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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



B Checket C CName of organization D Employer identification number exercisest EOS INTERNATIONAL NFP 26-4080644 Dring business as 26-4080644 Tetaphone number Tetaphone number Tetaphone number TA3.0 CONCORDIA AVE #4638 Conservences t 734.499. Wear SAINT PAUL, MN 55104 Grossenences t 734.99. Taxeexempt status: Si 501(c)(3) 501(c)(1) (mest no.) 4947(a)(1) or EXP AND Yes X) No Vebsta: WWW: EOS INTERNATIONAL.ORG H(2) congo acomption number H(2) rong acomption number H(2) rong acomption number Zoneck this box If the organization 's mission or most significant activities: EOS EMPOWERS RURAL FAMILLIES IN 1 Zoneck this box If the organization disconinube of thogoverning body (Part V, line 1b) <th>ΑΙ</th> <th>For th</th> <th>e 2020 calendar year, or tax year beginning and</th> <th>ending</th> <th></th> <th></th>	ΑΙ	For th	e 2020 calendar year, or tax year beginning and	ending				
Los INTERNATIONAL NFP 26-4080644 Dirig Dusiness a Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Team 1430 CONCORDIA AVE #4638 Room/suite E deres recents 30-2731 City or town, state or province, country, and ZIP or toreign postal code G deres recents 3734,499. H(a) Is this a group return Acadetaria Family Nm S5104 H(a) Is this a group return for subordinates? Acadetaria Nom State or province, country, and ZIP or toreign postal code G deres recents 3 734,499. Millow read status: Significant activity. Significant activity. Yes IN N Method State of legal domically: IL Yes IN N Yes IN N Vebsite: WWW. EOS INTERNATIONAL. ORG H(b) Are at ascentange inclusor. Yes IN N Hority describe the organization's mission or most significant activities: EOS EMPOWERS RURAL FAMILIES IN CENTRAL AMERICA WITH ACCESS TO SAFE DRINKING WATER AND OPPORTUNITIES 2 A Number of volumembers of the governing body (Part V, line 1a) 4 14 Yes Transmark if the organization is countinue dis operations or disposed of more than 25% of its neassets. 2 Number of volumemetes of	B	Check if applicab	e: C Name of organization		D Employer identification number			
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SAINT PAUL, MN 55104 H(a) Is this a group return for subordinates? Application F Name and address of principal officer. WESLEY METER isotidates H(a) Is this a group return for subordinates Yes No 1 Tax-exempt status: 1351 OSCELOA AVE, ST. PAUL, MN 55105 H(b) Pare all subordinates included? Yes No y Website: WWW.EOSINTERNATIONAL.ORG H(e) Group exemption number K Y error of rapinization: Corporation Tust Association Other Yes of formation: 2008 M State of legal domicile: IL Part I Y estimation: Corporation Tust Association Other Yes Yes No 1 Briefly describe the organization's mission or most significant activities: EOS EMPOWERS RURAL FAMILIES IN CENTRAL AMERICA WITH ACCESS TO SAFE DRINKING WATER AND OPPORTUNITIES 2 Check this box If the organization is operations or disposed of more than 25% of its net assets. 3 14 3 Number of indipendent voting members of the governing body (Part V, line 1a) 3 14 4 Number of indipendent voting members of the governing body (Part V, line 2a) 5 2 6 Total number of individuals employeed in calendar year 2020 (Part V, line 2a) 5 2 7 total		termi ated			G Gross receipts \$	734,499.		
