Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

Вс	heck if	C Name of organization	citaling	D Employer identifi	cation number			
aj	plicabl	9:		. ,				
	Addre chang	EOS INTERNATIONAL NFP						
	Name chang	Doing business as		26-4080644				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final return			319-830-	2731			
	termin ated	Gity or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	597,203.			
	Ameno return	SAINI PAUL, MN 55104		H(a) Is this a group re				
	Applic tion pendir	F Name and address of principal officer: WESTEL METER		for subordinates				
		1351 OSCELOA AVE, ST. PAUL, MN 55105	H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1 '	list. (see instructions)			
		e: WWW.EOSINTERNATIONAL.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 2008 N	M State of legal domicile: IL			
Pa	******	Summary	ELLI OTTE	המ הנודאו הא	ATT TEC TAT			
e l	1	Briefly describe the organization's mission or most significant activities: EOS 1	EMPOWE	KS KUKAL FAI	VDMINITHIEG			
Governance		CENTRAL AMERICA WITH ACCESS TO SAFE DRINK						
E		Check this box		1	sets.			
્ટ્રી				3	14			
		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a)			2			
ties					0			
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.			
위		Net unrelated business taxable income from Form 990-T, line 39			0.			
	<u>D</u>	Net differated business taxable income from 1 orn 550-1, line 55	·····	Prior Year	Current Year			
l	8	Contributions and grants (Part VIII, line 1h)	**********	227,941.	310,896.			
e e		Program service revenue (Part VIII, line 2g)		39,660.	186,145.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,821.	0.			
å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,178.	42,987.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		320,600.	540,028.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
G		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	131,937.	142,059.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
bel the		Total fundraising expenses (Part IX, column (D), line 25)	68.					
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		191,176.	388,888.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		323,113.	530,947.			
	19	Revenue less expenses. Subtract line 18 from line 12		-2,513.	9,081.			
ets or ances			Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		219,823.	235,131.			
Net Asse Fund Bala		Total liabilities (Part X, line 26)		68,349.	75,507.			
ے		Net assets or fund balances. Subtract line 21 from line 20		151,474.	159,624.			
	rt II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			/knowledge and belief, it is			
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	lich preparer					
٥.		Signature of officer		7/06/2020 Date)			
Sign		· - //		Data				
Here)	WESLEY MEIER, EXECUTIVE DIRECTOR Type or print name and title						
			11	Date Check	PTIN			
Paid		Print/Type preparer's name CHRIS LEWIS, CPA		コノノ 114 🎳 🕒				
Prep:	arer	Firm's name MARKWELL & LEWIS LLP			45-3961675			
Use			250	THIII 2 LIN	<u> </u>			
	- //·· y	EDINA, MN 55439		Phone no (9	52) 905-3600			
Mav	the IF	S discuss this return with the preparer shown above? (see instructions)		11 Hono no. (2	X Yes No			

