## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For tr	ne 2020 calen	dar year, or tax year begin	nıng	, 2020, a	and ending	J		, ,	20	
В	Check i	f applicable:	С				I	<b>)</b> Employ	er identifi	cation number	
	Ad	ldress change	NATURE AND CULTU	RE INTERNATIONA	L			33-0	07735	24	
	Na	ame change	1400 MAIDEN LANE				Ī	E Telepho			
	$\vdash$	tial return	DEL MAR, CA 9201	4				0 = 0	-259-	.0274	
	$\vdash$		<b>'</b>				-	636	-239-	0374	
	$\vdash$	al return/terminated						_	<b>~</b>		
	-	mended return	<u> </u>			1-		Gross re			
	Ap	pplication pending	<b>F</b> Name and address of principal	officer: MATT CLARK			H(a) Is this a				X
			SAME AS C ABOVE			P	<b>l(b)</b> Are all su If "No," a	ibordinates ttach a list.	included: See instr	ructions Yes	No
I	Tax-	exempt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527					
J	Wel	bsite: ► WW	W.NATUREANDCULTUE	RE.ORG		H	H(c) Group ex	emption nu	mber ►		
K	Form	of organization:	X Corporation Trust	Association Other ►	LY	ear of formatio	n: 1997	M s	tate of le	gal domicile: CA	1
Pa	art I	Summar	·v	<u></u>	•						
	1		be the organization's missi	on or most significant a	ctivities:NAT	URE AND	CULTU	RE IN'	TERNA	TIONAL	
ø			S BIOLOGICALLY D								CAL
ĕ			, FOR THE WELL-BE								
ᇤ			<u></u>								
Š	2	Check this bo	ox ► if the organization	n discontinued its opera	tions or dispo	sed of mor	e than 25	% of its	net ass	ets.	
ŏ	3	Number of vo	oting members of the gover	ning body (Part VI, line	1a)				3		9
య			dependent voting members						4		8
Ë			of individuals employed in						5		7
Activities & Governance			of volunteers (estimate if						6		20
Ă			ed business revenue from F						7a		0.
	b	Net unrelated	d business taxable income	from Form 990-T, Part I	, line 11				7b		0.
								or Year		Current Y	
Φ			and grants (Part VIII, line			<b>.</b>	5,	176,6		5,935	
Revenue			vice revenue (Part VIII, line					260,2			,707.
ě			ncome (Part VIII, column (A			·		46,8	02.		<b>,</b> 089.
Œ			e (Part VIII, column (A), lir								,152.
			e – add lines 8 through 11				- /	483,7		6,083	-
			imilar amounts paid (Part I		•			045,5	07.	690	<u>,</u> 477.
			I to or for members (Part I)								
<b>(</b> 0	15	Salaries, other	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							1,925	,197.
se	16a	Professional	fundraising fees (Part IX, o								
Expenses	h	Total fundrais	sing expenses (Part IX, col								
X	17		ses (Part IX, column (A), lir			8,853.		COC 7	0.4	2 1 5 0	400
								606,7		2,150	
			es. Add lines 13-17 (must e				5,	422,3		4,766	
		Revenue less	s expenses. Subtract line 1	8 from line 12				61,4		1,316	•
s or		<b>-</b>	(D. L.) ( I'. 10)				Beginning			End of Ye	
set	20		(Part X, line 16)					805,6		7,164	
Net Assets Fund Baland	21	rotai liabilitie	es (Part X, line 26)				2,	375,1	65.	1,416	<u>,878.</u>
		Net assets or	fund balances. Subtract li	ne 21 from line 20			4,	430,4	65.	5,747	,405.
Pa	art II	Signatur	e Block								
Und	er penalt	ties of perjury, I de	eclare that I have examined this retu arer (other than officer) is based on	rn, including accompanying sch	edules and statem	ents, and to th	ne best of my	knowledge	and belie	f, it is true, correct	t, and
com	piete. De	eciaration of prepa	arer (other than officer) is based on a	all information of which preparer	nas any knowled	ge.					
		<b></b>									
Sig	gn	Signatu	ire of officer				Date				
He	re		T CLARK				PRESI	DENT 8	CEO		
		Type or	print name and title								
		Print/Type p	oreparer's name	Preparer's signature		Date	C	heck >	If F	PTIN	
Pa	id	JILL H	BRANCH	JILL BRANCH		6/07/	21 s	elf-employe	ed E	00727664	:
	epare			LLP							
Us	e On	ly Firm's addre			SUITE 200	)	F	irm's EIN	<b>95</b> -	2076568	
		=	-	A 92108		-		hone no.		294.7200	
Ma	v the I	RS discuss th	nis return with the preparer		ructions					X Yes	No
	,									,,	

