(Rev.	990 January 202		Return of Organization Exempt From Inco Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except p > Do not enter social security numbers on this form as it may be made	rivate four le public.	idations)	OMB No. 1545-0047 2019 Open to Public
Depa Interr	ntment of the	e Treasury Service	Go to www.irs.gov/Form990 for instructions and the latest int	ormation		Inspection
A	For the 20	019 calend	dar year, or tax year beginning $10/01$, 2019, and ending	9/:	the second se	, 2020
B	Check if appl	licable:	C		D Employer ident	
	Address	s change	Earth Force Inc.		52-1830	
	Name c		PO Box 1228		E Telephone num	
	Initial re	eturn	Denver, CO 80201		303-433	-0016
	Final retu	urn/terminated				
	Amende	ed return			G Gross receipts	
·	H	ation pending	F Name and address of principal officer:	H(a) Is this	a group return for sul	
			Same As C Above	H(b) Are all	subordinates include attach a list. (see in	ed? Yes No
1	Tax-exem	npt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	11 140,	allacit a noti (ove	
<u>.</u>	Website			H(c) Group	exemption number	
K		organization:	X Corporation Trust Association Other► L Year of formation	on: 199	3 M State of	legal domicile: CO
Pa		Summar				
1 0	1 Brie	efly descri	be the organization's mission or most significant activities: Earth Ford	ce enq	ages yound	people who
			the environment and their communities.			
JCe	<u></u>					
Governance						
ver	2 Che	eck this bo	x ► if the organization discontinued its operations or disposed of mo	re than 2	25% of its net as	ssets.
60	3 Nu	mber of vo	oting members of the governing body (Part VI, line 1a)			9
60	4 Nur	mber of in	dependent voting members of the governing body (Part VI, line 1b)			8
tie	5 Tot	tal number	of individuals employed in calendar year 2019 (Part V, line 2a)		5	13
Activities &	6 Tot	tal number	of volunteers (estimate if necessary).	• • • • • • • • •		<u>500</u> 0.
Ac	7a Tot	tal unrelate	ed business revenue from Part VIII, column (C), line 12	• • • • • • • • • •	7a 7b	0.
	b Net	t unrelated	business taxable income from Form 990-T, line 39			Current Year
					Prior Year	801,752.
Ð			and grants (Part VIII, line 1h).		923,082.	001,132.
Revenue			vice revenue (Part VIII, line 2g) ncome (Part VIII, column (A), lines 3, 4, and 7d)		644.	381.
lev	10 Inv 11 Oth	her revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,408.	51,986.
-	12 Tot	tal revenue	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		969,134.	854,119.
			imilar amounts paid (Part IX, column (A), lines 1-3)		64,502.	80,283.
			I to or for members (Part IX, column (A), line 4)		01/0011	
			er compensation, employee benefits (Part IX, column (A), lines 5-10)		571,107.	548,637.
es			fundraising fees (Part IX, column (A), line 11e)		0/1/10/1	
Expense	Ioa Pic					
dx	b Tot		sing expenses (Part IX, column (D), line 25) ► 38,434.			007 706
	11 00		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	266,465.	237,786.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		902,074.	866,706.
		evenue less	s expenses. Subtract line 18 from line 12		67,060.	-12,587. End of Year
s or			(Ded V, line 16)		ing of Current Year	605,040.
Assets Balanc	20 To	tal liskille	(Part X, line 16) es (Part X, line 26)	·	491,526. 52,611.	178,712.
A As						
Z			r fund balances. Subtract line 21 from line 20	<u>· </u>	438,915.	426,328.
Pa		Signatu				
Und	er penalties	of perjury, I d	eclare that I have examined this return, including accompanying schedules and statements, and to arer (other than officer) is based on all information of which preparer has any knowledge.	the best of	my knowledge and be	elief, it is true, correct, and
				T	BILDE	12021
		- Signati	ure of officer	l	ate October	
Sig				CUIDE	CEO/PRES	
He	ere		ICE MELDRUM	CURP	CEO/FRED	
			preparer's name Date Date		Check if	PTIN
						P00668876
Pa			S Jacobson, CPA Brian S Jacobson, CPA		self-employed	1100000070
	eparer	Firm's nam		<u></u>		7 0005000
Us	se Only	Firm's add			Firm's EIN ► 8	
			SALT LAKE CITY, UT 84119		Phone no. 801	L-972-4800
Ma	y the IRS	6 discuss t	his return with the preparer shown above? (see instructions)			X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/21/20