	Check if Cabadyla Constains a warrance or mate to cary line in this Bort III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EOS INTERNATIONAL IS A NONPROFIT SOCIAL ENTERPRISE THAT LEVERAGES
	MARKET-BASED SOLUTIONS TO PROVIDE RURAL FAMILIES IN CENTRAL AMERICA
	WITH ACCESS TO SAFE WATER AND OPPORTUNITIES TO GENERATE INCOME THROUGH
	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?
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$359,406 • _ including grants of \$) (Revenue \$99,415 • _)
	EOS PROVIDES RURAL FAMILIES IN CENTRAL AMERICA WITH ACCESS TO
	COST-EFFECTIVE SAFE DRINKING WATER SOLUTIONS AT THE COMMUNITY LEVEL. IN
	2019, OUR SAFE DRINKING WATER PROGRAM HELPED 120,794 RURAL NICARAGUAN
	AND HONDURANS GAIN ACCESS TO SAFE DRINKING WATER SOLUTIONS. THROUGH EOS'
	TECHNOLOGY IMPLEMENTATION, EDUCATION, AND MONITORING, OUR TEAM CAN
	ENSURE THAT COMMUNITIES HAVE SAFE DRINKING WATER CONTINUALLY, ALLOWING
	CHILDREN TO STAY IN SCHOOL, PARENTS TO CONTINUE WORKING, AND
	COMMUNITIES TO THRIVE. EOS' COMPREHENSIVE MODEL PROVIDES SAFE DRINKING
	WATER TO OVER 539,147 PEOPLE AND INCLUDES THE SUPPORT OF THE MINISTRY
	OF HEALTH AND LOCAL PARTNERS.
4b	(Code:) (Expenses \$
	THROUGH OUR INCOME GENERATION PROGRAM, 336 PEOPLE WERE GIVEN THE
	OPPORTUNITY IN 2019 TO CREATE OR GROW SMALL BUSINESSES THROUGH OUR
	IMPROVED OVEN PROGRAM. EOS PROVIDED BUSINESS TRAINING AND EDUCATION TO
	SUPPORT THE CREATION OF FAMILY-OWNED BAKERIES. INEXPENSIVE, LOCAL
	MATERIALS KEEP THE PRICES OF THESE SYSTEM AFFORDABLE TO PEOPLE WHO LIVE
	BELOW THE POVERTY LINE, AND THE INVESTMENT CAN BE EARNED BACK IN LESS
	THAN A YEAR.
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
TU	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 436,346.
4e	Total program service expenses

Form 990 (2019) EOS INTERNATIONAL NFP Part IV Checklist of Required 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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	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, VIII, IX, or X	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.	Х	
h	Part VI	11a	21	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			_V
	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		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١		\
	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			٠,,
	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	77	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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

Form 990 (2019) EOS INTERNATIONAL NFP
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		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
	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		
	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			X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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? F Contract Con	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	202		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more trial \$25,000 in non-cash contributions? If "yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization requires, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J2		
55	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			
5 T	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
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		X
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	$\Omega \Omega \Omega$	(

Form 990 (2019) EOS INTERNATIONAL NFP
Part 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 return	ns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	Х				
b	If "Yes," enter the name of the foreign country ► NICARAGUA							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			Х			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	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				v			
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		۵.					
_	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).				Х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b					
D	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e roquirod	10					
C	to file Form 8282?	•	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10					
u _	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f					
g g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
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:							
		11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	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.		40-					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
h	Note: See the instructions for additional information the organization must report on Schedule O.							
D	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						
^	Enter the amount of reserves on hand	13c						
	Did the second in the second of the description of the second of the sec	•	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b					
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							

Form 990 (2019) EOS INTERNATIONAL NFP 26-4080644 Pag
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 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									
	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								
_		2		х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
3		3		x						
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
4		5		X						
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x						
	more members of the governing body?	7a								
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			.						
_	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37							
а	The governing body?	8a	X							
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			٦,						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T.,	г						
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
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	77							
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		X						
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		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	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 ▶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)	availa	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 (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	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									

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'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.