Part			П
1	Check if Schedule O contains a response or note to any line in this Part III		
1	,		NT.
	NATURE AND CULTURE INTERNATIONAL CONSERVES BIOLOGICALLY DIVERSE LANDSCAPES	S IN LATI	<u>N</u>
	AMERICA, IN CONCERT WITH LOCAL CULTURES, FOR THE WELL-BEING OF THE PLANET.		
			. — — –
2	Did the organization undertake any significant program services during the year which were not listed on the prior		
	Form 990 or 990-EZ?	Voc V	No
	If "Yes," describe these new services on Schedule O.	Yes X	No
	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.	res X	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	red by expens total expens	ses. ses.
	and revenue, if any, for each program service reported.		,
4 a	(Code: ) (Expenses \$ 3,106,052. including grants of \$ 600,484.) (Revenue \$	34,33	34.)
	LATIN AMERICAN CONSERVATION PROGRAMS IN BOLIVIA, BRAZIL, COLOMBIA, ECUADOF	R, MEXICO	
	AND PERU:		
	NCI CONSERVES LANDS AND ECOSYSTEMS IN LATIN AMERICA THROUGH THE CREATION O	F NATURA	L
	RESERVES AND PROGRAMS TO CONSERVE RAINFORESTS AND OTHER THREATENED ECOSYST	EMS. WE	DO
	THIS IN A BOTTOMS-UP FASHION BY HIRING LOCAL STAFF TO WORK IN THE STATES A	ND	
	PROVINCES OF THE REGION, WHO WORK WITH GOVERNMENT AND COMMUNITIES TO CREAT	'E	
	CONSERVATION PROGRAMS AND NEW PROTECTED AREAS, AND BUILDING THE LOCAL CAPA		
	MANAGE AND SUSTAIN THEM. WHILE EMPHASIZING THE CONSERVATION OF FORESTS AND		
	ECOSYSTEMS, NCI'S PROGRAMS ALSO PROMOTE COMMUNITY SUSTAINABLE DEVELOPMENT.		
4 b	(Code: ) (Expenses \$ 628,276. including grants of \$ 64,297.) (Revenue \$		)
	ENVIRONMENTAL POLICY, EDUCATION AND COMMUNITY DEVELOPMENT:		
	NCI DEVELOPS AND IMPLEMENTS ENVIRONMENTAL POLICIES THAT SUPPORT LAND AND F	RESOURCE	
	CONSERVATION IN A SUSTAINABLE FASHION. THESE PROGRAMS ADDRESS POLICY ISSUE		. — — —
	ECONOMIC INCENTIVES AND DISINCENTIVES, AND WORK TO IMPLEMENT ECOSYSTEM SEF		
	PAYMENT PROGRAMS. EXAMPLES INCLUDE OUR WORK TO CREATE SUSTAINABLE RESOURCE		CAL
	GREEN PRODUCTS, AND THE CREATION OF WATER FUNDS THAT CREATE ECOSYSTEM SERV		·
	PAYMENTS SYSTEMS AND CHALLENGE THEM TO EFFECTIVE WATERSHED CONSERVATION PF		NCT
	ALSO PROVIDES ENVIRONMENTAL EDUCATION PROGRAMS AND WORKS TO DEVELOP THE CO		
	IN ECUADOR, MEXICO, AND PERU, INCLUDING CLASSROOM MATERIALS, NATURE FESTIVE		
	PROGRAMS, AND TEACHER WORKSHOPS.		
4 c	(Code: ) (Expenses \$ 86,657. including grants of \$ 25,696.) (Revenue \$	108.52	25.)
	SCIENCE:	100,02	<u></u> /
	NCI CARRIES OUT SCIENTIFIC RESEARCH THAT SUPPORT OUR MISSION TO CONSERVE I	ANDS AND	
	ECOSYSTEM IN CONCERT WITH LOCAL PEOPLES. WE ALSO OPERATE THE SAN FRANCISCO		
	FIELD STATION IN ECUADOR, THAT SERVES INTERNATIONAL AND ECUADORIAN UNIVERS		
	CONDUCT BASIC AND APPLIED SCIENCE RESEARCH PROJECTS IN TROPICAL MOUNTAIN E		
			. — — –
			. — — –
<u> </u>	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
	Total program service expenses > 3,820,985.	,	
C	5,020,303.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
Ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 253 If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	

