Federal Form 990 Open to Public Inspection Copy

Year End: 12/31/2020

			Extended to November 15	, 202	1	_				
	Ω	00	Return of Organization Exempt Fi	rom I	ncome Tax	OMB No. 1545-0047				
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C							
Dono	rtmont	of the Treasury	Do not enter social security numbers on this form as	s it may k	be made public.	Open to Public				
Intern	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and t	the latest	information.	Inspection				
AF	or th		ar year, or tax year beginning and er	nding	1					
B c a	heck if pplicab		organization		D Employer identific	cation number				
	 ⊐Addre	Cons	ervation Through Poverty Alleviatio	on						
	_]chang]Name		rnational, Inc.		07 07126	4.0				
	_]chang ⊐Initial	ge Doing bi	usiness as	(:+	87-071364					
	_return Final		and street (or P.O. box if mail is not delivered to street address) Rooberts Street	oom/suite	E Telephone number					
	return∟ termir	n			G Gross receipts \$	73,050.				
	ated Amen		pwn, state or province, country, and ZIP or foreign postal code ridge, MA 02138			-				
	_lreturn]Appli		nd address of principal officer: Catherine L. Craig		H(a) Is this a group re for subordinates					
L	_ltion pendi		as C above		H(b) Are all subordinates in					
<u> </u>	ax-ex	empt status:		527	· · /	list. See instructions				
			CPALI.ORG	02,	H(c) Group exemption					
			X Corporation Trust Association Other ►	L Year		State of legal domicile: MA				
	art I	Summary								
	1	Briefly describ	e the organization's mission or most significant activities: Conse	rvati	on through 1	Poverty				
Ű		Alĺevia	tion International is an internatio	onal	non profit					
rna	2	Check this bo	x if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.				
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)			7				
ۍ م	4	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)								
es	5									
Activities & Governance	6	Total number	6	0						
Acti			d business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····	7b	0.				
					Prior Year	Current Year				
ne	8		and grants (Part VIII, line 1h)		73,314.	61,468.				
Revenue	9	•	ce revenue (Part VIII, line 2g)		27,271. 92,929.	11,582.				
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		92,929.	0.				
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		193,514.	73,050.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.				
	13		nilar amounts paid (Part IX, column (A), lines 1·3) to or for members (Part IX, column (A), line 4)		0.	0.				
	14	0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(A) lines 5 10		12,385.	8,841.				
Expenses	162	Professional fi	andraising fees (Part IX, column (A), line 5-10) ng expenses (Part IX, column (D), line 25) 498	·····	0.	0.				
ben	h	Total fundraisi	ng expenses (Part IX, column (D), line 25) 498	8.						
Ĕ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		54,084.	60,761.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		66,469.	69,602.				
	19	-	expenses. Subtract line 18 from line 12		127,045.	3,448.				
or					ginning of Current Year	End of Year				
sets ilanc	20	Total assets (F	Part X, line 16)		334,300.	375,752.				
Net Assets or Fund Balances			(Part X, line 26)	····· –	0.	0.				
Fund	22		fund balances. Subtract line 21 from line 20		334,300.	375,752.				
Pa	irt II									
			declare that I have examined this return, including accompanying schedules a			/ knowledge and belief, it is				
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.					
Sig	n	Signature	e of officer		Date					

Sign										
Here	📐 Heidi E. MacLean, Trea	surer								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	Heidi E. MacLean	Heidi E. MacLean	05/26/21 ^{if} p00840184							
Preparer	Firm's name 🕨 Tonneson & Compa		Firm's EIN ▶ 04-2943536							
Use Only	Firm's address 🖕 401 Edgewater Pl									
	Wakefield, MA 01	880-6208	Phone no. 781 - 245 - 9999							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									
S	see Schedule O for Organiz	ation Missligon State	ment Continuation							