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

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

(A)	(B)	l	(C)					(D)	(E)	(F)		
Name and title	Average	Posi (do not check n		k more than one			Reportable	Reportable	Estimated			
	hours per week	box	, unles cer an	ss per d a di	son is	s both r/trus	n an tee)	compensation from	compensation from related	amount of other		
	(list any	ctor						the	organizations	compensation		
	hours for	Individual trustee or director	e e			ated		organization	(W-2/1099-MISC)	from the		
	related organizations	rustee	l trust		99/	ubeus		(W-2/1099-MISC)		organization and related		
	below	idual t	Institutional trustee	er	Key employee	Highest compensated employee	er			organizations		
	line)	Indiv	Instit	Officer	Key (High	Former					
(1) WESLEY MEIER	40.00	ļ										
PRESIDENT & DIRECTOR	4 00	Х		X				77,250.	0.	0.		
(2) GREG MCGRATH	4.00									•		
BOARD CHAIR & DIRECTOR	2 00	Х		Х				0.	0.	0.		
(3) CHELSEY CURRIE	3.00	.,		7.7					_	•		
TREASURER AND DIRECTOR	2 00	Х		Х				0.	0.	0.		
(4) JOE LAMUSGA	2.00	Х						0.	0.	0		
(5) JOHN BUSTLE	2.00	^						1	0.	0.		
DIRECTOR	2.00	Х						0.	0.	0.		
(6) CHRIS DEAL	2.00	Λ						0.	0.	<u> </u>		
DIRECTOR	2.00	х						0.	0.	0.		
(7) BRIAN BELL	2.00	-25						†	•	•		
DIRECTOR		Х						0.	0.	0.		
(8) JILL JOHNSON	2.00											
DIRECTOR		Х						0.	0.	0.		
(9) FRANK BERGH	3.00											
VICE PRESIDENT AND DIRECTO		Х		Х				0.	0.	0.		
(10) LUCY JODLOWSKA	3.00											
SECRETARY & DIRECTOR		Х						0.	0.	0.		
(11) KATIE FRANK	2.00											
DIRECTOR		Х						0.	0.	0.		
(12) JEFF ROSS	2.00											
DIRECTOR		Х						0.	0.	0.		
(13) NICK WOBBROCK	2.00								•	•		
DIRECTOR	2 00	Х						0.	0.	0.		
(14) CHRIS BOEDLEMAY PADILLA	2.00	.						0.	0.	^		
DIRECTOR		Х	\vdash			\vdash		1 0.	U •	0.		
		1										
		L										
										000		

932007 01-20-20 Form **990** (2019)

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	<u>oloy</u>	ees,	, anc	<u> Hig</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)	(C) Position						(D)	(E)			(F)	
	Name and title	Average	(do) than (one	Reportable	Reportable			imated	
		hours per week					is both or/trus		compensation	compensation from related			ount of	
		(list any	tor						from the	organization			ther ensatio	n
		hours for	r direc				pa		organization	(W-2/1099-MIS			m the	•
		related	stee or	rustee			ensat		(W-2/1099-MISC)			•	nization	ı
		organizations below	ıal trus	onal t		ployee	comp						related	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nizations	3
			=	=	0	×	Ξ ω	ш						_
			<u> </u>											
			-											
														_
			<u> </u>											
														_
			<u> </u>											
	Subtotal		<u> </u>						77,250.		0.		() .
	Subtotal Total from continuation sheets to Part VI	I. Section A							0.		0.) <u>.</u>
	Total (add lines 1b and 1c)								77,250.		0.) .
2	Total number of individuals (including but n							o re	•	000 of reportable	 }			
	compensation from the organization											Ι,	v 1	0
3	Did the organization list any former officer.	director trust	ee l	cev e	empl	ove	e or	hia	lhest compensated emp	lovee on	ſ		Yes N	lo
Ū	line 1a? If "Yes," complete Schedule J for s	•	-	•		•		•		•		3	2	ζ
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	," co	mpl	ete S	Sche	edule	J f	or such individual			4	2	ζ_
5	Did any person listed on line 1a receive or a													
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e <i>J f</i> o	or su	ıch <u>ı</u>	oers	on					5	2	ζ_
1	Complete this table for your five highest co	mpensated inc	 depe	nde	nt co	ontra	acto	rs th	nat received more than \$	5100,000 of comp	 oensat	ion fror	n	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.		(0)		_
	(A) Name and business	address	N(INC	Ξ				(B) Description of s	ervices	С	(C) ompen		
-														_
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 🕨				()						00 /	