Professor F Name and address of principal officer: WESLEY METER for subordinates? Type: Test and the principal officer: WESLEY METER 1 1351 OSCELOA AVE, ST. PAUL, MN 55105 H(b) Are all address of principal officer: WESLEY MN 55105 H(b) Are all address of principal officer: WESLEY MN 55105 J Website: ► WWW. EOSINTERNATIONAL.ORG (insert no.) 4947(a)(1) or 527 H(c) Group exemption number ► K Form of organization: X Corporation Trust Association Other ► L Year of formation: 2008 M State of legal domicile; IL Part II Summary 1 Briefly describe the organization's mission or most significant activities: EOS EMPOWERS RURAL FAMILIES IN CENTRAL AMERICA WITH ACCESS TO SAFE DRINKING WATER AND OPPORTUNITIES 2 Check this box ► if the organization discontinue dits operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of independent voting members of the governing body (Part VI, line 1b) 7a 6 Total number of noting members of the governing body (Part VI, line 1b) 6 7 total number of noting members of the governing body (Part VI, line 1b) 7a 6 Total number of noting members of the governing body (Part VI, line 1b) 7a 7 total number of notindependent voting m			ded CATNUE DATIT. MNI 5510/		H(a) Is this a group re	turn		
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Part II Signature Block	et A	21						
			207,000.					
				and stateme	nts and to the best of my	knowledge and belief it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Wester Wester	08/20/2021					
Sign	Signature of gricer	Date					
Here	WESLEY MEIER, EXECUTIVE DIRECTOR						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check PTIN					
Paid	CHRIS LEWIS, CPA CHRIS LEWIS, CPA	08/24/21 self-employed P01402886					
Preparer	Firm's name JOHNSON, LEWIS & MOUNT LLC	Firm's EIN 🕨 85-1379064					
Use Only	Firm's address 5151 EDINA INDUSTRIAL BLVD, STE 250						
	EDINA, MN 55439 Phone no.952-854-6262						
May the II	May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2020) EOS INTERNATIONAL NFP	26-4080644	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: <u>EOS INTERNATIONAL IS A NONPROFIT SOCIAL ENTERPRISE THAT</u>		
	MARKET-BASED SOLUTIONS TO PROVIDE RURAL FAMILIES IN CENT		
	WITH ACCESS TO SAFE WATER AND OPPORTUNITIES TO GENERATE	INCOME THROU	GH
	SIMPLE TECHNOLOGY SOLUTIONS AND EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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 othe		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$380, 118 •including grants of \$) (Reve	anue \$ 339,	055.)
	EOS PROVIDES RURAL FAMILIES IN CENTRAL AMERICA WITH ACCE		
	COST-EFFECTIVE SAFE DRINKING WATER SOLUTIONS AT THE COMM		
	IN 2020, OUR SAFE DRINKING WATER PROGRAM HELPED 78,100 F		IIAN
	AND HONDURANS GAIN ACCESS TO SAFE DRINKING WATER SOLUTON		
	CIRCUIT RIDER MODEL, OUR TEAM CAN ENSURE THAT COMMUNITIE		
	DRINKING WATER CONTINUALLY, ALLOWING CHILDREN TO STAY IN		
	·	-	
	PARENTS TO CONTINUE WORKING, AND COMMUNITIES TO THRIVE.		<u></u>
	COMPREHENSIVE MODEL PROVIDES SAFE DRINKING WATER TO OVER	•	
	AND INCLUDES THE SUPPORT OF THE MINISTRY OF HEALTH AND I	JOCAL PARTNER	5.
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 380,118.)	
4e	Total program service expenses ► 380,118.	C	90 (2020)

