues and assessments       3 1,314.         4       Investment income       5 2,352.         5       6 actors amount from sale of assets other than inventory (Subtract line 50 from line 5a)       5 2,497.         6       6 actors income from gaming (attact Schedule 6 if greater than \$15,000)       6 al       6 al         6       6 actored to magaing and fundralsing events (solutine than \$16,000)       6 al       6 al         7       6 corso income from gaming and fundralsing events (solutine than \$15,000)       6 al       6 al         7       6 corso income from gaming and fundralsing events (solutine than \$17,000)       6 al       6 al         7       6 corso income from gaming and fundralsing events (solutine than \$17,000)       6 al       6 al         7       6 corso sincome from gaming and fundralsing events (soluti	Κ	Check	▶ 🛄 if the	organization is not a section $509(a)(3)$ supporting organization or a s	ection 52	27 organiza	ition <b>and</b> its g	ross re	eceipts	are normally <b>not</b> more than
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or fit total assets (Part II, Int 25, column (B) below) are \$500,000 or more, life form 990 isseta of form 990 isset of fo	9	\$50,00	0. A Form 990-	EZ or Form 990 return is not required though Form 990-N (e-postcard	d) may be	e required	(see instructio	ons). B	ut if the	e organization chooses to file
Ine 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ       \$ 127, 395.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part).         I       Contributions, gifts, grants, and similar amounts received       1       120, 153.         2       Program service revenue including government fees and contracts       2       1, 314.         3       4       Investment income       5       2       1, 314.         4       Investment income       5       2       1, 314.         5       Gas amount from sale of assets other than inventory       5       5       2, 897.         6       Gaining and fundraising events       5       5       2, 455.         6       Gaming and fundraising events       0       0       0         6       Gross income from gaming and fundraising events       0       0       0         6       Gross income from gaming and fundraising events       0       0       0       0         7       6       6       6       6       6       6       6         7       1       1       122       7       1       1       1       1       1       1       1       1       1 <t< td=""><td>2</td><td>a returi</td><td>n, be sure to file</td><td>e a complete return.</td><td></td><td>4</td><td></td><td></td><td></td><td></td></t<>	2	a returi	n, be sure to file	e a complete return.		4				
Part 1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)         Check If the organization used Schedule 0 to respond to any question in this Part 1       IX         IX       IX         1       Contributions, gifts, gards, and similar amounts received       1       1.20, 153.         2       Program service revenue including government fees and contracts       2       1, 314.         3       3       3         4       Investment income       See. Schedule 0.       4       5776.         5       Gross amount from sale of assets other than inventory.       See. Schedule 0.       4       5776.         5       Gross income from gaming date Schedule 6 if greater than       See. Schedule 0.       4       5         6       Gaming and fundraising events (not analyting S fig.000)       Est.       6       6         c       Gross income from from daming and fundraising events (ad lines 6a and 6b and subtract line 6c)       6d       6d         7       Gross sales of inventory, (Subtract line 7b from line 7a)       7a       7a       7b       7c         8       Other revenue (describe in Schedule 0)       10       11       124, 498.       11       124, 498.       11       124, 498.										
Check if the organization used Schedule 0 to respond to any question in this Part 1         1       Contributions, gifts, grants, and similar amounts received       1       120,153.         2       Program service revenue including government fees and contracts       2       1,314.         3       Membership dues and assessments       2       1,314.         4       Investment income       See       Schedule. O.       4       576.         5       Gross amount from sale of assets other than inventory.       5a       5a       5,352.       5b       2,8977.         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b) from line 5a.       5c       2,455.         6       Gaming and fundraising events reported on line 1/ (attach Schedule 6 if greater than \$15,000)       6a       6d       6d         b       Gross income from fundraising events (not inchuding \$ of contributions from fundraising events (not inchuding \$ events ded lines 6a and 6b and subtract line 6c)       6d       6d         7       Gross sold       6d       6d       6d       6d         6       Gain or (loss) from sales of inventory (Subtract line 7a)       7a       7b       7c         7       Gross sold or (loss) from sales of inventory (Subtract line 7a)       7c       8       124,498.       11		ine 25,								
1       Contributions, gifts, grants, and similar amounts received       1       120,153.         2       Program service revenue including government tees and contracts       3       2       1,314.         3       Membership dues and assessments       3       3       3         4       Investment income       4       576.         5       Gross amount from sale of assets other than inventory       5       5       3       2,455.         6       Gaming and fundraising events       5       2,455.       5       2,455.         6       Gaming and fundraising events       6       6       6       6         7       To fundraising events (not including \$       of contributions       6       6       6         7       Gross income and contributions exceeds \$15,000       6       6       6       6         8       Gross income and contributions exceeds \$15,000       6       6       6       6         9       C Less: direct expenses from gaming and fundraising events       7       7       7       7       7         9       D Less: cost of goods sold       7       7       7       7       7       8       9       124,4988.       9       124,4988.         10<	Pa	art I								·
2       Program service revenue including government fees and contracts       2       1, 314.         3       Membership dues and assessments       3         4       Investment income       See       Schedule.0         5a       Gross amount from sale of assets other than inventory       5a       5, 352.         b       Less: cost or other basis and sales expenses       5b       2, 897.         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b) from line 5a)       5c       2, 455.         6       Garning and fundraising events       a       of contributions       for contributions         from fundraising events (not line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       6c       6d         7       Gross price revenue (describe in Schedule 0)       7a       7c       8       8         9       Ottal revence. Add lines 1, 2, 3, 4, 5, 6, d, 7, and 8       9       124, 498.       9       124, 498.         10       Grants and similar amounts paid (list in Schedule 0)       10       11       12       13       1, 511.         12       Professional fees and other payments to independent contractors       13       1, 511.       14         13       Professional fees and other payments to independent contr		-								
3       Membership dues and assessments       3         4       investment income       5e         5a       Gross amount from sale of assets other than inventory       5a       5, 352.         b       Less: cost or other basis and sales expenses       5c       2, 897.         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       2, 455.         6       Garning and fundraising events       6a       of contributions         forces income from gaming (attach Schedule G if greater than \$15,000)       6a       of contributions         b       Gross income from fundraising events (not including \$ for contributions for or contributions exceeds \$15,000)       6b       6d         c       Less: coircit expenses from gaming and fundraising events       6c       6d         7       Gross sales of inventory, less returns and allowances       7a       7b         c       Gross sales of inventory (Subtract line 7b from line 7a)       8       9       124,498.         10       Grants and similar amounts paid (list in Schedule 0)       8       9       124,498.         11       Exest cost of goods sold       11       12       13       1,511.         12       Salaries, other compensation, and employee benefits       12       12		1							1	
4       Investment income       See       Schedule       0       4       576.         5a       Gross amount from sale of assets other than inventory       5a       5, 352.       5b       2, 897.         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       2, 455.         6       Garning and fundraising events       6a       5c       2, 455.         6       Garning and fundraising events (not including \$       of contributions       5c       2, 455.         6       Gross income from gaming (attach Schedule 6 if greater than \$15,000)       6a       6b       6c       6d         7       Gross income and contributions exceeds \$15,000       6b       6c       6d       6d         7       Gross sales of inventory, less returns and allowances       7a       7a       6d       6d         7       Gross sales of inventory, less returns and allowances       7a       7b       7c       6d         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       124, 498.       9       124, 498.         10       Grants and similar amounts paid (list in Schedule 0)       10       11       12       11       12       13       1, 511.       14       1, 511.       14 </td <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td>1,314.</td>		2							2	1,314.
Sa       Gross amount from sale of assets other than inventory       Sa       5, 352.         b       Less: cost or other basis and sales expenses       So       2, 897.         c       Gain or (loss) from sale of assets other than inventory (Subfract line 5b from line 5a)       5c       2, 455.         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       of contributions       5c       2, 455.         b       Borss income from fundraising events (not including \$ increasing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions events \$15,000)       6b       6c       6d         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6d         7a       Gross sales of inventory, less returns and allowances       7a       7b       7c         9       Total revenue (describe in Schedule 0)       8       9       124, 498.         10       Grants and similar amounts paid (list in Schedule 0)       10       11       12         11       Benefits paid to remements       11       12       13       1, 511.         12       Salaries, other compensation, and employee benefits       12       13       1, 511.         12       Salaries, other compensation, and employee benefits <td< td=""><td></td><td>3</td><td>Membership o</td><td>lues and assessments</td><td></td><td></td><td></td><td></td><td>3</td><td></td></td<>		3	Membership o	lues and assessments					3	
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b Less: cost or other basis and sales expenses       5b       2,897.         c Gain or (loss) from sale of assets other than inventory (Subfract line 5b from line 5a)       5c       2,455.         a Gross income from quaning (attach Schedule G if greater than \$15,000)       6a       6a       5c       2,455.         b Garsing and fundraising events (not including \$		5a	Gross amount	from sale of assets other than inventory	5a					
e       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       2,455.         6       Gaming and fundraising events       Gross income from gaming (attach Schedule G if greater than \$\\$15,000)       6a       of contributions         b       Gross income from fundraising events (not including \$\							2,8	97.		
a Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       of contributions         b Gross income from fundraising events (not including \$									5c	2,455.
Bit Store       Stal         b       Gross income from fundraising events (not including \$		6	Gaming and fu	undraising events						
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       7a         b       Less: cost of goods sold       7a       7c         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       124, 498.         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       1, 511.         14       Occupancy, rent, utilities, and maintenance       14       14         15       Printing, publications, postage, and shipping       15       16         18       Cotupancy, rent, utilities, and maintenance       17       51, 285. <td< td=""><td>ð</td><td>a</td><td>Gross income</td><td>from gaming (attach Schedule G if greater than</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	ð	a	Gross income	from gaming (attach Schedule G if greater than						
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       7a         b       Less: cost of goods sold       7a       7c         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       124, 498.         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       1, 511.         14       Occupancy, rent, utilities, and maintenance       14       14         15       Printing, publications, postage, and shipping       15       16         18       Cotupancy, rent, utilities, and maintenance       17       51, 285. <td< td=""><td>nué</td><td></td><td>\$15,000)</td><td></td><td>6a</td><td></td><td></td><td></td><td></td><td></td></td<>	nué		\$15,000)		6a					
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       7a         b       Less: cost of goods sold       7a       7c         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       124, 498.         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       1, 511.         14       Occupancy, rent, utilities, and maintenance       14       14         15       Printing, publications, postage, and shipping       15       16         18       Cotupancy, rent, utilities, and maintenance       17       51, 285. <td< td=""><td>eve</td><td>b</td><td></td><td></td><td>-</td><td>ntribution</td><td>5</td><td></td><td></td><td></td></td<>	eve	b			-	ntribution	5			
gross income and contributions exceeds \$15,000)       6b       6c         c Less: direct expenses from gaming and fundraising events       6c       6d         d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b Less: cost of goods sold       7a         c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       124, 498.         10       Grants and similar amounts paid (list in Schedule 0)       10       11         11       Escanda time and the payments to independent contractors       13       1, 511.         12       Salaries, other compensation, and employee benefits       12       13       1, 511.         12       Occupancy, rent, utilities, and maintenance       14       15       16       49, 7774.         13       Printing, publications, postage, and shipping       15       16       49, 774.         14       15       18       Cocupancy, rent, utilities, and maintenance       14       17       51, 285.         18       10       17	£									
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b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       124, 498.         10       Grants and similar amounts paid (list in Schedule 0)       10         11       12       Salaries, other compensation, and employee benefits       12         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       1,511.         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       16       49,7774.         17       Total expenses. Add lines 10 through 16       17       17       51,285.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       73,213.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       53,549.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0. <td></td>										
c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       124, 498.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       12         12       Salaries, other compensation, and employee benefits       12       13       1, 511.         13       Professional fees and other payments to independent contractors       13       1, 511.       14         14       Occupancy, rent, utilities, and maintenance       14       15       15         16       Other expenses (describe in Schedule 0)       See       Schedule O       16       49, 774.         17       Total expenses. Add lines 10 through 16       17       51, 285.       18       23, 549.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       53, 549.       20       0.       0.         21       126, 762.       126, 762.       126, 762.       126, 762.       126, 762.										
8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       124, 498.         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       1, 511.         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       See Schedule O         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       53, 549.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       126, 762.       126, 762.		c	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
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10 Grants and similar amounts paid (list in Schedule 0)1011 Benefits paid to or for members1112 Salaries, other compensation, and employee benefits1213 Professional fees and other payments to independent contractors1314 Occupancy, rent, utilities, and maintenance1415 Printing, publications, postage, and shipping1516 Other expenses (describe in Schedule 0)See Schedule 017 Total expenses. Add lines 10 through 161718 Excess or (deficit) for the year (Subtract line 17 from line 9)1819 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1920 Other changes in net assets or fund balances (explain in Schedule 0)2021 126, 762.		9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	124,498.
11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       1,511.         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       See Schedule 0       16       49,774.         17       Total expenses. Add lines 10 through 16       17       51,285.       18       73,213.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       53,549.       20       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.       0.         21       126,762.       126,762.       12       126,762.		10							10	-
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15       Printing, publications, postage, and smpping       15         16       Other expenses (describe in Schedule 0)       See Schedule O         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19         20       Other changes in net assets or fund balances (explain in Schedule 0)       20         21       126, 762.	Jse	13							13	1,511.
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16       Other expenses (describe in Schedule 0)       See Schedule O       16       49,774.         17       Total expenses. Add lines 10 through 16       17       51,285.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       73,213.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       53,549.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       126,762.	ш								15	
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21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 126,762.	ets									,
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 126,762.	Ass								19	53.549.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 126,762.	et /	20								
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02-06-12