Form	n 990 (2019) E	arth Force Inc		52-2	1830873	Page 2
Par		5	rvice Accomplishments			
			response or note to any line in this P	Part III		· · · · · · · · · · ·
1	-	the organization's miss				-
			<u>g people as active citi</u>	<u>zens who improve the en</u>	nvironment	t <u>and</u>
	their com	<u>nunities now an</u>	<u>d_in_the_future</u>			
2	Did the organizat	tion undertake any signifi	cant program services during the year w	hich were not listed on the prior		
_	-				···· Yes	X No
	If "Yes," describe	e these new services on S	Schedule O.			
3	Did the organization	ation cease conducting,	or make significant changes in how i	it conducts, any program services?.	Yes	X No
	If "Yes," describe	e these changes on Sche	dule O.			
4	Describe the or Section 501(c)(and revenue, if	ganization's program se 3) and 501(c)(4) organi any, for each program	ervice accomplishments for each of its zations are required to report the amo service reported.	s three largest program services, as ount of grants and allocations to oth	measured by e ers, the total e	expenses. xpenses,
	,	,,,				
4 a	(Code:) (Expenses \$	766,795, including grants of	\$ 80,283.) (Revenue	\$)
	Earth Ford	ce envisions a	nation where young peop			ctively
			o_the_environment_at_the			
	and in par	rtnership with	their communities. To a	ccomplish this, Earth I	Force worl	ks with
			<u>n communities to engage</u>			
			provides professional			
			em solving process which			
	U.S.	al and career s	uccess. Earth Force wor	ks in over 50 communit:	<u>les aroun</u> d	<u>tne</u>
	0.5.					
4 b	(Code:) (Expenses \$	including grants of	\$) (Revenue	\$)
		·		.	+	
4 c	: (Code:) (Expenses \$	including grants of	\$) (Revenue	Ş)
4 c	Other program	services (Describe on S				
	(Expenses \$		including grants of \$) (Revenue \$)
4 ε ΒΔΔ	i l'otal program s	service expenses 🕨	766,795. TEEA0102 07/31/19		Form	1 990 (2019)

Form 990 (2019)Earth Force Inc.Part IVChecklist of Required Schedules

5	2 -	1	83	80	72	
J	2	ж.	ບວ	00	15	

Pad	P	3
i ay	C	-

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

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.... 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a 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.... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c 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 25 a 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..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25h Х 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 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 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 Х persons? If 'Yes,' complete Schedule L, Part III. 27 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): 28 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 'Yes,' complete Schedule L, Part IV..... 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c 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 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II Х 32 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 L*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... Х 35a **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 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 36 Х 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 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 12 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c TEEA0104L 07/31/19 BAA

Form 990 (2019) Earth Force Inc.

52-1830873

Page 4

		th Force Inc.	52-1830873	F	Page 5
Par	rt V Statem	ents Regarding Other IRS Filings and Tax Compliance (continued)		•	
				Yes	No
•	- Enter the number of	of exceptions reported on Form W/2. Transmitted of Wass and Tay, State			
23	ments, filed for the	of employees reported on Form W-3, Transmittal of Wage and Tax State- calendar year ending with or within the year covered by this return 2a	13		
		ported on line 2a, did the organization file all required federal employment tax return		X	
		lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		1	
3 :		n have unrelated business gross income of \$1,000 or more during the year?	3a		X
	-	rm 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0			
4 8	a At any time during th financial account in	ne calendar year, did the organization have an interest in, or a signature or other authority on a foreign country (such as a bank account, securities account, or other financial ac	over, a count)? 4a	1	Х
1	b If 'Yes,' enter the na	name of the foreign country			
		filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5.		on a party to a prohibited tax shelter transaction at any time during the tax year?			Х
	-	rty notify the organization that it was or is a party to a prohibited tax shelter transact			Х
		or 5b, did the organization file Form 8886-T?			
6 a	 Does the organizati solicit any contribut 	ion have annual gross receipts that are normally greater than \$100,000, and did the tions that were not tax deductible as charitable contributions?	organization 6a	I	Х
	b If 'Yes.' did the organ	nization include with every solicitation an express statement that such contributions or gifts	s were		
	not tax deductible?.	,	6b)	
7	Organizations that	may receive deductible contributions under section 170(c).			
á	a Did the organization	n receive a payment in excess of \$75 made partly as a contribution and partly for go o the payor?	ods and		X
	-	anization notify the donor of the value of the goods or services provided?)	
0		sell, exchange, or otherwise dispose of tangible personal property for which it was required			Х
		e number of Forms 8282 filed during the year 7 d	70		
		n receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	ntract?7e		Х
	-	n, during the year, pay premiums, directly or indirectly, or pay premiums on a personal benefit contraction of the personal benefit contra		_	X
	-		/1		
Ģ		eceived a contribution of qualified intellectual property, did the organization file Form 8899		1	
I		received a contribution of cars, boats, airplanes, or other vehicles, did the organizati			
0		ations maintaining damay advised funds. Did a damar advised fund maintained by the ana		I	
0		ations maintaining donor advised funds. Did a donor advised fund maintained by the spor	-		-
_		excess business holdings at any time during the year?			
		izations maintaining donor advised funds.			
		organization make any taxable distributions under section 4966?			<u> </u>
		organization make a distribution to a donor, donor advisor, or related person?)	
10	Section 501(c)(7) or	rganizations. Enter:			
ä	a Initiation fees and c	capital contributions included on Part VIII, line 12			
	b Gross receipts, incl	luded on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12)	organizations. Enter:			
ä	a Gross income from	members or shareholders 11 a			
I		other sources (Do not net amounts due or paid to other sources			
10	0	ue or received from them.)	112 12.		
		non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	12a		
		amount of tax-exempt interest received or accrued during the year			
		qualified nonprofit health insurance issuers.			-
ä	0	licensed to issue qualified health plans in more than one state?	13a		
		uctions for additional information the organization must report on Schedule O.			
I	b Enter the amount o which the organizat	of reserves the organization is required to maintain by the states in tion is licensed to issue qualified health plans			
		of reserves on hand			
		n receive any payments for indoor tanning services during the tax year?	14a		Х
		a Form 720 to report these payments? If 'No,' provide an explanation on Schedule (
				1	<u> </u>
13	U U	subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera payment(s) during the year?			Х
		ons and file Form 4720, Schedule N.			
10			ncome? 16		Х
16		an educational institution subject to the section 4968 excise tax on net investment in	Icome: 16		
	ii res, complete F	Form 4720, Schedule O.			

Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	low, ges c	and on	for
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			. 21
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1 a 9			
	b Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? See Schedule O	2	Х	
3	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	5 5 5 5	5		Х
6	Did the organization have members or stockholders?	6		Х
	a 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?	7 a		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?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venu		ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a 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	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SeeSchedule.Q	12 c	Х	
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	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management officialSee.Schedule.0	15 a	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).			
16	a 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	ction C. Disclosure	100		
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.)1(c)(3	B)s on	nly)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	the public during the tax year. See Schedule O	ble to		
20				
	Sarah Pacheco 135 Park Ave West Denver CO 80205 303-433-0016			

Form 990 (2019) Earth Force Inc.

52-1830873

Page 6

Form 990 (2019) Earth Force Inc.	52-1830873	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
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 Compensat	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizati compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ons), regardless of amount of	

• 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.

				(C)						
(A) Name and title	(B) Average hours per	thar						Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) VINCE MELDRUM	40									
President/CE0	0			Х				98,473.	0.	15,247.
(2) SARAH PACHECO	40									
Secretary	0			Х				71,535.	0.	8,764.
(3) KIT_AMBROSE	1							0		0
Treasurer	0	Х		Х				0.	0.	0.
(4) ANNA BROWN	1	v						0	0	0
Director	0	Х						0.	0.	0.
<u>AMELIA BERNSTEIN</u> Director	$-\frac{1}{0}$	Х						0.	0.	0
(6) JESSE SUTZ	1	Λ						0.	0.	0.
Director	<u>-</u>	Х						0.	0.	0.
(7) MICHAEL EVANS	1	Λ						0.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
(8) BRIDGET BURNELL	1	11						0.	0.	
Director	0	Х						0.	0.	0.
(9) JOHN VOGEL II	1									
Board Chair	0	Х		Х				0.	0.	0.
(10) ANA HUMPHREY	1									
DIRECTOR	0	Х						0.	0.	0.
(11)										
(12)										
(13)										
(14)			$\left \right $							
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Form 990 (2019) Earth Force Inc.

52-1830873 Page 8

Pa	rt VII Section A. Officers, Directors, Tru		Key	Em	-	-	es,	and	d Highest Com	pensated Emp	loyees	(continued)
		(B)			(C	•						
	(A) Name and title	Average hours per	box,	not ch unles er anc	ieck is pe	erson	is both	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estima	(F) ated amount
		week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compe the of and	f other nsation from ganization d related anizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(25)												
<u> (/</u>			•									
	Subtotal								170,008.	0.	•	24,011.
	Total from continuation sheets to Part VII, Section								0.	0.		0.
	I Total (add lines 1b and 1c).								170,008.	0.		24,011.
2	Total number of individuals (including but not limited from the organization \blacktriangleright 0	to those I	isted a	above	e) w	vno	recer	ved	more than \$100,00	of reportable comp	pensation	
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, truste	e, ke	y em	nplo	byee	, or	high	nest compensated	employee	3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate											
5	such individual Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes										. 4	X
Sec	tion B. Independent Contractors	,° comple	te Sc	neal	lie .	J TO	r suc	cn p	erson		. 5	Х
1	Complete this table for your five highest compens compensation from the organization. Report compens	sated indesation for	epeno the ca	dent alend	con lar y	ntrac /ear	ctors endi	tha ng v	t received more th vith or within the or	han \$100,000 of ganization's tax yea	r.	
	(A) Name and business addr	ess						-	(B) Description of	of services	(Compe	C) nsation
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	thos	se li	istec	l abo	ve)	who received more	than		
	, ,	U								<u> </u>	_	000 (0010)