26-4080644

Form 990 (2019) EOS INTERNATIONAL NFP
Part VIII Statement of Revenue

		Check if Schedule O contains a response or i	note to any line	in this Part VIII			
		Check ii Genedale O contains a response of i	Tiolo to arry link	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ıts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues1b					
e, E	С	Fundraising events 1c					
ifts		Related organizations 1d					
nis.		Government grants (contributions)					
Sin		All other contributions, gifts, grants, and					
e ‡	'		10 006				
듗됨			10,896.				
gg	g	Noncash contributions included in lines 1a-1f 1g \$		24.2 22.5			
<u>2 g</u>	h	Total. Add lines 1a-1f		310,896.			
		В	usiness Code				
ø	2 a	PROGRAM SERVICES	541300	186,145.	186,145.		
Program Service Revenue	b			-	-		
še							
n S	C						
Jrai Be	d						
ĕΠ	е						
Δ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		186,145.			
	3	Investment income (including dividends, interest,	and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond prod					
	5	Royalties					
	Ŭ		(ii) Personal				
	•		(ii) i diddilai				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
ø		and sales expenses 7b					
Ę.							
Revenue		. ,					
		Net gain or (loss)	······ P				
her	8 a	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	12,129.				
	h	Less: direct expenses 8b	0.				
		Net income or (loss) from fundraising events		12,129.			12,129.
		Gross income from gaming activities. See		,,			,
	ъa	9 9					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	88,033.				
	b		57,175.				
		Net income or (loss) from sales of inventory		30,858.	30,858.		
			usiness Code	30,0301	30,0301		
S	44		aomess odde				
e eo	11 a						
en la	b						
Miscellaneous Revenue	С						
Ais	d	All other revenue					
	е	Total. Add lines 11a-11d)				
		Total revenue See instructions	N	540 028	217.003.	0.	12 129.

Part IX | Statement of Functional Expenses

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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 95,695. 44,490. 51,205. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,371. 7,371. Other employee benefits 9 38,993. 30,408. 8,585. 10 Payroll taxes 11 Fees for services (nonemployees): 130,655. 121,687. 8,968. Management 487. 142. 629. Legal 5,031. 5,031. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12,973.12,973. Advertising and promotion 12 21,373. 17,929. 2,494. 950. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 34,179. 33,945. 234. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,417. 3,864. 553. Conferences, conventions, and meetings 19 2,220. 2,220. 20 Payments to affiliates 21 4,347. 4,347. Depreciation, depletion, and amortization 22 3,119. 363. 2,756. 23 Other expenses. Itemize expenses not covered 24 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.) 164,484. 164,484. PROJECT EXPENSE BANK CHARGES 5,461. 4,751. 710. С d All other expenses 530,947. 436,346. 11,133. 83,468. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2019)
Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			53,579.	1	56,649.
	2	Savings and temporary cash investments			51,298.	2	40,034.
	3	Pledges and grants receivable, net			47,000.	3	48,500.
	4	Accounts receivable, net			32,432.	4	65,657.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of the	hese perso	ns		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			14,004.	8	10,409.
As	9				5,507.	9	2,225.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		48,103.			
	b	Less: accumulated depreciation		36,446.	16,003.	10c	11,657.
	11	Investments - publicly traded securities		·	11	•	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	1		14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			219,823.	16	235,131.
	17	Accounts payable and accrued expenses			18,349.	17	10,052.
	18	Grants payable	•	18	•		
	19	Deferred revenue			19	15,455.	
	20	Tax-exempt bond liabilities				20	,
	21	Escrow or custodial account liability. Comple		1		21	
"	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul					
iliq		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr	-	······ F		23	
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·	50,000.	24	50,000.
	25	Other liabilities (including federal income tax,			•		•
		parties, and other liabilities not included on lin					
		of Schedule D	-	•		25	
	26	T. I.I. I.I. A.I.I. 47.11			68,349.	26	75,507.
		Organizations that follow FASB ASC 958, o			•		,
es		and complete lines 27, 28, 32, and 33.		,			
anc	27	Net assets without donor restrictions			53,574.	27	102,111.
Bali	28	Net assets with donor restrictions			97,900.	28	57,513.
l pu		Organizations that do not follow FASB ASC			·		
Fu		and complete lines 29 through 33.	,	, — I			
P	29	Capital stock or trust principal, or current fun-	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		151,474.	32	159,624.	
~	33	Total liabilities and net assets/fund balances		219,823.	33	235,131.	
					- , - =		5 990 (2010)