2011.04010 Conservation Through Povert 87-07131 12260801 794015 87-0713649

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

OMB No. 1545-1709

01

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing** (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile* and click on *e-file* for Charities & Nonprofits.

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time

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

Type or print	Name of exempt organization or other filer, see instructions. Conservation Through Poverty Alleviation	Employer identification number (EIN) or				
•	International, Inc.	X 87-0713649				
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, see instructions. <b>221 Lincoln Road</b>	Social security number (SSN)				
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lincoln, MA 01773-5100					

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return		
Is For	Code	Is For					
Form 990	-01	Form 990-T (corporation)					
Form 990-BL	02	Form 1041-A					
Form 990-EZ	01	Form 4720			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)							
Catherine L. C:         • The books are in the care of ▶       221 Lincoln Roa         Telephone No. ▶       781-259-9184         • If the organization does not have an office or place of busines:         • If this is for a Group Return, enter the organization's four digit         box ▶       □         . If it is for part of the group, check this box ▶         1       I request an automatic 3-month (6 months for a corporation         August 15, 2012       , to file the exemp is for the organization's return for:         ▶       X calendar year 2011 or         ■       tax year beginning         2       If the tax year entered in line 1 is for less than 12 months, or         □       Change in accounting period	ad – 1 s in the Ur Group Exe and atta n required t organiza	Lincoln, MA 01773         FAX No. ▶         inted States, check this box         emption Number (GEN)         ch a list with the names and EINs of all to         to file Form 990-T) extension of time unt         tion return for the organization named a         d ending	s is foi <u>memb</u> il	r the whole group, cl ers the extension is The extension			
<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	3a	\$	0.		
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
estimated tax payments made. Include any prior year overp	payment a	lowed as a credit.	3b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,					
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.		
Caution. If you are going to make an electronic fund withdrawal v	with this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions.		
LHA For Privacy Act and Paperwork Reduction Act Notice,	see Instru	uctions.		Form <b>8868</b> (Re	v. 1-2012)		
123841 01-04-12		1 7					