Form 990 (2019) Earth Force Inc. Part VIII Statement of Revenue

Page 9

	Check if Schedule O contains a response or note to				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
2 1	a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1 c				
a	d Related organizations 1 d				
	e Government grants (contributions) 1e 211, 62	8.			
	f All other contributions, gifts, grants, and similar amounts not included above 1f 590, 12	4.			
5	g Noncash contributions included in lines 1a-1f 1g				
alic	h Total. Add lines 1a-1f	▶ 801,752.			
	Business Code				
2	a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
3	other similar amounts)				38
4	Income from investment of tax-exempt bond proceeds				
5	· · · · · · · · · · · · · · · · · · ·	▶ 19,758.			19,75
	(i) Real (ii) Personal				
6	a Gross rents 6a	_			
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)	•			
7	a Gross amount from (i) Securities (ii) Other				
	sales of assets other than inventory 7a				
	b Less: cost or other basis				
		_			
	c Gain or (loss) 7c d Net gain or (loss)	•			
8	a Gross income from fundraising events				
	(not including \$				
	of contributions reported on line 1c).				
	See Part IV, line 18				
	b Less: direct expenses 8b				
	c Net income or (loss) from fundraising events	•			
9	a Gross income from gaming activities. See Part IV, line 19 9a				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities				
10	Image: Construction of the second state of	0.			
	b Less: cost of goods sold 10b 9	1.			
	${\bf c}$ Net income or (loss) from sales of inventory $\ldots \ldots$.	▶ 22,979.	22,979.		
	Business Code				
2 11	a <u>MISCELLANEOUS</u> 900099	9,249.	9,249.		
	b				
	c				
1	d All other revenue				
	e Total. Add lines 11a-11d	▶ 9,249.			
12	2 Total revenue. See instructions	▶ 854,119.	32,228.	0	. 20,13

	Check if Schedule O contains a				
	not include amounts reported on lines 7b, 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	65,143.	65,143.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	15,140.	15,140.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	204,017.	164,242.	35,582.	4,193.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	256,217.	223,358.	9,718.	23,141.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,558.	9,080.	992.	486.
9	Other employee benefits	42,324.	36,404.	3,980.	1,940.
10	Payroll taxes	35,521.	30,551.	3,340.	1,630.
11	Fees for services (nonemployees):			5,510.	±,000.
	a Management				
	b Legal	2,115.	2,115.		
	c Accounting	7,805.	6,456.	852.	497.
	d Lobbying		0/100.	002.	<u> </u>
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column	01 00	01 000		
12	(A) amount, list line 11g expenses on Schedule 0. Sch. (Advertising and promotion		91,690.		0
12		11,424.	11,416.	10	8.
13 14	Office expenses	31,395.	31,335.	40.	20.
14	Royalties				
16	Occupancy	13,002.	10,720.	1,441.	841.
17	Travel	25,260.	24,881.	298.	81.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	23,200.	24,001.	290.	
19	Conferences, conventions, and meetings	4,065.	4,065.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance	10,873.	9,490.	851.	532.
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 O.)				
ä	Printing and Publications	18,114.	18,114.		
	• TELEPHONE_AND_INTERNET	9,000.	7,290.	1,080.	630.
	COMMUNICATIONS	7,159.	3,463.	2,383.	1,313.
(MISC_EXPENSE	4,540.	905.	572.	3,063.
(e All other expenses	1,344.	937.	348.	59.
25	Total functional expenses. Add lines 1 through 24e	866,706.	766,795.	61,477.	38,434.
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)				
RAA					Form 990 (2019)

Part IX Statement of Functional Expenses

Form 990 (2019) Earth Force Inc.

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

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

 X

Form 990 (2019) Earth Force Inc.

Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash – non-interest-bearing. 1 505,749. 1 369,047 3,324. Savings and temporary cash investments..... 2 2 3,313. Pledges and grants receivable, net..... 3 3 108,109 83,700. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net. 7 Inventories for sale or use..... 8 8 Assets Prepaid expenses and deferred charges..... 9 11,057 12,267. 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 10 c Investments – publicly traded securities. 11 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 Intangible assets..... 15 Other assets. See Part IV, line 11..... 15 16 605,040. 491,526. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 17 Accounts payable and accrued expenses 37,654 17 46,958 18 18 Grants payable 19 Deferred revenue 19 14,957. 19,500. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilitie 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 112,254. 26 Total liabilities. Add lines 17 through 25..... 52,611 26 178,712. Organizations that follow FASB ASC 958, check here ► Х Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 388,250. 27 415,818. Net assets with donor restrictions 28 50,665 28 10,510. Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. 5 Capital stock or trust principal, or current funds..... 29 29 Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30 30 Retained earnings, endowment, accumulated income, or other funds..... 31 31 32 Total net assets or fund balances..... 32 Net 438,915 426,328. Total liabilities and net assets/fund balances..... 33 491,526. 33 605,040.