# Form 990 (2020) NATURE AND CULTURE INTERNATIONAL Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Х	
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Χ
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
R۸	TEEA0104L 10/07/20	Form	aan /	<b>つつつ</b>

Form 990 (2020) NATURE AND CULTURE INTERNATIONAL

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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 7			
k	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	Х	
ŀ	olf 'Yes,' enter the name of the foreign country► <u>ECUADOR</u> , <u>PERU</u>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
(	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
0	· · · · · · · · · · · · · · · · · · ·	٥		
	Sponsoring organizations maintaining donor advised funds.  In Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make any taxable distributions under section 4200:	9 b		
	Section 501(c)(7) organizations. Enter:	70		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			.,
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ŀ	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			٠,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		Х

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? Χ 10 a **b** If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a **b** Other officers or key employees of the organization ... SEE .SCHEDULE .O. ..... 15 b 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?..... 16 a X **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 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA KS MD MI NJ NM TN 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) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

KERYN LEGER 1400 MAIDEN LANE DEL MAR CA 92014 858-259-0374

## 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and title	(B) Average hours per	thar	one i both dire	box, an o ector/	unles			(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) MATT CLARK	40									
PRESIDENT & CEO	0			Χ				133,900.	0.	6,425.
(2) RENZO PALADINES VICE PRESIDENT	$-\frac{40}{0}$			Χ			1	71,526.	0.	0.
(3) DAVID WELBORN BOARD CHAIRMAN	2	X	• (	X	1			0.	0.	0.
(4) IVAN GAYLER	2									
FOUNDER & CHAIR	0	Χ		Χ				0.	0.	0.
(5) CHARLES SMITH	4									
VICE CHAIR	0	Χ		Χ				0.	0.	0.
(6) SUE HART	2									
SEC & TREASURER	0	Χ		Χ				0.	0.	0.
(7) MARCIA ANGLE	2									
BOARD MEMBER	0	Χ						0.	0.	0.
(8) ADRIANA CASAS	2									
BOARD MEMBER	0	Χ						0.	0.	0.
(9) ANNIE DUNNE	3									
BOARD MEMBER	0	Χ						0.	0.	0.
(10) SHELDON ENGELHORN	2									
BOARD MEMBER	0	Χ						0.	0.	0.
(11) ANN HUNTER-WELBORN	22									
BOARD MEMBER	0	X						0.	0.	0.
(12) EDWARD O. WILSON	0									
HONORARY BOARD	0	X						0.	0.	0.
(13) JANE GOODALL	0									
HONORARY BOARD	0	X						0.	0.	0.
(14) RICK DAHLSEID	10									
CONSULTING CFO	0	X						0.	0.	0.

	<b>(D)</b>	1			<del> </del>			1	•	1	
(A) Name and title	Average hours per week (list any hours for related	box, offic	unles er an	heck ss pe	sition more erson directo	than is both or/trust employ	n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	Estimat of compen- the org and	ed amount other sation from janization related jizations
	organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	,	Key employee	Highest compensated employee	7			organ	izations
(15)											
(16)											
(17)		-									
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)		)					Y				
(25)			7								
1 b Subtotal							<b></b>	205,426.	0.	•	6,425.
c Total from continuation sheets to Part VII, Sect							<b>&gt;</b>	0.	0.		0.
d Total (add lines 1b and 1c)							ved	205, 426. more than \$100,00	0.0 of reportable com	pensation	6,425.
											Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	ctor, truste ch individu	e, ke <i>al</i>	y en	nplo	oyee 	, or l	high 	nest compensated	employee	. 3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	er than \$1	50,00	00'?	lf 'Υ	′es,'	com	iple	te Schedule J for		4	Х
<ul><li>5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye</li></ul>	ie comper	satio	n fro	om a	anv	unre	late	ed organization or	individual		X
Section B. Independent Contractors	<i>5, 66111616</i>		77001	u i c	0 101	340	,,, p	0.00.7		.   -	
Complete this table for your five highest comper compensation from the organization. Report comper	nsated ind nsation for	epend the ca	dent alenc	cor dar y	ntrac year	tors endir	tha ng v	t received more the vith or within the or	nan \$100,000 of ganization's tax yea	r.	
(A) Name and business address  (B) Description of services								of services	(C) Comper	) sation	
PBO ADVISORY GROUP 5151 SHOREHAM PL, STE 200 SAN DIEGO, CA 92121 OUTSOURCE FINANCIAL MANA								ANCIAL MANA	23	33,061.	
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited to	tho:	se I	isted	l abov	ve)	who received more	than		