	1 990 (2019) EOS INTERNATIONAL NEP	26-4080	044	Pa	ge 1≱
Pa	rt XI Reconciliation of Net Assets				
	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	540	0,0	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2	530	9,0	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	9	9,0	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	151	L,4	74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-9	31.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	159	9,6	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(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 Inspection

Employer identification number

Name of the organization

EOS INTERNATIONAL NFP

26-4080644 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 6 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 normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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						
	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,						
6							
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2012	(a) 2010	(f) Total
	Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gross income from interest,						
0	,						
	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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	· ·	, ,	, ,	•	()()	
عم	organization, check this box and stop ction C. Computation of Public	here Der	centage				P
	·			-1 (0)			
	Public support percentage for 2019 (li					14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
Ioa	33 1/3% support test - 2019. If the o						. —
L	stop here. The organization qualifies a 33 1/3% support test - 2018. If the o		-			or more, check thi	
b							
17^	and stop here. The organization quali 10% -facts-and-circumstances test						
11 d	and if the organization meets the "fact	ū					•
	meets the "facts-and-circumstances" t			=	· · · · · · · · · · · · · · · · · · ·	-	
L							
D	10% -facts-and-circumstances test	_					
	more, and if the organization meets the						,
10	organization meets the "facts-and-circ		-	·			
10	Private foundation. If the organization	r did flot Check a	DOX OF HIRE TO, TO	a, 100, 17a, 01 171	u, un c ur inis bux a	na see matructions	

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

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

Se	quality under the tests listed by	elow, please comp	iete Part II.)				_
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not			• •	•	• •	
	include any "unusual grants.")	90,429.	155,508.	137,131.	261,456.	321,353.	965,877.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	170,680.	206,248.	206,459.	83,342.	274,179.	940,908.
3	Gross receipts from activities that are not an unrelated trade or business 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	261,109.	361,756.	343,590.	344,798.	595,532.	1906785.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	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.
(Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						1906785.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	261,109.	361,756.	343,590.	344,798.	595,532.	1906785.
ŀ	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	261,109.	361,756.	343,590.	344,798.	595,532.	1906785.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3) organiza	ation,
							>
	ction C. Computation of Publi					Г	100 00
15	Public support percentage for 2019 (li	, (,,	,	olumn (f))			100.00 %
16	Public support percentage from 2018					16	<u>100.00 %</u>
	ction D. Computation of Inves					T T	00 ~
	Investment income percentage for 20		•			17	.00 %
						18	%
198	a 33 1/3% support tests - 2019. If the						/ is not ► X
k	more than 33 1/3%, check this box ar a 33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che						>
20	Private foundation. If the organization	<u>n did not check a l</u>	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
401-		
10b		

Par	t IV Supporting Organizations _(continued)			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
Sect	tion B. Type I Supporting Organizations			
	·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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. tion C. Type II Supporting Organizations	2		
Ject	tion of Type it Supporting Organizations		Vaa	Na
4	Wars a majority of the argenization's directors or trustees during the tax year also a majority of the directors		Yes	No
	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	1		
	the supported organization(s). tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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		
Sect	tion 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).			
а	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 you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ation 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 co	mplete Se	ctions A through E.					
Sect	ion 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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	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						
Sect	ion 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-functional	ly integrate	ed Type III supporting orga	anization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2019

Par	1 v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)							
Secti	on D - Distributions			Current Year						
1	1 Amounts paid to supported organizations to accomplish exempt purposes									
2	Amounts paid to perform activity that directly furthers exemp									
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S							
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•							
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2019 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
Secti	on 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 (reason-									
	able cause required- explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2019									
a	From 2014									
b	From 2015									
с	From 2016									
d	From 2017									
e	From 2018									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
h	Applied to 2019 distributable amount									
<u>i</u>	Carryover from 2014 not applied (see instructions)									
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2019 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
b	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:									
а	Excess from 2015									
b	Excess from 2016									
с	Excess from 2017									
d	Excess from 2018									
е	Excess from 2019									