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Form 990 (2019)

Forn	1 990 ((2019)	Earth Force Inc. 52-	1830873		Pa	age 12
Pa	t XI	Reco	nciliation of Net Assets				
			if Schedule O contains a response or note to any line in this Part XI.				
1	Total	revenue	e (must equal Part VIII, column (A), line 12)	1	8	54,1	119.
2	Total	expens	es (must equal Part IX, column (A), line 25)	2	8	66,	706.
3	Reve	nue less	s expenses. Subtract line 2 from line 1	3	-	12,5	587.
4	Net a	assets or	r fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	38,9	915.
5	Net ı	unrealize	ed gains (losses) on investments	5			
6	Dona	ted serv	vices and use of facilities	6			
7	Inves	stment e	xpenses	7			
8	Prior	period a	adjustments	8			
9	Othe	r change	es in net assets or fund balances (explain on Schedule O).	9			0.
10			fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_			· · · · · · · · · · · · · · · · · · ·	10	42	26,3	328.
Pa	t XII	Finar	ncial Statements and Reporting				
		Check	if Schedule O contains a response or note to any line in this Part XII				
						Yes	No
1	Acco	unting n	nethod used to prepare the Form 990: Cash X Accrual Other				
		e organiz chedule (zation changed its method of accounting from a prior year or checked 'Other,' explain O.				
28	Were	the org	anization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	lf 'Ye sepa	rate bas	k a box below to indicate whether the financial statements for the year were compiled or reviewe is, consolidated basis, or both: te basis Consolidated basis Both consolidated and separate basis	ed on a			
I	W ere	the org	anization's financial statements audited by an independent accountant?		2 b	Х	
		s, consol	k a box below to indicate whether the financial statements for the year were audited on a separa lidated basis, or both: Ite basis Consolidated basis Both consolidated and separate basis	ate			
(: If 'Ye		2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, mpilation of its financial statements and selection of an independent accountant?		2 c	Х	
_	on S	chedule					
38	As a Audit	result of Act and	a federal award, was the organization required to undergo an audit or audits as set forth in the Single d OMB Circular A-133?		3a		Х
I			e organization undergo the required audit or audits? If the organization did not undergo the required aud plain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			TEEA0112L 01/21/20		Form	99 0	(2019)

SCHEDULE A (Form 990 or 990-EZ)

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

Open	to	Public
Insp	bed	ction

vw.irs.gov/Form990 for instructions and the latest information.	ins
Employer identific	ation number

Far	+h	Force Inc.					52-183087	3
Par		Reason for Public Cha	rity Status (All o	ragnizations must a	omple	to this		
		nization is not a private found		v			1 /	
1	лус	A church, convention of church				2	,	
2	_	A school described in section 1	,				ı <i>)</i> .	
	_	A hospital or a cooperative h		·			· //:::	
3	_		1 5				~ /	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle		or oper	ated by	a governmental unit de	scribed in
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).	
7	Х	An organization that normally r in section 170(b)(1)(A)(vi). (receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	t or from the general put	blic described
8		A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	l.)			
9		An agricultural research organi	zation described in se	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ge
	_	or university or a non-land-gradule university:		e (see instructions). Enter		-	and state of the college o	or — — — — — — — — — — — — — —
10		An organization that normally r from activities related to its e investment income and unre June 30, 1975. See section	exempt functions—su lated business taxab	bject to certain exception le income (less section	ons, and	(2) no I	more than 33-1/3% of i	ts support from gross
11		An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	sectior	n 509(a)(4).	
12		An organization organized a or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) c	or sectic	n 509(a)(2). See section 509(a)	It the purposes of one (3). Check the box in
а		Type I. A supporting organizati organization(s) the power to re complete Part IV, Sections A	qularly appoint or elec	ed, or controlled by its sup t a majority of the director	ported or rs or trus	rganizat stees of I	ion(s), typically by giving he supporting organization	the supported on. You must
b		Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or on(s). You
с		Type III functionally integrated organization(s) (see instructi		tion operated in connection	n with, a	nd functio	onally integrated with, its	supported
d		Type III non-functionally integrated. The cinstructionally integrated. The cinstructions). You must com	rated. A supporting or organization generally	ganization operated in cor y must satisfy a distribu	nection	with ite o	supported organization(s)	that is not
е		Check this box if the organiz	ation received a writ	ten determination from t	the IRS	that it is	a Type I, Type II, Type	e III functionally
f	Er	integrated, or Type III non-function function in the number of supported in the number of supported in the number of support of supp						
g	Pr	ovide the following informatio	n about the supporte	d organization(s).				
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your c	s the tion listed overning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
<u></u>								
<u>(B)</u>								
(C)								
<u>(</u> D)								
(E)								
Tota								
	_							

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	955,385.	972,212.	1,119,334.	923,082.	761,877.	4,731,890.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	955,385.	972,212.	1,119,334.	923,082.	761,877.	4,731,890.
6	Public support. Subtract line 5 from line 4						3,975,011.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	955,385.	972,212.	1,119,334.	923,082.	761,877.	4,731,890.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,579.	21,596.	22,949.	22,445.	20,139.	109,708.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	16,883.	11,723.	14,127.	12,492.	9,249.	64,474.
	Total support. Add lines 7 through 10						4,906,072.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
	First five years. If the Form 990 is organization, check this box and			ird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	····· •
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	44 1 (0)			
14 15	Public support percentage for 20 Public support percentage from 2						<u>81.02 %</u> 0.00 %
16a	33-1/3% support test–2019. If t and stop here. The organization	he organization di qualifies as a put	d not check the b blicly supported o	ox on line 13, an rganization	d line 14 is 33-1/3	% or more, check	this box ······► X
b	33-1/3% support test-2018. If th and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstance	s' test. check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	est. The organization	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	VI how the ►
	Private foundation. If the organized	zation did not che	ck a box on line	13, 16a, 16b, 17a			
BAA					Sch	nedule A (Form 99	0 or 990-EZ) 2019