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	Conservation Through Poverty Alleviation 990 (2020) International, Inc. 87-0713649 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Conservation through Poverty Alleviation International is an
	international non profit organization that identifies, develops and
	implements new means of income generation for impoverished farmers
	living in areas of high biodiversity and conservation value. The
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 49,314 · including grants of \$) (Revenue \$
40	Madagascar Silk Project - project which teaches the people of Madagascar
	to breed local silkworms as a tool for biodiversity conservation and
	silk production for use in the sale of merchandise produced to provide
	sustainable income to the local people living in poverty.
40	(Code:)(Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$] (Revenue \$_] (Revenue \$] (Revenue \$] (Revenue \$] (Revenue \$_] (Revenue \$_Revenue \$_Revenue \$_
4c	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 49,314.
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form 990 (2020)

Part IV Checklist of Required Schedules

<u>م</u>

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		XX
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
07		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

Form	990 (2020) International, Inc. 87-0713	649	P	age 5					
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 2								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country 🕨								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			37					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37					
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	5 , 5 , , , , , , , , , , , , , , , , ,								
g									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•							
~	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	0-							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1								
D									
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Iza							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
a	Note: See the instructions for additional information the organization must report on Schedule O.	104							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
5	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.			_					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

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Conservation Through Poverty Alleviation Form 990 (2020) International, Inc. 87-0713649 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response No" response

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	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .		X
Sec	tion A. Governing Body and Management		_	
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	/		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
- 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
		6		
6 7-	Did the organization have members or stockholders?	0		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		.
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Ι.
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	1
0a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			Γ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	┢
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	┢
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		┢
C		10-		
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	v	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MA			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(1
10			() avai	a
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Catherine L Craig, President - 617-230-8322			
	PO Box 398006, Cambridge, MA 02138			
32006	3 12-23-20	Form	1 990	(20
	23			
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Conservation	Through	Poverty	Alleviation
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Form 990 ((2020)	International	, Inc.			87-01
Part VII	Compensation	of Officers, Director	rs, Trustees	, Key Employees,	Highest	Compensated
	Employees, an	d Independent Cont	ractors			

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hows per weak (bit any) rous for related organization below if and a metabolic per and a meta	(A)	(B)	B)			C)			(D)	(E)	(F)
hours per week (list any bours for related organizations below line) bours person is don an informed a distribution below line) compensation from the organizations (W2/1099-MISC) compensation compensation from the organizations (W2/1099-MISC) amount of other organizations and related organizations (1) Catherine L, Craig 40.000 X X 0. 0. 0. (2) Robert S, Weber 1.000 X X 0. 0. 0. Director X X 0. 0. 0. (3) Lealle Brunetta 1.000 X X 0. 0. 0. (6) Haidi MacLean 1.000 X X 0. 0. 0. (7) Anelia Thrall 1.000 X X 0. 0. 0. (1) Realia Thrall 1.000 X X 0. 0. 0. (1) Addy Ralijaona 1.000 X X 0. 0. 0. (1) Addy Ralijaona 1.000 X X 0. 0. 0. (2) Addy Ralijaona 1.000 X X 0. 0. 0. (2) Addy Ralijaona 1.00 X 1.00 0. 0. 0. (2) Addy Ralijaona 1.00 1.01 1.01 1.0	Name and title	Average	(do	Position							
week (ist ary hours for related organizations below line) ist ary ist ar			box	box, unless person is both an		compensation					
(1) Catherine L. Craig 40.00 x x x 0. 0. 0. 0. President 1.00 x x 0. 0. 0. 0. Oliector x x 0. 0. 0. 0. 0. (3) Lesite Brunetta 1.00 x x 0. 0. 0. 0. (4) Tin Barclay 5.00 x x 0. 0. 0. 0. (5) Mary Ralijaona 1.00 x x 0. 0. 0. 0. (7) Amelia Thrall 1.00 x x 0. 0. 0. 0. (7) Amelia Thrall 1.00 x x 0. 0. 0. 0. (7) Amelia Thrall 1.00 x x 0. 0. 0. 0. (7) Amelia Thrall 1.00 x x 0. 0. 0. 0. (1) Amelia Thrall 1.00 x 0. 0. 0. 0. 0. 0. 0. (1) Amelia Thra				cer ar	10 a 0	recto	or/trus	tee)			
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(5) Andry Ralijaona 1.00 X 0. 0. 0. Director X X 0. 0. 0. (6) Heidi MacLean 1.00 X X 0. 0. 0. Treasurer X X 0. 0. 0. 0. (7) Amelia Thrall 1.00 X X 0. 0. 0. Director X X 0. 0. 0. 0. Image: Construction of the state of the s	(4) Tim Barclay	5.00									
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(6) Heidi MacLean 1.00 x x x 0.0.0.0.0. Treasurer 1.00 x 0.0.0.0.0. 0.0.0.0. Director x 0.0.0.0.0. 0.0.0.0.	(5) Andry Ralijaona	1.00									
Treasurer X X X 0. 0. 0. (7) Amelia Thrall 1.00 X 0. 0. 0. 0. Director X X 0. 0. 0. 0. 0.	Director		Х						0.	0.	0.
(7) Amelia Thrall 1.00 X 0.0.0.0. Director X 0.0.0.0.	(6) Heidi MacLean	1.00									
Director X 0.0.0.0.	Treasurer		Х		X				0.	0.	0.
	(7) Amelia Thrall	1.00									
	Director		Х						0.	0.	0.
				-	-		-				