,089

0

#### Form 990 (2020) NATURE AND CULTURE INTERNATIONAL 33-0773524 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns . . . . . . . . **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations . . . . . . . . 1 d e Government grants (contributions) . . . . 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 5,935,148 q Noncash contributions included in lines 1a-1f. . . . . . . . . . . 149,741 h Total. Add lines 1a-1f . . . . 5,935,148 **Business Code** Program Service Revenue 2a FEES 900099 121,707 121,707 **f** All other program service revenue. . . g Total. Add lines 2a-2f ..... 121,707 Investment income (including dividends, interest, and 4,355 4,355 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 141,075 7b and sales expenses 140,341 c Gain or (loss). . . . . . . 7с 734 **d** Net gain or (loss)..... 734 734. 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events ...... **9 a** Gross income from gaming activities. See Part IV, line 19. . . . . . . . . . . . . 9a **b** Less: direct expenses..... 9 b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . I O a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous 11a OTHER INCOME 900099 21,152 21,152 Revenue d All other revenue . .

083,096

142,859

e Total. Add lines 11a-11d.

Total revenue. See instructions.....

#### 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 it Schedule O contains a r	(A)	/ line in this Part IX	(C)	(D)
6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total èxpenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,300.	14,300.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5,563.	5,563.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	670 614			
	<u>-</u>	670,614.	670,614.		
4 5	Benefits paid to or for members	205,426.	111,696.	40,170.	53,560.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		1,498,751.	1,185,265.	148,123.	165,363.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,450,751.	1,103,203.	140,123.	103,303.
9	Other employee benefits	61,169.	34,029.	17,098.	10,042.
10	Payroll taxes	159,851.	126,503.	16,171.	17,177.
11	Fees for services (nonemployees):				
ā	Management	704,296.	704,296.		
ŀ	<b>)</b> Legal	17,132.	17,132.		
(	Accounting				
C	d Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	313,105.	12,350.	281,039.	19,716.
12	Advertising and promotion	142,289.	50,646.	1,235.	90,408.
13	Office expenses	138,788.	101,692.	34,509.	2,587.
14	Information technology	2007,000	202,0021	01/0031	
15	Royalties				
16	Occupancy	67,383.	67,383.		
17	Travel	202,980.	200,698.	2,282.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	. ,	,	,	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,984.	42,984.		
23	Insurance	30,724.	13,252.	17,472.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	FIELD SUPPLIES	311,127.	311,127.		
k	FIELD AUTO EXPENSES	97,367.	97,367.		
	PUBLICITY	42,566.	39,450.	3,116.	
(	OTHER_EXPENSES	25,000.		25,000.	
•	All other expenses	14,741.	14,638.	103.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	4,766,156.	3,820,985.	586,318.	358,853.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here □ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1,637,266.	1	2,270,787.
	2	Savings and temporary cash investments			1,658,749.	2	1,804,158.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			640,000.	4	75,782.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer contribu	, director, tor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	ersons (a	ns defined under		6	
	_		^ ` ^				
'n	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use		-	04 04 0	8	
Assets	9	Prepaid expenses and deferred charges			21,017.	9	20,993.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	3,373,860.			
	b	Less: accumulated depreciation		381,297.	2,848,598.	10 c	2,992,563.
	11	Investments — publicly traded securities		-		11	
	12	Investments — other securities. See Part IV, line 11	-		12		
	13	Investments — program-related. See Part IV, line 11.		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		6,805,630.	16	7,164,283.
	17	Accounts payable and accrued expenses			363,901.	17	404,692.
	18	Grants payable		18			
	19	Deferred revenue	2,011,264.	19	1,012,186.		
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 35	5%		22	
	23	Secured mortgages and notes payable to unrelated th		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relat plete Par	ted third parties, 't X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			2,375,165.	26	1,416,878.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	; <b>-</b>	X			
lan	27	•			2,844,915.	27	4,078,538.
Ва	28	Net assets with donor restrictions			1,585,550.	28	1,668,867.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here •		=,,		=,,
ō	29	Capital stock or trust principal, or current funds				29	
sts	30	Paid-in or capital surplus, or land, building, or equipm				30	
sse	31	Retained earnings, endowment, accumulated income,		<u></u>		31	
t A	32	Total net assets or fund balances		<u> </u>	4,430,465.	32	5,747,405.
Ne	33	Total liabilities and net assets/fund balances			6,805,630.	33	7,164,283.
					0,000,000.		7,104,200.