52-1830873

Page 2

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

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.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) Þ	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is	l					
	related to the organization's tax-exempt purpose	1					
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on						
	its behalf	1					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
с	Add lines 7a and 7b						
8	Public support. (Subtract line						
Sec	7c from line 6.).`tion B. Total Support						
		(-) 0015	(1-) 0010	(-) 0017	(-1) 0010	(-) 0010	
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	l					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organizator stop here	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(³⁾ ►
Sec	tion C. Computation of Pul						
-	Public support percentage for 20			ine 13, column (f))		010
	Public support percentage from 2	-					00
	tion D. Computation of Inv						-
17	Investment income percentage for				umn (f))		00
18	Investment income percentage f	-		-			
	33-1/3% support tests–2019. If t						
	is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organization	I▶
b	33-1/3% support tests—2018. If t line 18 is not more than 33-1/3%	he organization d	lid not check a bo and stop here. Th	ox on line 14 or line le organization au	ne 19a, and line 1 Jalifies as a public	6 is more than 33- ly supported organ	1/3%, and nization ►
20	Private foundation. If the organize		-				
	3					-	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 3a **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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **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. Δh **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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a **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.* 9b 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*. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below. 10a
 - **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.)

10b

52-1830873

Part IV Supporting Organizations (continued)

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Section B. Type I Supporting Organizations			

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

		Yes	No
Nere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the 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.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) 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 (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *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.

3a

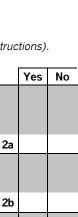
3h

Yes

1

2

No



52-1830873

instructions. All other Type III non-functionally integrated supporting organizati		· ·	(B) Current Year
ection A – Adjusted Net Income		(A) Prior 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		
ection 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 shor tax year or assets held for part of year):	t		
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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C – Distributable Amount	_		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

BAA

Schedule A (Form 990 or 990-EZ) 2019

	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	30873 Page
iec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organizatior	IS,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	e details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
ä	a From 2014			
I	• From 2015			
	C From 2016			
(d From 2017			
	e From 2018			
	f Total of lines 3a through e			
Ģ	g Applied to underdistributions of prior years			
	n Applied to 2019 distributable amount			
	i Carryover from 2014 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
á	a Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
(c Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
i	Excess from 2015			
	• Excess from 2016			
	Excess from 2017			
(Excess from 2018			
	e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

Part II, Line 10 - Other Income

Nature and Source	2019	2018	2017	2016	2015
Total	<u>\$ 9,249.</u> \$ 9,249.	\$ 12,492. \$ 12,492.		<u>\$ 11,723.</u> <u>\$ 11,723.</u>	

52-1830873

SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered 'Yes' on Form 990,						OMB No. 1545-0047	
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.						
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							to Public ction
Name	of the organization				Employer i	dentification	number
	Earth For	ce Inc.			52-183	80873	
Pai	t Organizat	ions Maintaining Dono	or Advised Funds or Other Sin	nilar Funds or Acc			
	Complete	if the organization ans	wered 'Yes' on Form 990, Part				
1	Total number at e	end of year	(a) Donor advised funds	(b) ⊦	unds and	other acco	ounts
2		tributions to (during year).					
3	Aggregate value of gra	nts from (during year)					
4	Aggregate value a	at end of year					
5	Did the organizati are the organizati	on inform all donors and do on's property, subject to the	nor advisors in writing that the assets organization's exclusive legal control	held in donor advised	funds	Yes	No
6	for charitable pur	poses and not for the benefi	ors, and donor advisors in writing that t of the donor or donor advisor, or for	any other purpose cor	nferring _	Yes	No
Pa	t II Conserva	tion Easements.					
			wered 'Yes' on Form 990, Part				
1			y the organization (check all that appl		ينموال بالموية		d avaa
		f land for public use (for exam natural habitat		Preservation of a histo Preservation of a certi	5 1		
		of open space				c structure	<i>,</i>
2			held a qualified conservation contribution	in the form of a conser	vation ease	ement on th	ne
	last day of the tax	k year.			1-1-1-1-1-1	Fuel of the	- T V
	Total number of c	onservation easements			feld at the	End of th	e Tax Year
			ments				
	-	-	fied historic structure included in (a).				
(Number of conser structure listed in	vation easements included i the National Register	n (c) acquired after 7/25/06, and not o	on a historic			
3	Number of conserv tax year ►	ation easements modified, trai	nsferred, released, extinguished, or termi	nated by the organization	on during th	ie	
4	Number of states w	where property subject to conse	ervation easement is located ►				
5			garding the periodic monitoring, inspendents it holds?		ations,	Yes	No
6			inspecting, handling of violations, and er		sements du		
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enforci	ng conservation easem	ents during	the year	
8	Does each conser and section 170(h	vation easement reported o ı)(4)(B)(ii)?	n line 2(d) above satisfy the requirement	ents of section 170(h)	(4)(B)(i)	Yes	No
9	In Part XIII, descr include, if applica conservation ease	ble, the text of the footnote	ports conservation easements in its re to the organization's financial stateme	venue and expense st ents that describes the	atement a organizat	nd balance ion's acco	e sheet, and unting for
Pai	t III Organizat Complete	ions Maintaining Colle if the organization ans	ections of Art, Historical Treas wered 'Yes' on Form 990, Part	ures, or Other Sin IV, line 8.	nilar Ass	ets.	
1;	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its r Id for public exhibition, education, or al statements that describes these iter	research in furtheranc	l balance s e of public	sheet work service, p	s of art, provide in
I	 If the organization historical treasures following amounts 	n elected, as permitted unde , or other similar assets held f s relating to these items:	r FASB ASC 958, to report in its reven or public exhibition, education, or researc	nue statement and bal ch in furtherance of pub	ance shee lic service,	t works of provide the	art,
	(i) Revenue inclu	uded on Form 990, Part VIII,	line 1				
_							
2			nistorical treasures, or other similar asse ASC 958 relating to these items:			lowing	
					···· Y		