Form **990** (2020)

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Form 990 (2020) Internat: Part VII Section A. Officers, Directors, Trus							-+ (<u>87-0</u>	/13	649	Pa	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box	not c , unle	(C Pos heck ss pe	C) ition more rson i		one h an	(D) Reportable compensation from	(E) (E) Reportable compensatio from related	on	am	(F) timate iount	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	s	comp fro orga and	oensa om the anizat I relat nizatie	e ion ed
		-											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n compensation from the organization ►							no r	eceived more than \$100	,000 of reportab	le			0
3 Did the organization list any former officer,			key e	emp	loye	e, or	^r hiç	ghest compensated emp	bloyee on	[Yes	No
line 1a? <i>If "Yes," complete Schedule J for s</i>For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization	Γ	3		X
 and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i> 	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services	. [4 5		x x
Section B. Independent Contractors		01	01 30	ucn	pera	<u>son .</u>					5		
1 Complete this table for your five highest co the organization. Report compensation for										npensa	ation fi	rom	
(A) (B)									(C omper		n		
2 Total number of independent contractors (i			mito	d to	the	eo lir	etor	t above) who received a	ore than				
\$100,000 of compensation from the organi	•					0					Form S	990 (2	2020)

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Pa	rt V	(111						
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII … (A)	(B)	(C)	
					(م) Total revenue	Related or exempt	Unrelated	Revenue excluded
					i otali i ovolitao		business revenue	from tax under
(0 (0)								sections 512 - 514
Ints	1		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Ťs,			Fundraising events 1c					
ilar İlar			Related organizations 1d					
Sins,			Government grants (contributions) 1e					
er io		f	All other contributions, gifts, grants, and					
<u>p</u>			similar amounts not included above 1f	61,468.				
ti Di		g	Noncash contributions included in lines 1a-1f					
ãĞ		h	Total. Add lines 1a-1f	🕨	61,468.			
				Business Code				
e	2	а	Sustainable Programs	110000	11,582.	11,582.		
ervi		b						
enu Senu		с						
ran ev		d						
Program Service Revenue		е						
۲ ۲		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►	11,582.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)	►				
	4		Income from investment of tax-exempt bond p	oroceeds 🕨 🕨				
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
Revenue		с	Gain or (loss) 7c					
Be			Net gain or (loss)	►				
Jer			Gross income from fundraising events (not					
f			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b					
				►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			.	▶				
			Gross sales of inventory, less returns					
			and allowances					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		-		Business Code				
Miscellaneous Revenue	11	а						
ane		b						
ella >Vel		c						
ŝ			All other revenue					
Σ			Total. Add lines 11a-11d					
	12	-	Total revenue. See instructions		73,050.	11,582.	0.	0.
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ecu	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	se or note to any line in	this Part IX		L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,841.		8,841.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,892.		2,394.	49
13	Office expenses	8,344.		8,344.	
14	Information technology	- , -		- , -	
15	Royalties				
16					
17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	· · · · · · · · · · · · · · · · · · ·				
20 >1	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	211.		211.	
		<u>۲</u> ۲ ۲ ۰			
23 24	Other expenses. Itemize expenses not covered				
4	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) Program expenses	44,817.	44,817.		
a ⊾	Program development exp	4,497.	44,817.		
a	Trodram deveropment exp	=,=)/•	4,42/•		
ر م					
d					
	All other expenses	69,602.	49,314.	19,790.	49
25	Total functional expenses. Add lines 1 through 24e	09,002.	49,314.	19,190.	49
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form 990 (2020)