 Form 990 (2020)
 EOS
 INTERNATIONAL
 NFP

 Part IV
 Checklist of Required Schedules
 Schedules
 Schedules

			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? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u>x</u>
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		<u> </u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
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?			
40	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		23	<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
h	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			<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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		X
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		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete			
	Schedule L, Part 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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"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? If "Yes," complete Schedule M	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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	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	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	-		
b		-		
С	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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Par	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	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
	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		х	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country <a> <u>NICARAGUA</u>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
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).			
а	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
b	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			
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	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		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

	Form	990	(2020))
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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schodula O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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 IL , MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
	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			
	WESLEY MEIER - 319-830-2731			
	6498 PRESERVE PASS S, COTTAGE GROVE, MN 55016			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employees, and Independent Contractors						
Check if Schedule O contains a response or note to any line in this Part VII						
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.						
 List all of the organization 	• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.					

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

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average hours per	box	Position (do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) WESLEY MEIER	50.00									
PRESIDENT & DIRECTOR		Х		Х				77,250.	0.	0.
(2) GREG MCGRATH	3.00									
BOARD CHAIR & DIRECTOR		Х						0.	0.	0.
(3) ALVARO RODRIGUEZ	2.00									•
DIRECTOR		Х						0.	0.	0.
(4) JOE LAMUSGA	2.00								0	0
DIRECTOR		Х						0.	0.	0.
(5) BILL GRAHAM	2.00								0	0
DIRECTOR (6) CHRIS DEAL	2.00	Х						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(7) BRIAN BELL	2.00	^						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(8) DIANA CALIX	2.00							0.		
DIRECTOR	2.00	x						0.	0.	0.
(9) FRANK BERGH	3.00									
SECRETARY & DIRECTOR		х		x				0.	0.	0.
(10) LUCY JODLOWSKA	4.00									
VICE PRESIDENT & DIRECTOR		х		x				0.	0.	0.
(11) KATIE FRANK	3.00									
TREASURER AND DIRECTOR		Х		X				0.	0.	0.
(12) JEFF ROSS	2.00									
DIRECTOR		Х						0.	0.	0.
(13) NICK WOBBROCK	3.00									
AT LARGE		Х						0.	0.	0.
(14) CHRIS BOEDLEMAY PADILLA	2.00									
DIRECTOR		Х						0.	0.	0.
		<u> </u>								
032007 12-23-20	1	1	1	1	I	1	<u> </u>	1	I	Form 990 (2020)

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Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		. ,				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		an	(D) Reportable compensation from	(E) Reportable compensation from related		tion amo					
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	I	fr orga and	pensa om th anizat d relat inizati	e ion ed
	Subtotal Total from continuation sheets to Part VII								77,250.		0.			0.
	Total (add lines 1b and 1c)								77,250.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable	;			0
													Yes	No
3	Did the organization list any former officer,					,			, , , ,	5		-		v
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		X
	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com								0			5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	monsated ind		ndor	at or	ontre		ic th	ast received more than ^{\$}	100 000 of comp	oncat	ion fro		
<u> </u>	the organization. Report compensation for t	•	•						the organization's tax y	•				
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C omper		n
2	Total number of independent contractors (ir \$100.000 of compensation from the organiz	•	ot lin	nitec	to	thos (ted	above) who received mo	ore than				

Pa	τνι			nno or noto to ony line	a ia thia Dart VIII			
		Check if Schedule O c	contains a respo	onse or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
°,G D G	с	Fundraising events	1c					
ar /	d	Related organizations	1d					
imil	е	Government grants (contri	ibutions) 1e	28,900.				
er S	f			255 604				
, the second sec		similar amounts not included		355,681.				
onti	g			\$	201 E01			
<u> </u>	n	Total. Add lines 1a-1f		Business Code	384,581.			
	2 a	PROGRAM SERVI	CES	541300	103,057.	103,057.		
Program Service Revenue	z a b				105,057.	105,057.		
Ser	c							
evel am	d							
Be	e							
Pre	f	All other program service	revenue					
	g	Total. Add lines 2a-2f		>	103,057.			
	3	Investment income (includ	•					
		other similar amounts)		🕨				
	4	Income from investment o		· · ·				
	5	Royalties						
	-	a	(i) Rea	l (ii) Personal				
	6 a		6a					
	b		6b					
	c d		6c					
		Gross amount from sales of	(i) Securi	ties (ii) Other				
	7 4	assets other than inventory	7a	(.,				
	b	Less: cost or other basis						
e			7b					
Revenue	с		7c					
Rev		Net gain or (loss)						
ъ		Gross income from fundraisin						
Otho		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from	-					
	9 a	Gross income from gamin						
		Part IV, line 19						
		Less: direct expenses						
		Gross sales of inventory, I						
	io a	and allowances		10a246,861.				
	h	Less: cost of goods sold		1 4 4 4 4 4 4 4				
		Net income or (loss) from			84,624.	84,624.		
				Business Code	. , . = = .			
snc	11 a	L						
nec	b							
scellaneo Revenue	c							
Miscellaneous Revenue	d	All other revenue						
2		Total. Add lines 11a-11d						
	12	Total revenue. See instruction			572,262.	187,681.	0.	0.