-		1	
BAA	For Paperwork Reduction	Act Notice, see the	e Instructions for Form 990.

Schedule D (Form 990) 2019

TEEA3301L 8/22/19

Schedule D (Form 990) 2019 Earth Part III Organizations Mainta			of Art Hist	orica	Treasures or	Other	52-1830		Page 2
	•							•	
3 Using the organization's acquisition items (check all that apply):	i, accession, a			any or		ake siyii	incant use of its o	Confection	
a Public exhibition			-		change program				
b Scholarly research			e Other						
 c Preservation for future gener 4 Provide a description of the organiz 		ions and e	explain how the	y furth	er the organization's	s exemp	t purpose in		
Part XIII.	1								
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or han to be ma	intained a	as part of the c	rt, hist organi:	zation's collection?			Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen	nents. C	Complete if	the o	rganization ans			m 990, Pa	irt IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	in or othe	r intermediary	tor co	ontributions or othe	er asset	s not included	Yes	No
b If 'Yes,' explain the arrangement						_	L		
								Amount	
c Beginning balance									
d Additions during the year							-		
e Distributions during the year									
f Ending balance2 a Did the organization include an a								Yes	No
b If 'Yes,' explain the arrangement									
	ini i art Ani.	Oneek ne		nation	has been provide				
Part V Endowment Funds. C	omplete if	the orga	anization ar	nswe	red 'Yes' on Fo	rm 99	0, Part IV, lin	ie 10.	
•	(a) Current		(b) Prior yea		(c) Two years back		Three years back	(e) Four yea	ars back
1 a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentag	e of the curre	ent year ei	nd balance (lir	ne 1g,	column (a)) held a	as:			
a Board designated or quasi-endowm			00						
b Permanent endowment	%								
c Term endowment	6								
The percentages on lines 2a, 2b, a	nd 2c should e	equal 100%	ó.						
3a Are there endowment funds not in to organization by:	he possession	of the org	ganization that a	are he	ld and administered	for the		Yes	No
(i) Unrelated organizations								3a(i)	
(ii) Related organizations								3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organiza	tions liste	d as required	on Sc	hedule R?			3b	
4 Describe in Part XIII the intended	d uses of the	organizat	ion's endowm	ent fu	nds.				
Part VI Land, Buildings, and									
Complete if the organ	ization ans	wered "	Yes' on For	m 99	0, Part IV, line	11a. S	See Form 990), Part X, I	ine 10.
Description of property		(a) Cost ((inve	or other basis estment)	(b) Cost or other basis (other)	(c) A de	ccumulated preciation	(d) Book v	/alue
1 a Land									
b Buildings									
c Leasehold improvements									
d Equipment									
e Other							•		
Total. Add lines 1a through 1e. (Colum BAA	iii (a) must e	yuai Form	1 990, Part X,	coium	н (В), IIПе IUC.)			le D (Form 99	0.
waa							Juneau	10 D (1 O 111 33	, J <u>L</u> U J

Schedule E	O (Form 990) 2019 Earth Force Inc.		52-18	30873 Page 3
	Investments – Other Securities. Complete if the organization answered	l 'Yes' on Form 990	N/A	
(a) Desci	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financi	ial derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(D)				
(E)				
(F)				
(<u>G)</u>				
(H)				
(l)				
	nn (b) must equal Form 990, Part X, column (B) line 12.)		NT / 7	
Part VIII	Investments – Program Related. Complete if the organization answered	l 'Yes' on Form 990	N/A 0. Part IV. line 11c. See Form 9	990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.) ►			
Part IX	Other Assets. Complete if the organization answered	N/A Ves' on Form 990 I 'Yes'	0. Part IV. line 11d. See Form 9	990. Part X. line 15.
		scription		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, column (l	B) line 15.)	•••••••••••••••••••••••••••••••••••••••	•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1.		iption of liability		(b) Book value
	ral income taxes			110.054
	E PAYABLE			112,254.
(3) (4)				
(5)				
(6)				+
(7)				
(8)				
(9)				
(10)				
(11)				
Total (Colum	nn (h) must equal Form 990 Part X, column (R) line 25.)		•	112 254

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.