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI.							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,0	83,0	096.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,7	66,1	L56.			
3	Revenue less expenses. Subtract line 2 from line 1	3			940.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			165.			
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			0.			
10								
	column (B))	10	5,7	47,4	<u> 105.</u>			
<u>Pa</u>	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				. $\square$			
				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 O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a						
	<b>b</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 separa							
	basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
	c 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 Schedule O.							
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	it						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b					
3A/	A TEEA0112L 10/19/20		Form	990	(2020)			

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number NATURE AND CULTURE INTERNATIONAL 33-0773524 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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). 1 2 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for 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). 7 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.) 8 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 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 10 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 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. 12 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 ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

### 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						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	5,652,075.	4,901,708.	5,440,664.	5,176,663.	5,935,148.	27,106,258.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	5,652,075.	4,901,708.	5,440,664.	5,176,663.	5,935,148.	27,106,258.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,285,487.
6	Public support. Subtract line 5 from line 4						21,820,771.
Sec	tion B. Total Support			•	•	•	, , ,
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	5,652,075.	4,901,708.	5,440,664.	5,176,663.	5,935,148.	27,106,258.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43.	442,	17,815.	28,335.	5,089.	51,724.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C	Dr.	,	·	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	13,250.				21,152.	34,402.
	Total support. Add lines 7 through 10						27,192,384.
12	Gross receipts from related activ	vities, etc. (see ins	structions)				0.
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	fifth tax year as a	section 501(c)(3)	<b>&gt;</b> [
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						80.25 %
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	79.37 %
16a	<b>33-1/3% support test—2020.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	k this box
b	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances	nd-circumstances test. The organiza	s test, check this lation qualifies as	box and <b>stop here</b> a publicly support	e. Explain in Part ed organization.	VI how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions ►

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

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

Sec	tion A. Public Support	Joseph Hoteld Belevit,	piodes sampists	. a.cy							
Calend	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			,,,			· · · · · · · · · · · · · · · · · · ·				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.										
3	Gross receipts from activities that are not an unrelated trade or business under section 513.										
4	Tax revenues levied for the organization'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										
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.										
С	Add lines 7a and 7b										
8	<b>Public support.</b> (Subtract line 7c from line 6.)										
	tion B. Total Support			JYI	T	1					
	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	( <b>c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total				
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources										
	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.).										
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)										
	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	fifth tax year as a	section 501(c)(3)	▶ □				
	tion C. Computation of Pul			. 10		1 1					
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	• •	•		<u> </u>				
	Public support percentage from 2						06				
	tion D. Computation of Inv					1 1					
17	Investment income percentage for	•	• •	-			%				
18	Investment income percentage fi					<u> </u>	%				
	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	nization qualifies	as a publicly supp	orted organization	▶ 📙				
	33-1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

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

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sect	tion I	B. Type I Supporting Organizations		1	
1	Did #	to governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	the governing body, members of the governing body, officers acting in their official capacity, or membership of one per supported organizations have the power to regularly appoint or elect at least a majority of the organization's errs, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			•
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
		orting organization's supported organization(s): If No, describe in <b>Part V</b> how control of management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			•
1	D:4 TF			Yes	No
	organ	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	_				
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
	voice all tin	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
		is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	more	he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain i t complete Sections A	n Part VI). <b>See</b> A through E.
Sec	tion 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		
Sec	tion 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):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors     (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally into	egrated	Type III supporting or	ganization

(see instructions). BAA

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount	- 1		
i Carryover from 2015 not applied (see instructions)	TOT		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	71		
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

33-0773524

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Part VI

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

#### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE			2020	 2019	 2018	 2017		2016
OTHER INCOME	TOTAL	\$ \$	21,152. 21,152.	\$ 0.	\$ 0.	\$ 0.	\$ \$	13,250. 13,250.