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Form **990** (2020)

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orm 9			In	· •		07	0/13649 Page 11
Part	Χ	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			139,654.	1	127,277
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	fied pe	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sea	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		[7	
Assels	8	Inventories for sale or use				8	
ξ	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,457.			
	b	Less: accumulated depreciation		5,235.	433.	10c	222
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			194,213.	12	248,253
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			334,300.	16	375,752
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				22	
<u>ן</u> ב	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	,				
		of Schedule D	,			25	
2	26	Total liabilities. Add lines 17 through 25			0.	26	0
		Organizations that follow FASB ASC 958, che					
Sel		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions				27	
	28	Net assets with donor restrictions				28	
2		Organizations that do not follow FASB ASC 9					
Net Assets of Fund Balances		and complete lines 29 through 33.	,				
	29	Capital stock or trust principal, or current funds			0.	29	0
	30	Paid-in or capital surplus, or land, building, or ed			0.	30	0
2 s	31	Retained earnings, endowment, accumulated in			334,300.	31	375,752
	32	Total net assets or fund balances		F	334,300.	32	375,752
_	33	Total liabilities and net assets/fund balances			334,300.	33	375,752
	2						Form 990 (2020

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Conservation	Through	Poverty	Alleviation
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	1990 (2020) International, Inc.	8/-0/1.	5649	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	·····						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			50.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	69	,60	02.			
3	Revenue less expenses. Subtract line 2 from line 1	3	3 334		48.			
4	· · · · · · · · · · · · · · · · · · ·							
5	Net unrealized gains (losses) on investments	5	38	,00	04.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
_	column (B))	10	375	,7	52.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				⁄es	No			
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Conter							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2020)

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Department of the Treasury			C	Public Cha pomplete if the organ 494 ►	OMB No. 1545-0047					
					//Form990 for instructi				Employer	Inspection
Nan		ine organizati		rnational,	hrough Pover	ty Al	ievia	tion		identification number $7-0713649$
Pa	rt I	Reason			(All organizations must o	complete t	his part.) S	see instruction		7 0715045
					For lines 1 through 12, o					
1										
2	\square	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	\square							ii).		
4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name,									
		city, and stat		·						
5		-		or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	oed in
		section 170	b)(1)(A)(iv). ((Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	ally receives a substa	ntial part of its support	from a gov	rernmental	unit or from t	the general	public described in
		section 170()(1)(A)(vi). (C	omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)					
			or a non-land-	grant college of agric	ulture (see instructions)	. Enter the	name, city	, and state o	f the colleg	e or
40		university:			····					
10					than 33 1/3% of its sup					
					ct to certain exceptions; (less section 511 tax) fr					
				mplete Part III.)			0000 0040		gamzation	
11					ively to test for public sa	afety. See	section 50)9(a)(4).		
12		-	•		ively for the benefit of, t	•			arry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	heck the box in
		lines 12a thro	ugh 12d that	describes the type o	of supporting organization	on and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A si	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving
			0	., .	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	upporting
		7 7		complete Part IV, Se						
b				-	l or controlled in connec anization vested in the s			-		-
			•	at complete Part IV,		ame perso			age the sup	ported
с					g organization operated	in connec	tion with	and functiona	Illy integrate	ed with
-					s). You must complete					
d			-		orting organization oper				rted organi	zation(s)
		that is not f	unctionally in	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requiremen	t (see instruct	tions). You must con	nplete Part IV, Section	s A and D,	, and Part	۷.		
е		Check this	box if the org	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III	
					nally integrated support	ing organi	zation.			
f		er the number								
<u> </u>		i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization (described on lines 1-10 In your governing document?) support (see instructions)							support (see instructions)	
	above (see instructions)) res No river (see instructions))									
Tota	ıl									
-		aperwork Re	duction Act N	Notice, see the Instr	uctions for Form 990 c	or 990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 International, Inc.