Schedule D (Form 990) 2019 Earth Force Inc.	52-1830873	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
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	856,677.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · ·
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities	3.	
c Recoveries of prior year grants	_	
d Other (Describe in Part XIII.)	_	
e Add lines 2a through 2d	. 2e	2,558.
3 Subtract line 2e from line 1	. 3	854,119.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-	854,119.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		001/1101
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	869,264.
 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 		007,204.
a Donated services and use of facilities2a2,558b Prior year adjustments2b	<u>)</u>	
c Other losses.	-	
d Other (Describe in Part XIII.)	-	
e Add lines 2a through 2d.	. 2e	
3 Subtract line 2e from line 1.	-	2,558.
	. 3	866,706.
 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	-	
c Add lines 4a and 4b	. 4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		866,706.
Part XIII Supplemental Information.		000,100.

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

Part X - FASB ASC 740 Footnote

Earth Force, Inc. is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, except on net income derived from unrelated business activities. During 2020, the Organization had no unrelated business activities and believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization's federal tax return (Form 990) for 2020 is subject to

examination by the IRS, generally for three years after the return is filed. BAA Schedule D (Form 990) 2019

SCHEDULE I		Gi	Grants and Other Assistance to Organizations,				OMB No. 1545-0047	
Governments, and Individuals in the United States Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.								2019
Department of the Treasury Internal Revenue Service		Comple	-	► Attach to Form 99 irs.gov/Form990 for the	0.	.1 OF 22.		Open to Public Inspection
Name of the organization							Employer identifi	cation number
Earth Force Inc.							52-18308	73
Part I General Informat	tion on Gr	ants and Assista	ance					
1 Does the organization main the selection criteria used	tain records to I to award the	o substantiate the amo e grants or assistance	ount of the grants o	or assistance, the grantees	eligibility for the grants	or assistance, and		Yes X No
2 Describe in Part IV the orga	anization's pro	ocedures for monitorin	g the use of grant f	unds in the United States.				
Part II Grants and Othe Form 990, Part N				and Domestic Gov more than \$5,000.				
1 (a) Name and address of orgation or government	anization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Brightways Learning								
3700_SRussell_Stree	t, Suite							RISE Challenge
Missoula, MT 59801		45-0492824	501(c)(3)	25,000.	0.			subaward
(2) Environmental Educati 1505 N Broadway								RISE Challenge
Urbana, IL 61801		36-2837731	501(c)(3)	9,393.	0.			subaward
<u>(3)</u>								
(4)								
	·							
<u>(5)</u>								
(6)								
	·							
(7)	·							
<u>(8)</u>	·							
2 Enter total number of sec	tion 501(c)(3	3) and government o	rganizations listed	I in the line 1 table			•	2
3 Enter total number of othe BAA For Paperwork Reduction	-				TEEA3901L	07/10/19	Schedu	0 le I (Form 990) (2019)

52-1830873

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
1 Stipends	42	15,140.						
2								
3								
4								
5								
6								
7								
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								

Part IV - Additional Supplemental Information

We hold an annual financial training webinar for subgrantees. We require quarterly

financial status reports and conduct periodic documentation/compliance checks.

Page 2

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-	
2019)

Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization	Ī

Earth Force Inc.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Vince Meldrum is an investor in the company owned by Michael Evans.

Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 is provided to all board members for comment prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Organization has an explicit conflict of interest policy in its employee

handbook and for board members. Issues raised around a conflict of interest are

taken to the person's supervisor for determination, or to the board.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The CEO receives an annual performance review by the board executive committee who

may collect information from the staff, board members, the CEO's self-evaluation,

and salary surveys of other national nonprofit CEOs. This review is used to assess

compensation, with the board approving any compensation adjustment.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

CA CO DE DC FL IL KS KY MA ME MD MI MN NJ NM NY OH PA TN VA WA WV WI

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are available on the Organizations website or upon request by email or on-site.

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B) Drogrom	(C) Managamant	(D) Fund-
		Total	Program <u>Services</u>	Management & General	Fund- raising
PROFESSIONAL FEES	Total 🕏	<u>91,690.</u> 91,690.	<u>91,690.</u> \$ 91,690.	<u> </u>	<u> </u>
		51/050.	ç <u><u> </u></u>	Υ U.	Υ U.