# SCHEDULE D (Form 990)

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
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NAT	URE AND CULTURE INTERNATIONAL	33-0773524
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6	<u>.</u>
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in don are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other primpermissible private benefit?	can be used only burpose conferring
Par	t II Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	n of a historically important land area
	Protection of natural habitat Preservation	n of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation easement on the
	last day of the tax year.	
	Tabel combined and accomplish accomplish	Held at the End of the Tax Year
_	Total number of conservation easements.	
	Total acreage restricted by conservation easements.	
	: Number of conservation easements on a certified historic structure included in (a)	<del> </del>
(	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	- 1
·	tax year ►	organization danning the
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	dling of violations,
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva  ▶\$	tion easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that de conservation easements.	expense statement and balance sheet, and scribes the organization's accounting for
Par		Other Similar Assets.
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue star- historical treasures, or other similar assets held for public exhibition, education, or research in	tement and balance sheet works of art, furtherance of public service, provide in
ŀ	Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statements.	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furthers following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	·
_	amounts required to be reported under FASB ASC 958 relating to these items:  Revenue included on Form 990, Part VIII, line 1	<b>⊳</b> \$
	Assets included in Form 990, Part X	
L	, noodo maidudu iiri oiin 330, r uit A	······································

Part III Organizations Maintaining Col	llections of Art, Histo	rical Treasures, or	Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisition, accession, items (check all that apply):	, and other records, check ar	ny of the following that m	ake significant use of its	collection	
a Public exhibition	<b>d</b> Loan o	or exchange program			
<b>b</b> Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's colle Part XIII.	,	· ·			
5 During the year, did the organization solicit to be sold to raise funds rather than to be n				Yes	No
Escrow and Custodial Arrange   line 9, or reported an amount of			swered res on Fo	m 990, Pa	rt IV,
1 a Is the organization an agent, trustee, custoo	dian or other intermediary	for contributions or othe	er assets not included		<b></b>
on Form 990, Part X?				Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XII	i and complete the following	ng table:		Amount	
<b>c</b> Beginning balance			1c	Amount	
<b>d</b> Additions during the year					
e Distributions during the year					
f Ending balance					
2a Did the organization include an amount on F				Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XII			-		┦。
2,				ı	
Part V Endowment Funds. Complete	if the organization and	swered 'Yes' on Fo	rm 990, Part IV, li	ne 10.	
(a) Curr	ent year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ırs back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
e Other expenditures for facilities and programs		16.1			
f Administrative expenses					
<b>g</b> End of year balance					
2 Provide the estimated percentage of the cur	rent year end balance (line	e 1g, column (a)) held	as:		
a Board designated or quasi-endowment ►	ું જ				
<b>b</b> Permanent endowment ►	- % -				
c Term endowment ►%					
The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
3 a Are there endowment funds not in the possessi	on of the organization that a	re held and administered	for the		<del></del>
organization by:				Yes	No
(i) Unrelated organizations				3a(i)	
(ii) Related organizations					+
<b>b</b> If 'Yes' on line 3a(ii), are the related organized.	·			. 3b	
4 Describe in Part XIII the intended uses of the		ent lunas.			
Part VI Land, Buildings, and Equipme Complete if the organization ar		n 990, Part IV, line	11a. See Form 99	0, Part X, I	ine 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
<b>1 a</b> Land		2,687,373.		2,687	7,373.
<b>b</b> Buildings		272,316.	91,862.	180	,454.
c Leasehold improvements					
<b>d</b> Equipment		375,485.	273,923.		,562.
<b>e</b> Other		38,686.	15,512.		3,174.
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, c	column (B), line 10c.).		2,992	,563.