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	1 990 (2020) EOS INTERNA' rt IX Statement of Functional Expense			26
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management ar general expense
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			

	Check if Schedule O contains a response	se or note to any line in t			
	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	95,058.	44,904.		50,154.
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	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	40,326.	29,936.		10,390.
11	Fees for services (nonemployees):				
а	Management	192,810.	184,155.		8,655.
b	Legal	1,019.	967.	52.	
С	Accounting	5,357.		5,357.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	(°				
	column (A) amount, list line 11g expenses on Sch O.)	2 4 2 2			
12	Advertising and promotion	3,422.	0.6. 6.4.0		3,422.
13	Office expenses	27,100.	26,649.	1 000	451.
14	Information technology	1,982.		1,982.	
15	Royalties				
16	Occupancy	24.044	22 506		F10
17	Travel	34,044.	33,526.		518.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 410	2 410		
19	Conferences, conventions, and meetings	3,419.	3,419.		
20	Interest				
21	Payments to affiliates	2,370.	2,370.		
22	Depreciation, depletion, and amortization	3,337.	431.	2,906.	
23	Insurance	5,557.	451.	2,900.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROJECT EXPENSE	46,281.	46,281.		
b	BANK CHARGES	7,725.	7,480.	245.	
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	464,250.	380,118.	10,542.	73,590.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2020)

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		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			56,649.	1	205,327.
	2	Savings and temporary cash investments			40,034.	2	66,280.
	3	Pledges and grants receivable, net			48,500.	3	50,000.
	4	Accounts receivable, net			65,657.	4	74,649.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial con	tributor, or 35%			
		controlled entity or family member of any of the	se persons	6		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10,409.	8	46,523.
As	9	B			2,225.	9	1,723.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	86,475.			
	b	Less: accumulated depreciation		86,475. 76,304.	11,657.	10c	10,171.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13		Investments - program-related. See Part IV, line 11				
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 33)			235,131.	16	454,673.
	17	Accounts payable and accrued expenses			25,507.	17	116,072.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ú	22	Loans and other payables to any current or for	ner officer,				
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	d third par	ties	50,000.	24	70,716.
	25	Other liabilities (including federal income tax, page 1)					
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			75,507.	26	186,788.
		Organizations that follow FASB ASC 958, ch	eck here	► X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			102,111.	27	204,218.
Bal	28	Net assets with donor restrictions			57,513.	28	63,667.
pu		Organizations that do not follow FASB ASC					
Ρu		and complete lines 29 through 33.					
<u>c</u>	29	Capital stock or trust principal, or current funds	i	Γ		29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ase	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		····· -	159,624.	32	267,885.
2	33	Total liabilities and net assets/fund balances			235,131.	33	454,673.
							000

Form **990** (2020)

Form 990 (2020) EOS Part X Balance Sheet

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Part XI	Reconciliation of Net Assets			0	
-	Check if Schedule O contains a response or note to any line in this Part XI				X
1 Total	revenue (must equal Part VIII, column (A), line 12)	1	572	,26	52.
2 Total	expenses (must equal Part IX, column (A), line 25)	2	464	,25	50.
	nue less expenses. Subtract line 2 from line 1	3	108	,01	12.
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	159	,62	24.
	nrealized gains (losses) on investments	5			
6 Dona	ted services and use of facilities	6			
	ment expenses	7			
	period adjustments	8			
9 Othe	ther changes in net assets or fund balances (explain on Schedule O) 9				19.
10 Net a	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
colur	nn (B))	10	267	,88	35.
Part XII	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<u> </u>	/es	No
1 Acco	unting method used to prepare the Form 990: 🗌 Cash 🛛 🔀 Accrual 📃 Other				
If the	organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
lf "Y€	s," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
sepa	ate 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	
lf "Y€	s," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
cons	plidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Ye	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
revie	v, or compilation of its financial statements and selection of an independent accountant?		2c	X	
If the	organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a Asa	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
Act a	nd OMB Circular A-133?		3a		X
	s," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or au	lits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2020
	Open to Public Inspection
Employer	identification number