87-0713649 Page 2

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

Calendar year (or fiscal year beginning in) by (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total include any 'unusual grant.'' 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 105, 986. 104, 284. 57, 842. 73, 314. 61, 468. 402, 894. 199, 126. 610, 101, 101, 101, 101, 101, 101, 101,	Sec	ction A. Public Support									
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train's benefit and either paid to or expended on its behalf Image: status of services or facilities furnished by a governmental unit to the organization without charge y each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: status of services or facilities to the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: status of services or section B. Total Support. Image: status of services or section B. Total Support Section B. Total Support Calledar year (or fiscal year beginning in) > r Amounts from line 4 dividends, payments received on securities loans, refts, royalites, and income from sinilar sources or loss from the sale or capital assets (Explain In Part V). Image: status of services or securities loans, refts, royalites, activities, whether or not the usiness is regularly carried on or loss from the sale or capital assets (Explain In Part V). Image: status of services or securities loans, refts, royalites, activities, whether or not the usiness is regularly carried on or loss from the sale or capital assets (Explain In Part V). Image: status of services or securities loans, refts, royalites, activities, whether or not the usiness is regularly carried on or loss from the sale or capital assets (Explain In Part V). Image: status of services or securities loans, refts, royalites, activities, whether or not here used activities, etc. (see instructions) Image: status of services or securities loans, refts, royalites, activities, whether or not here used activities, etc. (see instructions) Image: status of services or securities loans of the organization first, second, third, fourth, fourth, or fifth tax year as a securo 5000 (fold) organization		include any "unusual grants.")	105,986.	104,284.	57,842.	73,314.	61,468.	402,894.			
are expended on its behalf are expended on its behalf are expended on its behalf are invalue of services or facilities timished by a governmental unit to the organization without charge to traditions through are to traditions	2	Tax revenues levied for the organ-									
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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 International, Inc.

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 \dots						
6	Total. Add lines 1 through 5						
7a	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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					-	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (line 8, column (f), c	divided by line 13,	, column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
	Investment income percentage from					18	%
19 a	1 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
0320:	23 01-25-21			32	Sch	nedule A (Form 99	0 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 International, Inc.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 International, Inc.

Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

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Schedule A (Form 990 or 990-EZ) 2020

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6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting or	ganization (see
	instructions).			
			Schedule A	A (Form 990 or 990-EZ) 2020
				. ,

Schedule A (Form 990 or 990 EZ) 2020 International, Inc.

Section A - Adjusted Net Income

Add lines 1 through 3.

Net short-term capital gain

Depreciation and depletion

Recoveries of prior-year distributions

Other gross income (see instructions)

1

2

3

4

5

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

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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(B) Current Year

(optional)

(A) Prior Year

Sche Par	dule A (Form 990 or 990-EZ) 2020 International t V Type III Non-Functionally Integrated 509	, Inc. (a)(3) Supporting Orga	anizations (continu	8	7-0713649 Page 7
	on D - Distributions	<u>(,(.)</u>		<u>leu)</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	· · · ·			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets	·· · ·		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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	Form 990 or 990-EZ) 2020						87-0713649 _{Pa}
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provide t 2, 3b, 3c, 4b, 4c, 5 nes 2 and 3; Part IV	ne explar a, 6, 9a, /, Sectior	nations require 9b, 9c, 11a, 1 n E, lines 1c, 2	1b, and 11c; Pai 2a, 2b, 3a, and 3	t IV, Section B, lines ⁻ b; Part V, line 1; Part ^v	I and 2; Part IV, Section C, /, Section B, line 1e; Part V
32028 01-25-2	1			3	37	Schedul	e A (Form 990 or 990-EZ)