12260801 794015 87-0713649

Form	990-EZ (2011) Conservation Through Pove International, Inc.	erty Alleviati		07	07136	<b>49</b> Page <b>2</b>
	<b>rt II Balance Sheets.</b> (see the instructions for Part II.)			07-	07130	<b>49</b> Tuge 2
Fai	Check if the organization used Schedule O to res		in this Dart II			X
	Check in the organization used Schedule O to res		A) Beginning of year		( <b>B</b> ) F	nd of year
22	Cash, savings, and investments		50,584	• 22	( )	126,562.
23	Land and buildings		50,501	23		120,5020
24	Other assets (describe in Schedule 0) See Schedule (	)	2,965			200.
25	Total assets		53,549			126,762.
26	Total liabilities (describe in Schedule 0)		0	_		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		53,549		1	126,762.
	rt III Statement of Program Service Accomplishme				_	(penses
	Check if the organization used Schedule O to res		,	X	(Required	for section
What	is the organization's primary exempt purpose? See Schedule (					and 501(c)(4) ons and section
	be the organization's program service accomplishments for each of its three largest program		s In a clear and concise			) trusts; optional
	er, describe the services provided, the number of persons benefited, and other relevant information of the services provided and the number of persons benefited, and other relevant information of the services provided and the number of persons benefited and the services provided and the services provide				for others.	.)
28 I	Madagascar Silk Projct- Study which	n monitors mot	h farming			
	designed to train & breed local mot					
	silk production as a tool for biod:					
-	Grants \$ ) If this amount includes foreign	—			28a	41,983.
29			····· •			<b>,</b>
((	Grants \$ ) If this amount includes foreign	grants, check here	•		29a	
30		granto, oneok nero				
-						
(	Grants \$ ) If this amount includes foreign	grants, check here			30a	
<u> </u>	Other program services (describe in Schedule O)					
	Grants \$ ) If this amount includes foreign				31a	
_		grante, encok nere				
	<b>Lotal program service expenses</b> (add lines 28a through 31a)				32	41,983.
Pai	Total program service expenses (add lines 28a through 31a)	Employees. List each one e	ven if not compensated. (	see the	instructions for	41,983. or Part IV.)
Pai	rt IV List of Officers, Directors, Trustees, and Key I	Employees. List each one e	ven if not compensated. (	see the		
		Employees. List each one e pond to any question	ven if not compensated. ( in this Part IV	see the	instructions fo	or Part IV.)
	rt IV List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to res	Employees. List each one e	ven if not compensated. ( in this Part IV (C) Reportable compensation (Forms	see the	instructions for ealth benefits, ributions to	
	rt IV List of Officers, Directors, Trustees, and Key I	Employees. List each one er pond to any question (b) Title and average hours	ven if not compensated. ( in this Part IV (c) Reportable	see the (d) He contr emplo plans,	instructions for alth benefits, ributions to byee benefit and deferred	or Part IV.) (e) Estimated amount of other
	Ist of Officers, Directors, Trustees, and Key I         Check if the organization used Schedule O to res         (a) Name and address	Employees. List each one er pond to any question (b) Title and average hours per week devoted to position	ven if not compensated. ( in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	see the (d) He contr emplo plans,	instructions for ealth benefits, ributions to byee benefit	or Part IV.) (e) Estimated amount of other
Cat	List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to res (a) Name and address	Employees. List each one er pond to any question (b) Title and average hours per week devoted to position President	ven if not compensated. ( in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	see the (d) He contr emplo plans,	instructions for ealth benefits, ributions to oyee benefit and deferred appensation	or Part IV.) (e) Estimated amount of other compensation
Cat 221	Itist of Officers, Directors, Trustees, and Key I         Check if the organization used Schedule O to res         (a) Name and address         therine L. Craig         Lincoln Road, Lincoln, MA 01773	Employees. List each one encoded to any question (b) Title and average hours per week devoted to position President 40.00	ven if not compensated. ( in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	see the (d) He contr emplo plans,	instructions for alth benefits, ributions to byee benefit and deferred	or Part IV.) (e) Estimated amount of other compensation
Cat 221 Rok	Itist of Officers, Directors, Trustees, and Key I         Check if the organization used Schedule O to res         (a) Name and address         therine L. Craig         Lincoln Road, Lincoln, MA 01773         bert S. Weber	Employees. List each one er pond to any question (b) Title and average hours per week devoted to position President 40.00 Treasurer	ven if not compensated. ( in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	see the (d) He contr emplo plans,	instructions for alth benefits, ributions to oyee benefit and deferred ipensation 0 •	(e) Estimated amount of other compensation
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Cat 221 Rol 221 Les	<b>It IV</b> List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to res (a) Name and address          therine L. Craig         Lincoln Road, Lincoln, MA 01773         bert S. Weber         Lincoln Road, Lincoln, MA 01773         slie Brunetta         Lincoln Road, Lincoln, MA 01773	Employees. List each one er pond to any question (b) Title and average hours per week devoted to position President 40.00 Treasurer 5.00 Clerk 0.00	ven if not compensated. ( in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	see the (d) He contr emplo plans,	instructions for alth benefits, ributions to oyee benefit and deferred ipensation 0 •	(e) Estimated amount of other compensation
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Cat 221 Rok 221 Les 221 Wal 221 May	<pre>tiv List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to res (a) Name and address therine L. Craig Lincoln Road, Lincoln, MA 01773 oert S. Weber Lincoln Road, Lincoln, MA 01773 slie Brunetta Lincoln Road, Lincoln, MA 01773 lter Simons Lincoln Road, Lincoln, NY 01773 y Berenbaum</pre>	Employees. List each one er pond to any question (b) Title and average hours per week devoted to position President 40.00 Treasurer 5.00 Clerk 0.00 Director 0.00 Director	ven if not compensated. ( in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	see the (d) He contr emplo plans,	instructions for match benefits, ibutions to oyee benefit and deferred ppensation 0 • 0 • 0 •	or Part IV.) (e) Estimated amount of other compensation 0. 0. 0. 0.
Cat 221 Rok 221 Les 221 Wa 221 May 221	<pre>tiv List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to res (a) Name and address therine L. Craig Lincoln Road, Lincoln, MA 01773 oert S. Weber Lincoln Road, Lincoln, MA 01773 slie Brunetta Lincoln Road, Lincoln, MA 01773 lter Simons Lincoln Road, Lincoln, NY 01773 g Berenbaum Lincoln Road, Lincoln, IL 01773</pre>	Employees. List each one er pond to any question (b) Title and average hours per week devoted to position President 40.00 Treasurer 5.00 Clerk 0.00 Director 0.00 Director 0.00	ven if not compensated. ( in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	see the (d) He contr emplo plans,	instructions for talth benefits, ibutions to oyee benefit and deferred opensation 0. 0.	or Part IV.) (e) Estimated amount of other compensation 0. 0. 0.
Cat 221 Rol 221 Les 221 Wal 221 May 221 Tin	<pre>tiv List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to res (a) Name and address therine L. Craig Lincoln Road, Lincoln, MA 01773 oert S. Weber Lincoln Road, Lincoln, MA 01773 slie Brunetta Lincoln Road, Lincoln, MA 01773 lter Simons Lincoln Road, Lincoln, NY 01773 g Berenbaum Lincoln Road, Lincoln, IL 01773 m Barclay</pre>	Employees. List each one er pond to any question (b) Title and average hours per week devoted to position President 40.00 Treasurer 5.00 Clerk 0.00 Director 0.00 Director 0.00 Director	ven if not compensated. ( in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	see the (d) He contr emplo plans,	instructions for earth benefits, ibutions to byge benefit and deferred ppensation 0. 0. 0. 0. 0.	or Part IV.) (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
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02-06-12

Form **990-EZ** (2011)

12260801 794015 87-0713649 2011.04010 Conservation Through Povert 87-07131

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Conservation	Through	Poverty	A1:	leviati	.on
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Form	990-EZ (2011) International, Inc. 87-0713	8649		Page <b>3</b>
Pa	rt V 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	s Par		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
~ ^	activity in Schedule O	33		<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	0.4		x
95 a	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		
30 a		35a		x
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/	
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			F
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, 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?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9       39a       N/A         Gross receipts, included on line 9, for public use of club facilities       39b       N/A	-		
	Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40 a	section 4911 $\blacktriangleright$ 0 • ; section 4912 $\blacktriangleright$ 0 • ; section 4955 $\blacktriangleright$ 0 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
2	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 L, Part I	40b		x
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization 0.			
е	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
	List the states with which a copy of this return is filed. $\blacktriangleright$ MA	0 0	101	
42 a	The organization's books are in care of ► Catherine L. Craig, Presiden Telephone no. ► 781-25 Located at ► 221 Lincoln Road, Lincoln, MA			
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority $21P + 4 \neq 0$	11/1	5	
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	X	
	If "Yes," enter the name of the foreign country: Madagascar			
	See the instructions for exceptions and filing requirements for Form TD F 90-22. 1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	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		
				<u> </u>
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44-		v
	Form 990-EZ	44a		X
۵	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
r	Did the organization receive any payments for indoor tanning services during the year?	440 44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			<u> </u>
J	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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		
1201	70	Form 9	90-EZ	(2011)
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Form	990-EZ	(2011)
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87-0713649 Page 4