BAA Schedule D (Form 990) 2020

BAA

(a) Description of security or category (including name of security)	(b) Book value		Form 990, Part X, line 12 pst or end-of-year market value
1) Financial derivatives		(-)	
2) Closely held equity interests.			
3) Other			
A) B)			
C)			
D)			
<u></u>			
 (F)			
'G)			
<u>'''</u> 'H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		NT / 2	
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A Nart IV line 11c See	Form 990 Part X line 1
(a) Description of investment	(b) Book value		st or end-of-year market value
, , , , , , , , , , , , , , , , , , , ,	(2) 200K Yalao	(2)st.ist of valuation of	2. 2. a.a a. your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	IVos' on Form 990	Part IV line 11d See	Form 900 Part V line 15
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990	D, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) De	'Yes' on Form 990 scription	D, Part IV, line 11d. See	Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) De	'Yes' on Form 990	D, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)	'Yes' on Form 990	D, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)	'Yes' on Form 990	D, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)	'Yes' on Form 990	D, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)	'Yes' on Form 990	D, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)	'Yes' on Form 990	), Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)	'Yes' on Form 990	D, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	'Yes' on Form 990	D, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	'Yes' on Form 990	D, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Yes' on Form 990 Scription	O, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X  Other Liabilities.	Yes' on Form 990 scription	O, Part IV, line 11d. See	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' on Form 990 scription	O, Part IV, line 11d. See	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Figure 13.	Yes' on Form 990 scription	O, Part IV, line 11d. See	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X  Other Liabilities.  Complete if the organization answered 'Yes' on F	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ►  (, line 25.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (1) Federal income taxes  (2)	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ►  (, line 25.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on File.  (1) Federal income taxes (2)  (3)	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ►  (, line 25.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Factor (Complete if the organization answered 'Yes' on Factor (Column (Colu	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ►  (, line 25.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Factor (Complete if the organization answered (Column (D) Description (D) Description (Column (D) Description (Column (D) Descripti	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ►  (, line 25.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on File.  (1) Federal income taxes (2)  (3)  (4)  (5)  (6)	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ►  (, line 25.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Financial income taxes  (2)  (3)  (4)  (5)  (6)  (7)	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ►  (, line 25.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Formall (Column	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ►  (, line 25.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ▶  (, line 25.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ►  (, line 25.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	3) line 15.)	O, Part IV, line 11d. See	(b) Book value ►  (, line 25.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	6,173,096.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities	).	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		90,000.
3 Subtract line 2e from line 1.	. 3	6,083,096.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		6,083,096.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return	) <b>.</b>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	4,856,156.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	) <u>.</u>	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	. 2e	90,000.
3 Subtract line 2e from line 1	. 3	4,766,156.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		4,766,156.

Part XIII Supplemental Information.

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

#### **PART X - FASB ASC 740 FOOTNOTE**

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS
TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO
THE FINANCIAL STATEMENTS.

BAA Schedule D (Form 990) 2020

#### **SCHEDULE F** (Form 990)

**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.

Employer identification number

33-0773524

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No. 1545-0047

NATURE AND CULTURE I	NTERNATIONA	L		33-07735	
<b>General Informat</b> on Form 990, Par	ion on Activiti	es Outside the	e United States. Complet	te if the organizatio	n answered 'Yes'
1 For grantmakers. Does the the grantees' eligibility for			substantiate the amount of its election criteria used to award		
2 For grantmakers. Describe in United States. PART	3	zation's procedures	s for monitoring the use of its gra	ints and other assistance	outside the
3 Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)	
<b>(a)</b> Region	<b>(b)</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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region  PT V PT V
(1) NODELL AMEDICA	1	10	CDANIEC		107 021
(1) NORTH AMERICA	1	10	GRANTS		187,031.
(2) SOUTH AMERICA	12	185	GRANTS		483,583.
(3) SOUTH AMERICA			PROGRAM SERVICES	CONSERV/MGT OF AREA	2 244 742
(3) SOUTH AMERICA			PROGRAM SERVICES	ARLA	2,344,742.
(4) SOUTH AMERICA			PROGRAM SERVICES	SCIENCE	60,961.
(5) SOUTH AMERICA			PROGRAM SERVICES	COMMUNITY DEVELOPMENT	41,051.
(6) SOUTH AMERICA			PROGRAM SERVICES	EDUCATION AND POLICY	522,928.
(7)			,01		
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Subtotal	13	195			3,640,296.
<b>b</b> Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b). . .