Schedule A (Form 990 or 990-EZ) 2019

26-4080644 Page 8
e 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, additional information.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EOS INTERNATIONAL NFP

Employer identification number 26-4080644

Part	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Part	impermissible private benefit?		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	T 1 1		0.
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired	•	I I
	listed in the National Register		
	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
	Number of states where property subject to conservation ea	•	
	Does the organization have a written policy regarding the pe		Yes No
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, rianding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion accoments during the year
	S S	diling of violations, and enforcing conserva	tion easements during the year
	Does each conservation easement reported on line 2(d) abo	ve estisfy the requirements of section 170	(b)(4)(D)(i)
	• • • • • • • • • • • • • • • • • • • •		
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	3	ents that describes the
Part		of Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 9		and halance sheet works
	of art, historical treasures, or other similar assets held for pu	,	
	service, provide in Part XIII the text of the footnote to its fina	, ,	'
	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi	· · · · · · · ·	
	provide the following amounts relating to these items:	o oxination, caacation, or recoaren in fact	norance of public convice,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB		a gan, provide
	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	, 100010 III0Iuuuu III I 01111 330, I all /\		ν Ψ

Sche		ERNATIONAL							Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	Similar Asset	s (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the t	following that	make sign	ificant use of its		
	collection items (check all that apply):		_						
а	Public exhibition	c	; <u> </u>	Loan or exc	hange progra	ım			
b	Scholarly research	€	• 📖	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co							XIII.	
5	During the year, did the organization solicit or							_	
	to be sold to raise funds rather than to be ma							Yes	No
Pai	t IV Escrow and Custodial Arrang		ete if th	e organizatio	n answered "	Yes" on Fo	orm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia							_	
	on Form 990, Part X?						L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing '	table:					
								Amoun	<u> </u>
	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance							٦,,	
	Did the organization include an amount on Fo					-	? ∟	Yes	∐ No
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in								
· u	Endownient i dido: Complete i							(a) Four	voore beek
4	Desiration of wear halones	(a) Current year	(0)	Prior year	(c) Two year	S Dack (d) Three years back	(e) Four	years back
_	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses					+			
	End of year balance [Provide the estimated percentage of the curr	ant year and balance	o (lino 1	a column (o)) hold as:				
2	Board designated or quasi-endowment	ent year end baland	e (iii le 1 %	g, coluitiit (a)) Helu as.				
a b	Permanent endowment	%							
C									
·	The percentages on lines 2a, 2b, and 2c shou	, -							
32	Are there endowment funds not in the posses	•	ation the	at are held ar	nd administer	ed for the	organization		
Ja	by:	ssion of the organiza	ation the	at are rield ar	iu auminister	ed for the t	organization	ſ	Yes No
	(i) Unrelated organizations							3a(i)	103 110
	(ii) Related organizations								
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							. [35]	
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		D. Part I	V. line 11a. S	See Form 990	. Part X. lin	e 10.		
	Description of property	(a) Cost or o			t or other		umulated	(d) Bool	value
	2 ccompaign on property	basis (investr			(other)		eciation	(-,	
1a	Land								
b	Buildings	I							
	Leasehold improvements								
	Equipment			4	8,103.	3	36,446.	1:	L,657.
	Other								· ·
	Add lines 1a through 1e (Column (d) must o		V salur	mm (D) line 1	00.)			1 .	L.657.

Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.			
(=) Decerin	Complete if the organization answered "Yes" of			d af.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A) (B)			<u> </u>	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Part X	other Liabilities. Complete if the exception appropriate West West West West West West West We	,		
1	Complete if the organization answered "Yes" or (a) Description of liability	iri oiiii 330, Fait IV, IIIle	THE OF THE OCCUPANT ASSO, FAIT A, IIII 23	(b) Book value
(1) Fed	deral income taxes			(b) Book value
(2)	iciai income taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line 2	25.)	>	
	for uncertain tax positions. In Part XIII, provide t			hat 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

Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ements With R	levenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	675,212.
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b		ted services and use of facilities		78,009.		
С		veries of prior year grants				
d		(Describe in Part XIII.)	1 _ 1	57,175.		
е	Add I	ines 2a through 2d			2e	135,184.
3	Subtr	act line 2e from line 1			3	540,028.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:				
а		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)				
С		ines 4a and 4b			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	540,028.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total	expenses and losses per audited financial statements			1	666,131.
2	Amou	unts included on line 1 but not on Form 990, Part IX, line 25:				
а		ted services and use of facilities	2a	78,009.		
b		year adjustments	l l			
С		losses	1 4 1			
d	Other	(Describe in Part XIII.)		57,175.		
е	Add I	ines 2a through 2d			2e	135,184.
3		act line 2e from line 1			3	530,947.
4		unts included on Form 990, Part IX, line 25, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)				
С	Add I	ines 4a and 4b	•		4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18			5	530,947.
Pa	rt XIII	Supplemental Information.	•			
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional informa	ation.		
PAI	RT X	I, LINE 2D - OTHER ADJUSTMENTS:				
EX1	PENS	ES OF INVENTORY SOLD				57,175.
PAI	RT X	II, LINE 2D - OTHER ADJUSTMENTS:				
IN						4
	JENT	ORY SOLD				57,175.
	JENT	ORY SOLD				57,175.
-	/ENT	ORY SOLD				57,175.
	JENT	ORY SOLD				57,175.
	JENT	ORY SOLD				57,175.
	JENT	ORY SOLD				57,175.
	VENT	ORY SOLD				57,175.
	/ENT	ORY SOLD				57,175.
	JENT	ORY SOLD				57,175.
	JENT	ORY SOLD				57,175.
	JENT	ORY SOLD				57,175.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

EOS INTERNATION					26-408064	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part I						
1 For grantmakers. Does	s the organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes No
2 For grantmakers. Description United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	side the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro 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	0	PROGRAM SERVICES	IMPLEMENTAT	ON	95,000.
3 a Subtotal	2	0				95,000.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a	2	0				95 000.

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)		
			ecognized as charities by the ion 501(c)(3) equivalency lette							
3 Enter total number of										

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

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 ac	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," 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)	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? If "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? If "Yes," 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)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

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. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EOS INTERNATIONAL NFP

Employer identification number 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 -931.

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	EOS INTERNATIO	NAL NFP					26-40806	44	
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(d) (e) Total income End-of-year		(f) Direct control entity		9
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	I), Part IV, line 34, t	Decause it had one	or more	related tax-exe	mpt	
	(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	Dired	(f) ct controlling entity	conti	g) 512(b)(13) rolled tity?
					501(c)(3))			Yes	No

		0 11 10 1	"\" F 000	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
n	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 34. because it r	had one or more related
	organizations treated as a partnership during the tax year.			,,,	
	organizations treated as a partnership during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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		tion b)(13) rolled tity?
		country						Yes	No

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

b Giff, grant, or capital contribution to related organization(s)				מו	
c Gift, grant, or capital contribution from related organization(s)				1c	Х
d Loans or loan guarantees to or for related organization(s)				1d	Х
e Loans or loan guarantees by related organization(s)				1e	Х
f Dividends from related organization(s)				1f	Х
g Sale of assets to related organization(s)				1g	X
h Purchase of assets from related organization(s)				1h	X
i Exchange of assets with related organization(s)				1i	X
j Lease of facilities, equipment, or other assets to related organization(s)				1j	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 organ				11	X
m Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X
Sharing of paid employees with related organization(s)				10	X
p Reimbursement paid to related organization(s) for expenses				1 p	X
q Reimbursement paid by related organization(s) for expenses				1q	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	X
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rel	ationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	olved/	
1) EOS INTERNATIONAL NFP - NICARAGUA	P	95,000.F	EIMBURSED FOR ACTUAL EX	PENS	ES
2)					
3)					
~ j					
4)					
*					
5)					
6)					
32163 09-10-19			Schedule	R (Form	990) 2019

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040