									_	Yes	s No
				political campaign activitie							
	es," co	omplete Schedule C	, Part I			<u> </u>	·····	<u></u>	<u></u>	46	X
Part V		-		ns and section 49		-			-		I (c)(3)
		-		nonexempt charitable to nization used Schedule							
	1	for lines 50 and 5	T. Check if the organ	lization used Schedule	O to respond to	any quest	ion in this Part VI			Yes	No
47 Did tl	he or	ganization engage i	n lobbving activities or	have a section 501(h) elec	tion in effect durir	ng the tax vea	ar? If "Yes." complete	e Sch. C	. Part II	47	X
				170(b)(1)(A)(ii)? If "Yes," (						48	X
				ot non-charitable related o						49a	X
<b>b</b> If "Ye	es," w	as the related organ	ization a section 527 o	rganization?					[4	49b	
				st compensated employees		ers, directors,	, trustees and key er	nployee	es) who eac	h received	more
than	\$100		-	on. If there is none, enter "			(-)	(d)			
			1 address of each empl nore than \$100,000	oyee	(b) Title and ave per week dev		(C) Reportable compensation (Forms	contri	alth benefits, butions to yee benefit	(e) Estin amount o	
				ONE	positio		W-2/1099-MISC)	plans, a	and deferred	compens	
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					4						
							*				
f Total	Inum	ber of other employ	/ees paid over \$100,00	0		•					
51 Com	plete	this table for the or		st compensated independe	nt contractors who	o each receiv	ved more than \$100,	,000 of (	compensat	ion from th	е
		on. If there is none,		ONE							
<b>(a)</b> Name	e anc	l address of each in	dependent contractor p	baid more than \$100,000		(b) Type of	fservice		(c) Co	ompensatio	n
d Total	l nu~	her of other indepe	ndent contractore cook	receiving over \$100,000							
				section 501(c)(3) organiz	vations and 4947(a	a)(1) nonexer					
chari	itable	trusts must attach	a completed Schedule	Α	```		mpr			Yes	No
Under penal Declaration of	ties of of prep	perjury, I declare that I parer (other than officer)	have examined this return, ) is based on all information	including accompanying sche of which preparer has any kno	dules and statements wledge.	s, and to the be	st of my knowledge and	d bellef, it	is true, corre	ect, and comp	olete.
Sign								Ī,			
Here		Signature of officer						Date			
		Catherin	ne L. Craig	g, President	/Directo	or					
	<b>_</b>	Print/Type prepare		Preparer's signature		Date	Check	if	PTIN		
Paid						Juit	self- emplo	ved			
Prepare	er	Heidi E.	MacLean	Heidi E. M	lacLean	08/01		,	P008	40184	L
Use On				Company CPA				▶ 0	$\frac{1000}{4-294}$		
	-			ater Place,		0	Phone no.		781)2		99
				, MA 01880-6							
May the IR	S dis	cuss this return wit	h the preparer shown a	above? See instructions					🕨 🛛 🗙	Yes	No
									Fo	rm 990-EZ	. (2011)

132174 02-06-12

SCHEDULE A (Form 990 or 990-EZ)       Public Charity Status and Public Support         Department of the Treasury Internal Revenue Service       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.       See separate instructions.									OMB No. 1545-0047	
Name of t	the organizati	on Conserv	ation Throug	h Pov	erty	Allev	iatio	n E		dentification number
	-		tional, Inc.						87	7-0713649
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.		
The organ	ization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)			
1 🛄	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3	A hospital or	a cooperative hospi	tal service organization of	described	in <b>section</b>	170(b)(1)	(A)(iii).			
4	A medical res	earch organization	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter tl	ne hospital's name,
	city, and stat	e:								
5	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental un	it describe	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (Comple	ete Part II.)							
6	A federal, sta	te, or local governm	ent or governmental unit	t describe	d in <b>sectio</b>	n 170(b)( <sup>-</sup>	1)(A)(v).			
7 X	An organizati	on that normally rec	eives a substantial part of	of its supp	ort from a	governme	ental unit c	or from the	e general p	oublic described in
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)							
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembersh	ip fees, an	d gross receipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	3% of its	s support	from gross investment
	income and ι	Inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization a	after June 30, 1975.
	See section	509(a)(2). (Complete	e Part III.)							
10	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	on 509(a)(4	4).		
11 🗌	An organizati	on organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to car	ry out the	purposes of one or
	more publicly	supported organiza	ations described in section	on 509(a)( <sup>-</sup>	1) or sectio	on 509(a)(2	2). See <b>sec</b>	tion 509	( <b>a)(3).</b> Che	ck the box that
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.				
	а 🗌 Туре I	b	Type II c	: 🗔 Тур	e III - Func	tionally int	tegrated		d	Type III - Other
е 🗌	By checking	this box, I certify tha	at the organization is not	controllec	directly o	r indirectly	/ by one oi	r more dis	qualified p	persons other than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting o	ganization, check th	nis box							
g	Since August	: 17, 2006, has the c	organization accepted an	ny gift or c	ontributior	n from any	of the follo	owing per	sons?	
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described i	in (ii) and	(iii) below,	Yes No
	the gove	erning body of the su	upported organization?							11g(i)
	(ii) A family	member of a persor	n described in (i) above?							. 11g(ii)
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					
h	Provide the f	ollowing information	about the supported org	ganization	(s).					
						_		_		
(i) Name	of supported	(ii) EIN			organization		u notify the	(vi) l	s the	(vii) Amount of
	anization				sted in your		ion in col.	organizáti (i) organiz U.S	zed in the	support
			above or IRC section	governing	document?	(I) of your	r support?	0.8	6.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	

Total

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

C	onservatio	on Through	n Povertv	Alleviat	ion	
Schedule A (Form 990 or 990-EZ) 2011					87-071	3649 Page 2
Part II Support Schedule for	Organizations	Described in	Sections 170(	b)(1)(A)(iv) and	d 170(b)(1)(A)(v	/i)
(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I or	if the organization	n failed to qualify (	under Part III. If the	e organization
fails to qualify under the tests	listed below, pleas	se complete Part II	l.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	50,120.	28,818.	50,920.	53,815.	120,153.	303,826.
<b>2</b> Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
<b>3</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	50,120.	28,818.	50,920.	53,815.	120,153.	303,826.
4 Total. Add lines 1 through 3	50,120.	20,010.	50,920.	55,015.	120,133.	505,020.
5 The portion of total contributions by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,			1			
column (f)						169,022.
6 Public support. Subtract line 5 from line 4.						134,804.
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total
7 Amounts from line 4	50.120.	28,818	50,920,	53,815,	120,153.	303.826.

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4	50,120.	28,818.	50,920.	53,815.	120,153.	303,826.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	50.	29.	16.	277.	576.	948.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						304,774.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	7,522.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<u></u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	44.23 %
15	Public support percentage from 2010	) Schedule A, Part	II, line 14			15	47.68 %
16a	<b>33 1/3% support test - 2011.</b> If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			<b>X</b>
k	<b>33 1/3% support test - 2010.</b> If the c	•					
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not o	check a box on line	e 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 th	his box and <b>stop h</b>	ere. Explain in Pa	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
k	10% -facts-and-circumstances tes	<b>t - 2010.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	<b>stop here.</b> Explain	in Part IV how the	,
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶Ц
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17k	, check this box a	nd see instruction	s ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ......

Schedule A (Form 990 or 990-EZ) 2011

132022 01-24-12

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

(Complete only if you checked the box on line 9 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.)

	ction A. Public Support				i	- i	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
c	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 IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						<b>)</b>
	ction C. Computation of Publ		<b>`</b>				
15	Public support percentage for 2011 (	line 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inve					· · · ·	
	Investment income percentage for 20					17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box a						
D	<b>33 1/3% support tests - 2010.</b> If the						
20	line 18 is not more than 33 1/3%, che			•		°,	
	Private foundation. If the organization of the	T GIG HOL CHECK a	50x 011 III e 14, 19	a, ur 190, check li			
13202	.0 01-24-12			7	30	HEULIE A (FUIII 95	UUU 330-EZ) 2011

12260801 794015 87-0713649

#### 2011 DEPRECIATION AND AMORTIZATION REPORT

# Form 990-EZ Page 1

#### 990-EZ

Asset No.	Description	Da Acqu	ate Jired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	Computer	051	605	SL	5.00	16	2,057.			2,057.	2,057.		0.
2	Camera * Total 990-EZ Pg 1	060	805	SL	5.00	16	649.			649.	649.		0.
	n fotal 990-EZ PG I Depr						2,706.		0.	2,706.	2,706.	0.	0.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	<b>ZUII</b> Open to Public Inspection
Name of the organization	Conservation Through Poverty Alleviation International, Inc.	Employer identification number 87-0713649
Form 990-EZ,	Part I, Line 4, Other Investment Income:	
Description	of Property:	Amount:
Dividend inc	ome	20.
Interest inc	ome	556.
<u>Total Includ</u>	ed on Form 990-EZ, line 4	576.
Form 990-EZ,	Part I, Line 16, Other Expenses:	
Description	of Other Expenses:	Amount:
Program-Fiel	d office expenses	32,315.
Transportati	on, Lodging and related expenses	2,821.
Supplies and	materials	2,216.
Bank and Inv	estment Fees	373.
Dues and Sub	scriptions	70.
License and	permits	50.
Postage and	delivery	66.
Web services		453.
Marketing		1,742.
Program-Supp	lies	852.
Program-Tran	sportation, lodging and related	3,523.
Program-Bank	Fees	234.
Program-Inte	rnet	766.
Program-Post	age	1.
<u> Program - Sm</u>	all equipment	4,292.
Total to For	m 990-EZ, line 16	49,774.