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beginstrated with the mean set of the generation is an experimental of the set of			Complete if the organized in the orga	anization answered	"Yes" on Form 990	D,	2020	
Name of the organization COE 5 ET Val 1: On Direct to any setting the number of the construction number of the organization is Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Fom 950, Part IV, Ine 8. Employed the construction is the construction of the construction cons	Depart	ment of the Treasury		Attach to Form 990				
International, Inc. 102 Part1 Organizations Minishing Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grant from (during year) (c) Donor advised funds (c) Funds and other accounts 4 Aggregate value of grant from (during year) (c) Donor advised funds (c) Funds and other accounts 4 Aggregate value of grant from (during year) (c) To any other purpose conferring Yes No 5 Did the organization inform all grantess, donors, and donor advisor, or for any other purpose conferring Yes No Perpose(b) oroservation esamements hed by the organization (red) at line to account and the proper security of a certified historic structure Perpose(b) oroservation esamements hand by the organization or secure and the conservation assement on the last. 2 Compole in the 2 at through Advirt the organization hield a qualified conservation costructure 2a 2 Preservation of a historical typerment on the last. 2a 3 Total number of conservation esamements in a cert	-		a <u>, '</u> <u>m</u> 1				•	
Pert Organizations Maintaining Dono? Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered 'Yes' on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Ophore advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Other organization inform all donors and donor advises in writing that the assets held in donor advised funds are the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be build only of conservation casements. Indel by the organization (abck all that appl). Yes No Perpresentation is non-public use (for example, recreation or education) Preservation of a bitorically important land area improvements of a certified histance structure Yes No 2 Complete line 2 at through 2 of the organization held a gualified conservation costervation casements in a certified histance structure Intel at the advised funds Intel at the advised fund area (advised funds) 3 Total number of conservation easements Intel advised funds Intel advised funds Intel advised funds 4 Total number of conservation easements Intel advised in advised funds Intel advised fund	Nam	e of the organizatio			ATTEVIACI			
(e) Door advised funds (b) Funds and other accounts (c) Funds and other accounts Aggregate value of contributions to (during year) Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of conservation easements Total anneaper acting of conservation easements Total anneaper of conservation easements Total acreage restricted by	Pa	rt I Organiza			er Similar Fund	ls or Accou		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ /ul>	Pa	t III Organiza	tions Maintaining Collections of	f Art, Historical	Treasures, or (Other Simila	ar Assets.	
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 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X b Assets included in Form 990, Part X c Context and the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X c Context and the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included in Form 990, Part X c Context and the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included in Form 990, Part X c Context and the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included in Form 990, Part X c Context and the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included in Form 990, Part X c Context and the following amounts required to be reported and the follow	1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	s revenue statement	and balance s	heet works	
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X b Assets included in Form 990, Part X c Schedule D (Form 990) 2020 		of art, historical tre	asures, or other similar assets held for put	olic exhibition, educa	ation, or research in	furtherance of	public	
 art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c S 4 Revenue included on Form 990, Part X c S <lic li="" s<=""> c S c S c S <lic li="" s<=""></lic></lic>		service, provide in	Part XIII the text of the footnote to its final	ncial statements that	t describes these ite	ems.		
 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20 	b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its rev	enue statement and	d balance shee	t works of	
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X \$		art, historical treas	ures, or other similar assets held for public	exhibition, education	on, or research in fur	therance of pu	blic service,	
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20 								
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20 								
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a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020 032051 12-01-20 >	2					iai gain, provide	e	
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020 032051 12-01-20 Schedule D (Form 990) 2020	_	-		-			、	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020 032051 12-01-20 Schedule D (Form 990) 2020								
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		tional, In							13649		age 2
	t III Organizations Maintaining C									ued)	
3	Using the organization's acquisition, access	ion, and other record	s, chec	k any of the	following that	t make sigi	nificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how tl	hey further th	ne organizatio	on's exemp	ot purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, h	istorical trea	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	anization's co	llection?			🗆	Yes		No
Par	t IV Escrow and Custodial Arran	igements. Comple	ete if the	e organizatio	n answered "	Yes" on Fo	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						·		Yes		No
	If "Yes," explain the arrangement in Part XIII										1
Par										-	
		(a) Current year		Prior year	(c) Two year			ars back	(e) Four	vears	back
1a	Beginning of year balance	(u) content year	(nor your	(0)				(0)	<i>,</i>	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships Other expenditures for facilities										
e	•										
	and programs										
	Administrative expenses										
	End of year balance			,							
	Provide the estimated percentage of the cur	rent year end balanc		lg, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ation the	at are held a	nd administe	red for the	organiza	ation	F		
	by:									Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Acci	umulated	a	(d) Book	valu	е
		basis (investn	nent)	basis	(other)	depre	eciation				
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other				5,457.		5,23	5.			22.
-	Add lines 1a through 1e. (Column (d) must e		X, colur	mn (B), line 1	0c.)					2	22.
							s	chedule	D (Form	990)	2020