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

- territ		EOS	INTERNATION	NAL NFP				2	6-4080644
Par	tl	Reason for Public (omplete th	nis part.) S	ee instruction		
The c 1 [2 [3 [4 [5]	rgan	 ganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 							
6 [7 [8 [9 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 							
10 [X	An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Con	npt functions, subject ness taxable income mplete Part III.)	t to certain exceptions; a (less section 511 tax) fro	and (2) no i om busines	more than ses acqui	33 1/3% of its red by the org	support f	rom gross investment
11 12 a	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting 								
b		organization. You must of Type II. A supporting org control or management o organization(s). You mus	complete Part IV, Se anization supervised f the supporting orga	ctions A and B. or controlled in connect anization vested in the sa	tion with its	s supporte	ed organizatior	n(s), by hav	ring
c d		 Type III functionally interits supported organization Type III non-functionally that is not functionally interits 	n(s) (see instructions) / integrated. A supp). You must complete I porting organization oper	Part IV, Se ated in cor	ctions A,	D, and E. vith its suppor	ted organiz	zation(s)
e		requirement (see instructi Check this box if the orga functionally integrated, or	ions). You must con anization received a v ^r Type III non-functior	nplete Part IV, Sections	A and D, m the IRS	and Part that it is a	v .		[
		er the number of supported on vide the following informatior	•	d organization(a)					
<u> g</u>		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
Total									

Schedule A (Form 990 or 990 EZ) 2020 EOS INTERNATIONAL NFP

Part II

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6				_			
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(6) 2017	(6) 2010	(0) 2013	(e) 2020	
-	Gross income from interest,						
8	·						
	dividends, payments received on						
	securities loans, rents, royalties,						
-	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						_
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage			1 1	
	Public support percentage for 2020 (I		•			14	%
	Public support percentage from 2019					15	%
16 a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10)% or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e re. Explain in Part	VI how the orga	anization
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15	is 10% or
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	in Part VI how th	ne
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17</u>	b, check this box a	ind see instructi	ons ►

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 EOS INTERNATIONAL NFP Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support								
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.")	155,508.	137,131.	261,456.	321,353.	352,590.	1228038.	
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	206,248.	206,459.	83,342.	274,179.	339,053.	1109281.	
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	361,756.	343,590.	344,798.	595,532.	691,643.	2337319.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
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						0.	
c	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						2337319.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6	361,756.	343,590.	344,798.	595,532.	691,643.	2337319.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b 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.)					<u> </u>	0000010	
	Total support. (Add lines 9, 10c, 11, and 12.)	361,756.			595,532.	691,643.	2337319.	
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	n,	
0.0		- 0						
	ction C. Computation of Publi						100 00	
	Public support percentage for 2020 (li		-	olumn (f))			100.00 %	
	16 Public support percentage from 2019 Schedule A, Part III, line 15 16 100.00 %							
Sec	ction D. Computation of Inves							
17	Investment income percentage for 20)20 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.00 %	
18	Investment income percentage from 2					18	%	
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17		
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						▶X	
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio							

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 EOS INTERNATIONAL NFP

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1

2

3a

3b

3c

4a

4b

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 disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	4c	
	5a	
	5b	
	5c	
	6	
	7	
	8	
	9a	
	9b	
	9c	
	10a	
	10b	
Form 9	90 or 99	0-

Part IV Supporting Organizations (continued)

Yes No

Yes No

1

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in 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		
с	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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 organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

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).

Section D	6. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).	:	
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.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a ____ The organization satisfied the Activities Test. *Complete* line 2 *below.*
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	governmental entity.	Describe in Part VI how v	ou supported a government	al entity (see instructions).
---	--	------------------------------	----------------------	---------------------------	---------------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2020 EOS INTERNATIONAL NFP Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		Type III supporting orga	nization (see

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 EOS INTERNATIONAL NFP

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	<u>ued)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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	ne organization is responsive			
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	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				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	9 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)				
i	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				
	Applied to 2020 distributable amount				
	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				
5	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				
1					
<u> </u>	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 EOS			26-4080644 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 ar	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, ⁻ nd 3; Part IV, Section E, line	required by Part II, line 10; Part II, line 17a 11a, 11b, and 11c; Part IV, Section B, lines s 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par nd 6. Also complete this part for any addit	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	· · · ·			