Form 9	90-EZ,	Part II,	Line 24,	Other	Assets:			
LHA For P 132211 01-23-12	aperwork Ree	duction Act Noti	ce, see the Instru	uctions for Fo	rm 990 or 990-EZ.	Schedule	O (Form 990	or 990-EZ) (2011)
					13			
12260801	794015	87-07136	549 201	L1.0401(	) Conservation	Through	Povert	87-07131

Department of the Treasury Internal Revenue Service	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.	on	Open to Public Inspection
Name of the organization	Conservation Through Poverty Alleviation International, Inc.		ridentification number 713649
Description	Beg. o	f Year	End of Year
Investments	- Stock	2,919.	6.
Other receiva	able	46.	194.
Total to Form	n 990-EZ, line 24	2,965.	200.
	Part III, Primary Exempt Purpose - To prot		
	ronments by introducing sustainable means		
Form 990-EZ,	Part V, Information Regarding Personal Ben	efit Con	tracts:
The organizat	tion did not, during the year, receive any	funds, d	lirectly,
or indirectly	y, to pay premiums on a personal benefit co	ntract.	
The organizat	tion, did not, during the year, pay any pre	miums, d	irectly,
or indirectly	y, on a personal benefit contract.		

14 12260801 794015 87-0713649 2011.04010 Conservation Through Povert 87-07131

Form <b>45662</b> Department of the Treasury Internal Revenue Service (99) Name(s) shown on return	► See	(Including	g Informat	tion on Lis Attack	ted Property to your tax ref	r) :urn.		OMB No. 1545-0172 <b>20111</b> Attachment Sequence No. 179 Identifying number
	Through P	overty A	llovia					identitying name of
	-	Sverty A	TTEVIA		m 990-E7	Page	1	87-0713649
	44.562' uner et answer with the manage of the second s							
	· · · ·							
	,							,
								2,000,000.
								· · ·
6								
7 Listed property. Enter	the amount from li	ne 29			7			
					······		8	
11 Business income limit	ation. Enter the sm	aller of busines	s income (no	t less than ze	ro) or line 5		11	
12 Section 179 expense	deduction. Add line	es 9 and 10, bu	t do not ente	r more than li	ne 11		12	
					🕨 13			
-								
			-				<u> </u>	
	•					•		
	preciation (Do not	include listed p	roperty.) (See	e instructions	)			
	, ,			_	,			
17 MACRS deductions for	or assets placed in	service in tax y	ears beginnir	ng before 201	1		17	
Se	ection B - Assets P				Using the Gene	ral Deprecia	ation Syste	em
(a) Classification o	f property	year placed	(business/ii	nvestment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property			<u> </u>					
			L					
			L					
			L					
			<u> </u>					
			<u> </u>		25 vrs		<u>S/I</u>	
g 25-year property		/				ММ		
h Residential rental	property	/						
		/						
i Nonresidential rea	al property	/			, , , , , , , , , , , , , , , , , , ,		S/L	
Sec	tion C - Assets Pla	aced in Service	During 201	1 Tax Year U	sing the Altern	ative Depred	iation Sys	tem
20a Class life							S/L	
<b>b</b> 12-year							S/L	
		/			40 yrs.	MM	S/L	
							<u> </u>	
,							21	
								٥
					uons - see instr.		22	0.
23 For assets shown abo portion of the basis at	•	•	-	-	23			
116051	rwork Reduction A							Form <b>4562</b> (2011)

12260801 794015 87-0713649 2011.04010 Conservation Through Povert 87-07131

Pa	n 4562 (2011)	Int	ernatio		[nc.		_						649	
	Listed Propert amusement.)	<b>ty</b> (Include au	itomobiles, ce	rtain other	vehicles,	certain o	computer	s, and pro	perty use	ed for er	ntertainn	nent, rec	reation,	or
	Note: For any	vehicle for wh	nich you are us	sing the sta	ndard mil	eage rat	e or dedu	icting lease	e expens	e, comp	lete onl	<b>y</b> 24a, 24	4b, colur	nns
	through (c) of S	-					ha inaturu	tions for li	mito for			nahilan )		
			on and Other					1						
24a	Do you have evidence to s	(b)	(c)	nt use claime		Yes		24b If "Y					∐ Yes ∟	 (i)
	<b>(a)</b> Type of property (list vehicles first )	Date placed in service	Business/ investment use percentag	Cos	<b>d)</b> st or basis	Basis for of (business)	(e) depreciation /investment only)	(f) Recovery period	Met	<b>g)</b> thod/ tention	Depre	<b>h)</b> eciation uction	Eleo sectio	cted
25	Special depreciation allo	owance for q	ualified listed	property pla	aced in se	ervice du	iring the 1	tax year an	ld					
	used more than 50% in	-					-	•		25				
	Property used more tha												_	
		: :	9	6										
		: :	9	6										
		: :	9	6										
27	Property used 50% or le	ess in a quali	fied business	use:					-		-		-	
		: :	9	6					S/L ·					
		: :	9	6					S/L ·					
		: :	9	6					S/L ·					
28	Add amounts in column	(h), lines 25	through 27. E	nter here ar	nd on line	21, pag	e 1			28		_		
29	Add amounts in column	ı (i), line 26. E	nter here and	on line 7, p	age 1							. 29		
			S	ection B -	Informat	ion on U	lse of Ve	hicles						
	plete this section for ve													
-	u provided vehicles to y	our employe	es, first answe	er the quest	tions in S	ection C	to see if	you meet	an excep	otion to o	completi	ng this s	section fo	or
thos	e vehicles.			-										
				(a)		(b)		(c)	(	d)	(	e)	(f	<sup>;</sup> )
	se vehicles. Total business/investment miles driven during year ( <b>do not</b> include commuting miles) Total commuting miles driven during the		•	Vehicle		Vehicle	· ·	/ehicle	Veh	icle	Vehicle		Vehicle	
	year ( <b>do not</b> include comr													
31	Total commuting miles of	driven during	the year $\dots$											
	Total other personal (no	-												
	driven													
	Total miles driven during	5 5					Ť							
	Add lines 30 through 32	<u>?</u>				_				1				
	Was the vehicle availab	•		Yes	No Ye	es N	o Ye	s No	Yes	No	Yes	No	Yes	N
	during off-duty hours?													
	Was the vehicle used p													
	than 5% owner or relate							_						
36	Is another vehicle availa	ble for perso	nal											
	use?													
		Section C	<ul> <li>Questions f</li> </ul>	or Employe	ers Who I	Provide	Vehicles	for Use b	y Their E	Employe	es			
Ans	wer these questions to o	determine if y	vou meet an e	xception to	completi	ng Secti	on B for v	ehicles us	ed by er	nployee	s who <b>a</b>	r <b>e not</b> m	ore than	5%
own	ers or related persons.													
	Do you maintain a writte	en policy stat	ement that pr	ohibits all p	ersonal u	se of vel	hicles, ind	cluding cor	nmuting	, by you	r		Yes	N
37														
				•					0					
38	Do you maintain a writte				ate officer	s, direct								_
38	employees? See the ins													
38 39	employees? See the ins Do you treat all use of v	ehicles by en	nployees as p	ersonal use	?									
38 39 40	employees? See the ins Do you treat all use of v Do you provide more the	ehicles by en an five vehicl	nployees as p es to your em	ersonal use ployees, ob	? otain infor	mation f	rom your	employee	s about					
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38 39 40 41	employees? See the ins Do you treat all use of v Do you provide more the the use of the vehicles, Do you meet the require <b>Note:</b> <i>If your answer to</i> <b>irt VI Amortization</b>	ehicles by en an five vehicl and retain th ements conce	nployees as p es to your em e information erning qualifie	ersonal use ployees, ob received? d automobi s," <i>do not c</i>	? otain infor le demon omplete s	mation f stration Section I	rom your use?	employee	s about					
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38 39 40 41 <b>P</b> a	employees? See the ins Do you treat all use of v Do you provide more the the use of the vehicles, Do you meet the require Note: <i>If your answer to</i> int VI Amortization (a) Description of	ehicles by en an five vehicl and retain th ements conce 37, 38, 39, 40 f costs	nployees as p es to your em e information erning qualifier 0, or 41 is "Yes Date:	ersonal use ployees, ob received? _ d automobi s, " <i>do not c</i> (b) amortization begins	otain infor le demon omplete s	mation f stration Section I	rom your use?	employee covered ve	s about	(e)	tion			
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38 39 40 41 <b>Pa</b>	employees? See the ins Do you treat all use of v Do you provide more that the use of the vehicles, Do you meet the require Note: <i>If your answer to</i> int VI Amortization (a) Description of Amortization of costs the	ehicles by en an five vehicl and retain th ements conce 37, 38, 39, 40 f costs nat begins du	nployees as p es to your em e information erning qualifie 0, or 41 is "Ye: Date: ring your 2011	ersonal use ployees, ob received? _ d automobi s," <i>do not c</i> (b) amortization begins I tax year: :: : :	? otain infor omplete Amo an	mation f stration Section I (c) rtizable iount	rom your use? B for the	employee covered ve (d) Code section	s about	(e) Amortiza period or per	tion centage		(f)	
38 39 40 41 41 42 42	employees? See the ins Do you treat all use of v Do you provide more that the use of the vehicles, Do you meet the require Note: If your answer to s int VI Amortization (a) Description of Amortization of costs the Amortization of costs the	ehicles by en an five vehicl and retain th ements conce 37, 38, 39, 40 f costs at begins du nat began bef	nployees as p es to your em e information erning qualifie 0, or 41 is "Yes Date: ring your 2011 ore your 2011	ersonal use ployees, ob received? _ d automobi s, " <i>do not c</i> (b) morization begins I tax year: :: : : : : : tax year	? otain infor le demon omplete s Amo arr	mation f stration Section I ritizable tritizable	rom your use? B for the	employee covered ve (d) Code section	s about	(e) Amortiza period or per	tion centage		(f)	
38 39 40 41 <b>Pa</b> 42 43 43	employees? See the ins Do you treat all use of v Do you provide more that the use of the vehicles, Do you meet the require Note: <i>If your answer to</i> int VI Amortization (a) Description of Amortization of costs the	ehicles by en an five vehicl and retain th ements conce 37, 38, 39, 40 f costs at begins du nat began bef	nployees as p es to your em e information erning qualifie 0, or 41 is "Yes Date: ring your 2011 ore your 2011	ersonal use ployees, ob received? _ d automobi s, " <i>do not c</i> (b) morization begins I tax year: :: : : : : : tax year	? otain infor le demon omplete s Amo arr	mation f stration Section I ritizable tritizable	rom your use? B for the	employee covered ve (d) Code section	s about	(e) Amortiza period or per	tion centage	Ar fc	(f)	