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Conservation	Through	Poverty	Alleviation
International	l, Inc.		

Schedule D (Form 990) 2020 Internation	al, Inc.	87	-0713649 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Apple Inc	12,207.	End-of-Year Market	Value
(B) Eli Lilly	57,912.	End-of-Year Market	Value
(C) Facebook Inc	4,371.	End-of-Year Market	Value
(D) General Electric	1,534.	End-of-Year Market	
(E) Lab CP Amer HLDGS	20,355.	End-of-Year Market	
(F) Merck and Co Inc	7,117.	End-of-Year Market	
	28,854.	End-of-Year Market	
	115,903.	End-of-Year Market	
	248,253.	End-OI-Teal Market	Value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	240,233.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11d See Form 990 Part X line 15	
	Description	11d. See Form 390, Fart X, line 13.	(b) Book value
	Decemption		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Image:	, ,	, , ,	(b) Book value
(1) Federal income taxes			
(1) 1 cucial moorne taxes			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements	that reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	re if the text of the footnote has been pr	rovided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

Conser	vatior	l Tł	nrough	Poverty	Alleviation
		-	-		

Sche	dule D (Form 990) 2020 International, Inc.		8/-0/136	49 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe		
	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With Expe	enses per Return.	
	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	enses per Return.	
Pa	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With Expe	enses per Return.	
Pa 1	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With Expe	enses per Return.	
Pa 1 2	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expe	enses per Return.	
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	enses per Return.	
Pa 1 2 a b	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	enses per Return.	
Pa 1 2 a b c d	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	nses per Return.	
Pa 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	enses per Return.	
Pa 1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	enses per Return.	
Pa 1 2 a b c d e 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	enses per Return.	
Pa 1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2b 2c 2d 2d 2d	enses per Return.	
Pa 1 2 a b c d e 3 4 a b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	2e 3	
Pa 1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	enses per Return.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Conservation Through Poverty Alleviation

Employer identification number 87-0713649

OMB No 1545-0047

Form 990, Part I, Line 1, Description of Organization Mission:

International, Inc.

organization that identifies, develops and implements new means of

income generation for impoverished farmers living in areas of high

biodiversity and conservation value. The initiative is focused on

farming locally available and sustainable plants, animals and insects

while educating people of all ages to find new ways to appreciate and

utilize their environment by identifing and developing markets in which

to sell products produced by the local people.

Form 990, Part III, Line 1, Description of Organization Mission:

initiative is focused on farming locally available and sustainable

plants, animals and insects while educating people of all ages to find

new ways to appreciate and utilize their environment by identifing and

developing markets in which to sell products produced by the local

people.

Form 990, Part III, Line 4d, Other Program Services:

Project to advance farming and the sustainable collection of plants and animal products.

Form 990, Part VI, Section A, line 2:

Catherine Craig and Robert Weber are married.

Form 990, Part VI, Section B, line 11b:

A Draft of the return is sent out to all Directors for their review and

comments.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20
 Instructions for Form 990 or 990-EZ

12060526 794015 015011.000

Schedule O (Form 990 or	990-EZ)2020 Conservation Thro	ugh Doverty Allow	iation	Pa
Name of the organization	International, In	c.		Employer identification num 87-0713649
Form 990, Par	t VI, Section C, L	ine 19:		
Form 990 is u	ploaded to the org	anizations websit	e on an a	nnual basis. Ta
forms are als	o available on Gui	destar. Any oral	or writt	en request for
-Orm 990 18 C	imely provided.			