90	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
	n 990)		anization answered "Yes" on Form 990,		2020
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informatic	n.	Inspection
Nam	e of the organizati			Emplo	over identification number
		EOS INTERNATIONAL		<u> </u>	26-4080644
Pa		-	d Funds or Other Similar Funds or	Accounts	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Eurodo	and other accounts
	-		(a) Donor advised funds	(D) Funds	and other accounts
1		nd of year			
2		f contributions to (during year) f grants from (during year)			
3 4					
4 5		t end of year	L	unde	
5	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be use		
Ū			r donor advisor, or for any other purpose con		
				•	Yes No
Pa			ganization answered "Yes" on Form 990, Part		
1		servation easements held by the organization			
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a h	istorically im	portant land area
	Protection o	f natural habitat	Preservation of a c	ertified histo	pric structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservatio	n easement on the last
	day of the tax year	<i>.</i>		Н	eld at the End of the Tax Year
а	Total number of co	onservation easements		. 2 a	
b	٠.	-			
С			ucture included in (a)	<u>2c</u>	
d			after 7/25/06, and not on a historic structure		
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization du	iring the tax
	year ►	<u> </u>			
4		where property subject to conservation eas			
5		tion have a written policy regarding the per			
6	,	orcement of the conservation easements it			
6		r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation easem	ents during the year
7			lling of violations, and enforcing conservation	oppomente	during the year
'	► \$	es incurred in monitoring, inspecting, nanc	and enforcing conservation	easements	during the year
8	· · _	wation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)	
Ū					Yes No
9			on easements in its revenue and expense stat		
		•	note to the organization's financial statements		bes the
		ounting for conservation easements.	-		
Pa	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Othe	^r Similar <i>I</i>	Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance shee	et works
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furthe	rance of pu	blic
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	nce sheet w	orks of
			exhibition, education, or research in furthera	nce of public	c service,
	-	ng amounts relating to these items:			
2			asures, or other similar assets for financial gai	n, provide	
		unts required to be reported under FASB A		. .	
a					
b	Assets included in	Form 990, Part X		🕨 💲	

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
032051	1 12-01-20

Sche		ERNATIONAL						26-40	8064	4 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, or	[·] Other	r Simila	r Assets	conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check a	any of the f	ollowing that	make si	gnificant (use of its	·	,	
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or excl	nange progra	m					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit o			-	-						
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			- 3				,,.			
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for co	ontributions	or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							····· –		· · ·	
			lowing ta	510.					Amoun	+	
с	Beginning balance						1c		7 arriodin		
	Beginning balance										
	Additions during the year										
f	Distributions during the year										
20	Ending balance Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.							L			
Par											
		(a) Current year			(c) Two year			/ears back		, vooro	back
10	Paginning of year balance	(a) Current year	(D) P1	ior year		5 Dauk		Cars Dack	(e) rou	years	Dauk
1a 5	Beginning of year balance										
a	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held an	d administer	ed for th	e organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Scł	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investn		(b) Cost basis		• • •	ccumulate preciation	ed	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			8	6,475.		76,3	04.	1	0,1	71.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colum	1 (B) line 1()c)				1	0,1	71.
		gear on over art						<u> </u>	- /-		

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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.)		

Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	Numn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.		(b) Book value
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
(1) F	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
(1) Fo	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
(1) F (2) (3)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
(1) Fe (2) (3) (4)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
(1) Fr (2) (3) (4) (5)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
(1) F((2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
(1) F (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	

2. Liability for uncertain tax positions. In Part XIII, provide 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 here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2020 EOS INTERNATIONAL NFP			26 - 4	080644 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	809,083.
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		74,584.		
с	Recoveries of prior year grants				
d			162,237.		
е	Add lines 2a through 2d			2e	236,821.
3	Subtract line 2e from line 1			3	572,262.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	572,262.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Return.	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	701,071.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	74,584.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)		162,237.		
е	Add lines 2a through 2d			2e	236,821.
3	Subtract line 2e from line 1			3	464,250.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	464,250.
Pa	t XIII Supplemental Information.				
Prov	de 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

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF INVENTORY SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVENTORY SOLD

162,237.