Form <b>893</b> (November 2011)		ment of Specified Foreign		OMB No. 1545-2195
Department of the Treasu Internal Revenue Service	iry	See separate instructions Attack	n to your tax return	Attachment Sequence No. <b>175</b>
	l If yo	ou have attached additional sheets, chec	k here	
Name(s) shown on		D		Identifying number
	ational, Inc.	Poverty Alleviation		87-0713649
Number, street, an	d room or suite no. (if a P.O	. box, see instructions)		
221 Li:	ncoln Road			
City or town, provi Lincol:	nce or state, and country (ir n	cluding postal code)	MA 01773-5100	
For tax year begini	ning 01/01/2011	, , and ending 12/31/2	<b>011</b> ,	
Note. All information	on must be in English. Show	all amounts in U.S. dollars. Show currency	y conversion rates in Part I, line	6(2), or Part II, line 6(2).
Type of filer <b>a</b> Specified individ <b>b</b> Specified dome			ther individual	Trust (4) Estate
	, ,	or supplemental Form 8938 for attachment	(0)	
		dial Accounts (see instructions)		
_ /		attach a continuation sheet with the same i		
1 Type of accou	unt L Deposit L	Custodial	2 Account number or oth 14897880018	er designation
3 Check all that			nt closed during tax year titem reported in Part III with re	spect to this asset
		ar	\$	40,000.
		rate to convert the value of the account in	to U.S. dollars?	X Yes No
	ed "Yes" to line 5, complete			
(1) Foreign ci is maintained	urrency in which account	(2) Foreign currency exchange rate use convert to U.S. dollars	-	je rate used if not from Il Management Service
		.000047000		
7 Name of finar	cial institution in which acc	ount is maintained	·	
Bank o	f Africa Masag	ascar		
Ū		which account is maintained. Number, stre	et, and room or suite no.	
	masina Maroant			
	province or state, and coun	try (including postal code)	ΠQ	
Madaga	scar		FC Africa	
Part II Otho	r Foreign Assets (see	instructions)	AIIICa	
Note. If you report		l assets on Forms 3520, 3520-A, 5471, 862	21, or 8865, you do not have to	include the assets on Form
	•	ch a continuation sheet with the same info	ormation for each additional ass	et (see instructions).
1 Description of	asset		2 Identifying number or o	ther designation
3 Complete all 1	hat apply			
-	quired during tax year, if ap	plicable		
		applicable		
	k if asset jointly owned with		eck if no tax item reported in Pa	rt III with respect to this asset
a 🗌 \$0 - \$5		\$100,000 c 🗍 \$100,001 - \$150,000	-	0,000
		rate to convert the value of the asset into e, see the separate instructions.	U.S. dollars? l	<u>Yes</u> <u>No</u> Form <b>8938</b> (11-2011)
123021 12-19-11		19		

12260801 794015 87-0713649

	m 8938 (11-2011)						Page <b>2</b>
Pa	art II Other Foreign	· ·	,				
6	If you answered "Yes" to	, i				1	
	(1) Foreign currency in w denominated	vhich asset is	(2) Foreign c convert to U.	currency exchange rate used S. dollars	d to		ge rate used if not from al Management Service
7 a	If asset reported in Part I Name of foreign entity	I, line 1, is stock of	a foreign enti	ty or an interest in a foreign	entity,	report the following inf	ormation.
b c	Type of foreign entity	•	Partnership	<b>(2)</b> Corpo	ration	<b>(3)</b> Trus	st (4) Estate
d	Mailing address of foreig	n entity. Number, s	street, and roo	om or suite no.			
e	City or town, province or	state, and country	(including po	stal code)			
		re than one issuer ions). erparty		entity or an interest in a forei ty, attach a continuation sh Counterparty			nformation for the asset. for each additional issuer or
b c d	Type of issuer or counter (1) Individual Check if issuer or counte	rparty (2) prparty is a	Partnership	(3) Corpo		<b>(4)</b> 🗔 Trus	st (5) 🗔 Estate
е	City or town, province or	state, and country	(including po	stal code)			
Pa	art III Summary of 1	Tax Items Attr	ibutable to	<b>Specified Foreign Fi</b>	nanc	ial Assets (see inst	tructions)
	Asset Category	Tax iter	n	Amount reported on form or schedule		Where Form and line	reported Schedule and line
Ι.	Foreign Deposit and	a Interest	\$	6			
	Custodial Accounts	<b>b</b> Dividends	9	6			
		c Royalties	9	6			
		d Other income		6			
		e Gains (losses)					
		f Deductions	9	6			
		g Credits	9				
II.	Other Foreign Assets	a Interest					
		<b>b</b> Dividends					
		c Royalties					
		d Other income	9				
		e Gains (losses)	9				
		f Deductions	9				
_		g Credits			Ļ		
				Assets (see instructio			
	ou reported specified foreig I do not need to include th			ng forms, check the approp e tax year.	riate b	ox(es). Indicate number	of forms filed.
	3520 Number of form 8621 Number of form		□ 352 □ 886			5471	Number of forms

Form 8938 (11-2011)

123022 12-19-11

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

Conservation Through Poverty Alleviation International, Inc.

									onar, inc	·			
Asset No.	Description	Da Acqu	te iired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	Computer	051	605	SL	5.00	16	2,057.			2,057.	2,057.		0.
2	Camera * Total 990-EZ Pg 1	060	805	SL	5.00	16	649.			649.	649.		0.
	Depr						2,706.		0.	2,706.	2,706.	0.	0.
			T										
		Π											

- NEXT YEAR FEDERAL -

Conservation Through Poverty Alleviation International, Inc.

					onal, inc				
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	Computer	0.511.610.5	ST	5.00	2,057.		2.057.	2.057.	0.
2	Camera	051605	GT.	5.00	619		619	6/9	0.
	* Total 990-EZ Pg 1 Depr	00000	рп	5.00	2,057. 649. 2,706.		2,057. 649. 2,706.	2,057. 649. 2,706.	0.
	" TOLAI 990-EZ PG I Depr				2,700.		2,700.	2,700.	0.

# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

#### FOR THE YEAR ENDING

December 31, 2011

Prepared for	Conservation Through Poverty Alleviation
	International, Inc. 221 Lincoln Road
	Lincoln, MA 01773-5100
Prepared by	
	Tonneson & Company CPAs PC 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208
Amount due or refund	Balance due of \$70
Make check payable to	Commonwealth of Massachusetts
Mail tax return and check (if applicable) to	Non-Profit Organizations/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108
Return must be mailed on or before	August 15, 2012
Special Instructions	Form PC must be signed and dated by the authorized individual(s). Also be sure that all the necessary attachments are included with Form PC before filing.
	Include the organization's Massachusetts Attorney General six-digit account number and "2011 Form PC" on the remittance. Also include the organization's fiscal year end date in this format (12/11).
	We recommend all mailings to taxing authorities be made by certified mail, return receipt requested. Please retain the receipt as proof of timely filing.
	A copy of the return is enclosed for your files. We suggest that you retain the copy indefinitely.
	We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions at 781-245-9999.

(617) 727-2200, ext. 2101 www.mass.gov/ago/charities

#### The Commonwealth of Massachusetts OFFICE OF THE ATTORNEY GENERAL NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108

Form PC					
Report for the Fiscal Period: $01/01/11$ to $12/31/11$	_	Check all items attached (if applicable) X Schedule A-1			
Attorney General's Account #: 045075		Schedule A-1			
Federal ID #: 87-0713649		Probate Account X Copy of IRS Return			
When did the organization first engage in charitable work in Massachusetts?	11/06/2003	Audited Financial Statements/Review			
Has the organization applied for or been granted IRS tax exempt status?	X Yes No	X Filing Fee Amended Articles/ By-Laws			
If yes, date of application <b>OR</b> date of determination letter:	11/12/03				
IRS Exemption under 501(c):	3				
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?	X Yes No				
Organization Data		1 -			
Name: Conservation Through Poverty Alle	eviation Internation	nal, Inc.			
Mailing Address: 221 Lincoln Road					
City: Lincoln	State: MA	ZIP: 01773-5100			
Phone Number: 781-259-9184	Fax Number:				
Email: CCraig@CPALI.ORG	Website: WWW.CPALI.ORC	3			

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

		Category		Code	Category		Code
County (Table	e 1)			9	Organization P	urpose Code 1	28
Type of Orgar	nization (Tab	ble 2)		3	Organization P	urpose Code 2	47
Please check	box if final	return prior to dissoluti	on:				
		·					
							<u>.</u>
Form PC				Page <sup>-</sup>	of 14	Office Use Only: Payment Receiv	ed
05-01-11					2		
260801 7	794015	87-0713649	2011.	.04010		ation Through Povert	87-0713

Form <b>8868</b>
(Rev. January 2012)
Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

AG #045075

File a separate application for each return.

► X

01

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation

required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on e-file for Charities & Nonprofits,

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization or other filer, see instructions. Conservation Through Poverty Alleviation	 Employer identification number (EIN) or
	International, Inc.	X 87-0713649
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 221 Lincoln Road	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lincoln, MA 01773-5100	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			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
Catherine L					
• The books are in the care of ► <u>221 Lincoln</u>	Road - 1				
Telephone No. ► <u>781-259-9184</u>		FAX No. ►			<b></b>
<ul> <li>If the organization does not have an office or place of build in the second seco</li></ul>	isiness in the Un	ited States, check this box		Þ	
If this is for a Group Return, enter the organization's fou	r digit Group Exe	mption Number (GEN) If I	his is fo	or the whole group,	check this
box 🕨 🔄 . If it is for part of the group, check this box 🕽				pers the extension is	s for.
1 I request an automatic 3-month (6 months for a corpo					
August 15, 2012 , to file the e	exempt organizat	ion return for the organization named	above.	The extension	
is for the organization's return for:					
$\blacktriangleright$ X calendar year 2011 or					
▶ tax year beginning	, and	l ending			
2 If the tax year entered in line 1 is for less than 12 mor	ths, check reasc	on: 🗌 Initial return 🔲 Fi	hal retui	m	
Change in accounting period					
3a If this application is for Form 990-BL, 990-PF, 990-T, 4	1720, or 6069, er	ter the tentative tax, less any			
nonrefundable credits. See instructions.			3a	\$	Ο.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or	6069, enter any i	efundable credits and			
estimated tax payments made. Include any prior year	overpayment all	owed as a credit.	3b	\$	Ο.
c Balance due. Subtract line 3b from line 3a. Include ye	our payment with	this form, if required,			
by using EFTPS (Electronic Federal Tax Payment Sys	<u>tem). See instruc</u>	tions	3c	\$	Ο.
Caution. If you are going to make an electronic fund withdr	awal with this Fo	rm 8868, see Form 8453-EO and Forr	n 8879-	EO for payment inst	
HA For Privacy Act and Paperwork Reduction Act N				Form <b>8868</b> (R	
				•	'
123841	-10-12	ONNESON & COMPANY CPAS F 01 EDGEWATER PLACE, STE 30	°C 04-	2943536	
	4	UT EDGEWATER PLACE, STE 30	0, WAK	EFIELD, MA 0188	30
50510 794015 87-0713649 20	11.03050	Conservation Throu	ah I	Povert 87-	07131

# Conservation Through Poverty Alleviation International, Inc.

87-0713649

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- 1. On what date was the organization created? 11/06/2003
- 2. Where was the organization created? Massachusetts
- 3. What is the form of organization? (check one)

Corporation	X	Testamentary Trust	
Unincorporated Association		Inter Vivos Trust	

Other (please describe):

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.

5. Enter your summary of financial data:

	Financial Data	Amounts
А.	Contributions, gifts, grants, and similar amounts received	120,153.
в.	Gross support and revenue	124,498.
c.	Program services and similar amounts paid out	41,983.
D.	Fundraising expenses	0.
E.	Management and general expenses	7,791.
F.	Payments to affiliates	0.
G.	Total expenses	49,774.
Н.	Net assets or fund balances at the end of the year	126,762.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	NONE				
2.					
3.					
4.					
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).* 

Form PC 178002 05-01-11 Rev. 02/2010

# Conservation Through Poverty Alleviation International, Inc. 87-0713649

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	Tonneson + Co	1,505.	Accounting
2.			
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone numbers):

Bank	Address		Phone Number
Bank of America	Lincoln Road Lincol	.n, MA	800-259-9184
10. What is the organization's accounting method?	Cash X Accrual		
	Other (specify):		
11. If organization's mailing address is a P.O. Box, list	t the organization's full street address	:	
Address:			
City:		State: Z	P Code:
12. Contact Person Name: Catherine L.	Craig		
Street Address: 221 Lincoln Road			
City: Lincoln		State: MAZ	P Code: 01773

Phone Number: 781-259-9184

12260801 794015 87-0713649 2011.04010 Conservation Through Povert 87-07131

International, Inc.	87-0713649		
During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?		X Yes	🗌 No

- 14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? X Yes [
   If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.
- 15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from	
more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid	
volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	

- 16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **Statement 1**
- 17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

Statement 2
-------------

- Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
   Statement 3
- 19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any Other state?

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

2011.04010 Conservation Through Povert 87-07131

12260801 794015 87-0713649

FORM PC	Name,	Address,	Phone	of	Other	Offices	Statement	1
Name						Phone Number		
None					_			
Address								
FORM PC Of	ficers	, Director	s, Tru	iste	es an	d Executives	Statement	2
Name and Address						Title		
Catherine L. Craig 221 Lincoln Road Lincoln, MA 01773						President/Direc	tor	_
Name and Address						Title		
Robert S. Weber 221 Lincoln Road Lincoln, MA 01773						Treasurer/Direc	tor	_
Name and Address						Title		
Leslie Brunetta 221 Lincoln Road Lincoln, MA 01773						Clerk/Director		_
Name and Address						Title		
Walter Simons 221 Lincoln Road Lincoln, MA 01773						Director		_
Name and Address						Title		
May Berenbaum 221 Lincoln Road Lincoln, MA 01773						Director		_
Name and Address						Title		
Tim Barclay 221 Lincoln Road Lincoln, MA 01773						Director		-

Name and Address

James Arthur Toupin 221 Lincoln Road Lincoln, MA 01773 Title

Director

FORM PC Page 4 Line 18 3 Statement Name Area of Responsibility Catherine L. Craig Responsible for custody of funds Address 221 Lincoln Road Lincoln, MA 01773 Area of Responsibility Name Catherine L. Craig Responsible for distribution of funds Address 221 Lincoln Road Lincoln, MA 01773 Area of Responsibility Name Responsible for fundraising Catherine L. Craig Address 221 Lincoln Road Lincoln, MA 01773 Name Area of Responsibility Catherine L. Craig Custody of financial records Address 221 Lincoln Road Lincoln, MA 01773 Area of Responsibility Name Catherine L. Craig Authorized to sign checks Address 221 Lincoln Road Lincoln, MA 01773

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Area of Responsibility Name Robert S. Weber Authorized to sign checks Address