162,237.

Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.	Inspe	ction
Name of the organization					Employer identifi	cation number
EOS INTERNATION					26-408064	Λ
Part I General Info	mation on A	ctivities Out	side the United States. Comple	to if the organ	20-400004	4 'os" op
Form 990, Part IV				ete il the organ	Ization answered i	65 011
		n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes 🗌 No
United States.		. .	procedures for monitoring the use of its In be duplicated if additional space is n	•	ner assistance outsi	de the
(a) Region	(b) Number of offices in the region	employees,	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,				TECHNOLOGY		
ARUBA, BAHAMAS,	2		PROGRAM SERVICES	IMPLEMENTAT	ION	80,000.
CENTRAL AMERICA -				TECHNOLOGY		
HONDURAS	1		PROGRAM SERVICES	IMPLEMENTAT	ION	4,500.
3 a Subtotal	3	0				84,500.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	3	0				84,500.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

Open to Public

SCHEDULE F (Form 990)

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Department of the Treasury

EOS INTERNATIONAL NFP

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee	recognized as charities by the t or counsel has provided a sect					

Schedule F (Form 990) 2020

Page 2

032072 12-03-20

EOS INTERNATIONAL NFP 26-4080644 Schedule F (Form 990) 2020 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (d) Amount of (c) Number of (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash assistance

(g) Description of

Schedule F (Form 990) 2020

(h) Method of valuation (book, FMV, appraisal, other) noncash assistance

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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.



EOS INTERNATIONAL NFP

26-4080644

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

TO GENERATE INCOME THROUGH SIMPLE TECHNOLOGY SOLUTIONS AND EDUCATION

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

THE ORGANIZATION DISPERSED THE COMPLETE 990 FORM AND SUPPORTING SCHEDULES

FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING AND FINANCIAL DOCUMENTS ARE MADE AVAILABLE TO

THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CUMULATIVE FOREIGN CURRENCY TRANSLATION

249.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

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

Open to Public Inspection Employer identification number

26-4080644

Name of the organization

Department of the Treasury Internal Revenue Service

EOS INTERNATIONAL NFP

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	ction entity		9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 EOS INTERNATIONAL NFP

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizationo troatea ao a pa												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F Iging her?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
											\rightarrow	
	-											
	-											
	-											
	1											
	1											
				1			I	I	1	1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c)(d)Legal domicile (state or foreignDirect controlling entityTy (C of		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2020 EOS INTERNATIONAL NFP

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х
b Gift, grant, or capital contribution to related organization(s)		Х
c Gift, grant, or capital contribution from related organization(s)		Х
d Loans or loan guarantees to or for related organization(s)	1d	Х
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
I Performance of services or membership or fundraising solicitations for related organization(s)		Х
m Performance of services or membership or fundraising solicitations by related organization(s)		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	1 p	x
q Reimbursement paid by related organization(s) for expenses	1 q	X
r Other transfer of cash or property to related organization(s)	1r	x
s Other transfer of cash or property from related organization(s)	1s	Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EOS INTERNATIONAL NFP - NICARAGUA	Р	80,000.	REIMBURSED FOR ACTUAL EXPENSES
(2) EOS INTERNATIONAL NFP - HONDURAS	P	4,500.	REIMBURSED FOR ACTUAL EXPENSES
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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Schedule R (Form 990) 2020 EOS INTERNATIONAL NFP

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(0)		(f)	(g)	/	h)	(i)	(j)	(k)	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile		(e) Are a	i ll	(I) Share of	(9) Share of		ropor-		(J) General (
of entity	Frindry activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)(orgs.	(3)	total	end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin		
or onaly		country)	excluded from tax under	Yes N		income			No	of Schedule K-1	Yes NC		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000013 0 12 0 14)	Yesr				Yes	NO		Yes NO	<u>'</u>	
					_								
					_								
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	4												
					-								

Schedule R (Form 990) 2020