221 Lincoln Road Lincoln, MA 01773

Name

Area of Responsibility

Leslie Brunetta

Authorized to sign checks

Address

29 Roberts Road Cambridge, MA 02138

		Conservation Through Poverty Alleviation International, Inc.	87-0713649	
20.	Has	this organization or any of its officers, directors, or employees:		
	If yes, please attach an explanation.			
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with any governmen agency or in a case before a court or administrative agency?	t 📃 Yes	X No
21.		re any restrictions been removed during the year from donor-restricted funds? es, please attach an explanation.	Yes	X No
22.		re donor-restricted funds been loaned to unrestricted funds? es, please attach an explanation.	Yes	X No
23.	Par	s question involves "Termination of Employment or Changes of Control Compensatory Arrange ties" ( <i>see instructions and definition sections</i> ). Report only if payments made or promised to ar pur months salary or \$100,000, whichever dollar amount is less.		
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to an in Related Party definition, sections (a) or (b), which payments are not reported in Question 6		X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections such an agreement?	s (a) or (b), containing Yes	X No
	If ve	u answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the	individual(s) involved stating the	

If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

### Conservation Through Poverty Alleviation International, Inc. 87-0713649

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:	-	
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a		
<b>A</b> .	related party?	🗌 Yes	X No
В.	Has your organization leased assets to or leased assets from a related party?	└── Yes	X No
C.	Has your organization been indebted to a related party?	U Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	U Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	Yes	X No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	C Yes	X No
١.	Has your organization transferred income or assets to or for use by a related party?	L Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material		
0.	financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	🗌 Yes	X No
К.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns		V
	more than 10% of the outstanding shares?	Ves	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person		
	or organization?	🗌 Yes	X No
М.	Did your organization make a grant award or contribution to any other organization in which any of this organization's		X No
	officers, directors, or trustees has a relationship?	L Yes	L NO

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Signature Required					
Under penalty of perjury, I declare that the information furnished in this report, including correct to the best of my knowledge.	g all attachments, is true and				
Signature:	Date:				
Printed Name: Catherine L. Craig					
Title: President/Director					
Name of Preparer: Tonneson & Company CPAs PC Address 401 Edgewater Place, Suite 300					
City Wakefield State	MA ZIP Code 01880-6208				
Phone Number (781)245-9999					

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International, Inc.

87-0713649

# Schedule A-1

#### Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

#### CPALI

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	Via the Internet	X
Door-to-door	Raffle, beano, bingo or gaming event	
Entertainment event	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads	Individual Mailings	
Telemarketing with sale of goods	Corporate solicitations	
Telemarketing with sale of ads	Grant Proposals	X
Other (specify):		

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	Own employees	
Professional fundraising counsel*	Volunteers	X
Commercial co-venturer*		
Provide applicable names and addresses:		
Professional Solicitor Name:		
Address		
City	State ZIP Co	ode
Professional Fundraising Counsel Name:		
Address		
City	State ZIP Co	ode
Commercial Co-Venturer Name:		
Address		
Citv	State ZIP Co	ode

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International, Inc.		/-0713649	
	ule A-1 ctd.	i. D	
Solicitation Activities During F	-Iscal Year Covered By Tr	lis Report	
Identify the individuals who will have final responsibility for the charity's c Catherine L. Craig	custody of contributions:		
Name and Title: President			
Address 221 Lincoln Road			
City Lincoln	State MA	7IP Code	01773
Ony		211 0000	
Name and Title:			
Address			
City			
Name and Title:			
Address			
City	State	ZIP Code	
Identify the individuals who will have final responsibility for the charity's of	distribution of contributions:		
Catherine L. Craig Name and Title: President			
Address 221 Lincoln Road			
City Lincoln	State MA	ZIP Code	01773
Name and Title:			
Address			
City	State	ZIP Code	
Name and Title:			
Address			
City		ZIP Code	

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#### Schedule A-2 Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

#### CPALI

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	Via the Internet	X
Door-to-door	Raffle, beano, bingo or gaming event	
Entertainment event	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads	Individual Mailings	
Telemarketing with sale of goods	Corporate solicitations	
Telemarketing with sale of ads	Grant Proposals	X
Other (specify):		

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	Own employees	
Professional fundraising counsel*	Volunteers	X
Commercial co-venturer*		
Provide applicable names and addresses:		
Professional Solicitor Name:		
Address		
City	State ZIP C	ode
Professional Fundraising Counsel Name:		
Address		
City	State ZIP C	code
Commercial Co-Venturer Name:		
Address		
Citv	State ZIP C	code

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	rvation Through national, Inc.	Poverty Alleviation	87-0713649	
		Schedule A-2 ctd.		
Solid	citation Activities Plann	ed for Fiscal Year Which Follows	s the Reporting Year	
Cat	herine L. Craig	the charity's custody of contributions:		
Name and Title: Pre	sident			
Address 221 Li	ncoln Road			
City Lincoln		State MA	ZIP Code 01773	
Name and Title:				
			ZIP Code	
<u> </u>				
Name and Title:				
Address				
City		State	ZIP Code	
		the charity's distribution of contributions:		
Cat Name and Title: <u>Pre</u>	herine L. Craig sident			
Address 221 Li				
<sub>City</sub> Lincoln		State MA	ZIP Code 01773	
Address				
City		State	ZIP Code	
Name and Title:				
			ZIP Code	
Uity				

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# TONNESON & COMPANY CPAS PC Certified Public Accountants 401 Edgewater Place, Suite 300 Wakefield, Massachusetts 01880 (781) 245-9999

Date August 1, 2012

# INSTRUCTIONS FOR FILING INCOME TAX RETURNS

FOR: Conservation Through Poverty Alleviation International, Inc.				
The original copy of the enclosed	Massachusetts Annual Report (Non-Profit)			
for the years ended	2011			
should be dated and signed by	Catherine L. Craig, President			
and filed on or before	November 1, 2012			
PAYMENT:       X       Payment due - \$15.00 (Check payable toCommonwealth of Massachusetts) No payment due Overpayment to be refunded in the amount of \$ Overpayment to be applied to next year's tax \$ *Please be sure to put federal identification number (if business) or social security number (if individual) on your check         WHERE TO FILE:       William Francis Galvin Secretary of the Commonwealth Attn: Annual Report - AR180 One Ashburton Place, Room 1717 Bostor, MA 02108-1512				
<b>SPECIAL INSTRUCTIONS:</b> We recommend mailing certified, return receipt requested.				
Please consider the option of filing your annual reports on-line at <u>http://www.mass.gov/sec/cor/Functionality/annualreport.htm</u> .				

Photocopy of your return(s) enclosed for your files. Enclosure(s)

# The Commonwealth of Massachusetts

FEE: \$15.00

M.G.L. Ch.180

Corporation

Annual Report

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place - Room 1717, Boston, Massachusetts 02108-1512 Telephone: (617) 727-9640

# **ANNUAL REPORT**

Filing for November 1, 20 12

FEDERAL IDENTIFICATION

NO. 87-0713649

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: Conservation Through Poverty Alleviation International, Inc.

2. ADDRESS: 221 Lincoln Road		
(number)	(street)	
Lincoln, MA 01773	1	
(city or town)	(state)	(zlp)
3. DATE OF THE LAST ANNUAL MEETING: November 21	, 2011	

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
See Attached		
	· ·	
		Number, Street, City or Town, State and Zip Code

I, the undersigned <u>Catherine L. Craig</u> being the <u>President</u> of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS W	HEREOF AND UNDER PENALTIES	S OF F	PERJUR	Y, I hereto sign my name on this	
day of		, 20 ]			

Signature:

Title: President

Contact Person: Catherine L. Craig

Contact Person Telephone #: 781-259-9184

## **Conservation Through Poverty Alleviation International, Inc. FIN: 87-0713649**

- President: Catherine L. Craig 221 Lincoln Road Lincoln, MA 01773
- Treasurer: Robert S. Weber 221 Lincoln Road Lincoln, MA 01773
- Clerk: Leslie Brunetta 29 Roberts Road Cambridge, MA 02138
- Directors: Catherine L. Craig Robert S 221 Lincoln Road 221 Lincoln, Lincoln, MA 01773 Lincoln,

Leslie Brunetta 29 Roberts Road Cambridge, MA 02138

May Berenbaum 320 Morrill Hall University of Illinois Urbana, IL 61801

Tim Barclay 221 Lincoln Road Lincoln, MA 01773 Robert S. Weber 221 Lincoln Road Lincoln, MA 01773

Walter Simons 10 East 87 Street, Suite 4B New York, NY 10128

James Arthur Toupin 5453 33<sup>rd</sup> St., N. W. Washington, D.C. 20015

# Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all atta of our knowledge.	chments, is true and correct to the best
Signature:	Date:
Print Name: Catherine L. Craig	
Title: President/Director	
Signature:	Date:
Print Name:	
Title: Director	

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