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CONSERVATI					
			NORTH AMERICA	ON/MGMT	187,031.	WIRE			
				CONSERVATI					
			SOUTH AMERICA	ON/MGMT	156,303.	BNK TRANSFER			
				CONSERVATI					
			SOUTH AMERICA	ON/MGMT	18,550.	WIRE			
				CONSERVATI					
			SOUTH AMERICA	ON/MGMT	308,730.	WIRE			
					. 1				
					PY				
				Cr					

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter..... 

BAA

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> 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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)			COP				
<u>(</u> 10)							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA					•	Schedule F	(Form 990) 2020

BAA

Schedule F (Form 990) 2020

Sche	edule F (Form 990) 2020 NATURE AND CULTURE INTERNATIONAL	33-0773524	Page 4
Pa	rt IV Foreign Forms		
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 Receip 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)		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 Foreign Corporations (see Instructions for Form 5471).		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a quelecting 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).		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 Fore Partnerships (see Instructions for Form 8865)		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 (Instructions for Form 5713; don't file with Form 990)	ísee <u> </u>	X No

TEEA3505L 09/16/20



#### Part V Supplemental Information

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

#### PART I. LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

NATURE AND CULTURE INTERNATIONAL REQUIRES ALL GRANT RECIPIENTS TO SUBMIT COMPLETE NARRATIVE AND FINANCIAL REPORTS TO ACCOUNT FOR ALL FUNDS GRANTED.

#### PART I, LINE 3F - METHOD OF ACCOUNTING

NATURE AND CULTURE INTERNATIONAL USES THE ACCRUAL BASIS OF ACCOUNTING IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

#### PART I, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION

NATURE AND CULTURE USES THE ACCRUAL BASIS OF ACCOUNTING FOR EXPENDITURES IN ALL REGIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.



BAA TEEA3504L 09/16/20 Schedule F (Form 990) 2020

## SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2020 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

NATURE AND CULTURE INTERNAT						33-077352	24			
Part I General Information on Gr										
Does the organization maintain records the selection criteria used to award the	to substantiate the amone grants or assistanc	ount of the grants or e?	assistance, the grantees'	eligibility for the grants of	or assistance, and		X Yes	No		
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV										
Part II Grants and Other Assistar Form 990, Part IV, line 21,										
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpos or assi	se of grant stance		
1) THE CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182	33-0868418	501 (C) (3)	9,300.	0.			EDUCATION POLICY IN AMERICA			
(2)										
(3)			OP	4						
(4)			Co.							
(5)										
(6)										
7)										
(8)										
<ul><li>2 Enter total number of section 501(c)(3</li><li>3 Enter total number of other organization</li></ul>	· -	-						1 0		

Schedule I	(Form 990) 2020	NATURE AND	CULTURE	INTERNATIONAL					33-0	773524		
Part III	Grants and Other	er Assistance	to Domest	ic Individuals. Cor	mplete if	the organization	n answered	'Yes' or	n Form 990,	Part IV,	line 22.	Part III
	can be duplicate	ed if additional	space is n	eeded.		_						

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 TO PROVIDE SERVICES IN N AMERICA	1	5,563.			
2					
3					
4					
5					
6					
7					

**Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

### PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

NATURE AND CULTURE INTERNATIONAL REQUIRES ALL GRANT RECIPIENTS TO SUBMIT COMPLETE

NARRATIVE AND FINANCIAL REPORTS TO ACCOUNT FOR ALL FUNDS GRANTED

# SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.i

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

NATURE AND CULTURE INTERNATIONAL

33-0773524

Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	od of o	d) determir oution a	ning mounts
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded	X	8	140,341.	FMV			
10	Securities - Closely held stock							
11	$\label{eq:securities} \textbf{Partnership, LLC, or trust interests} \; .$							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial		1					
17	Real estate – Other							
18	Collectibles							
19	Food inventory		• ( ) (					
20	Drugs and medical supplies							
21	Taxidermy	_						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other► (OFF THE SHELF SOFTWA )		1	9,400.	FMV			
26	Other ► ()			,				
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received by the organization of	during the tax	vear for contributions for	r which the				
	organization completed Form 8283, Part V, Done	e Acknowled	gement		29			
							Yes	No
30°	During the year, did the organization receive by contr	ihution any ni	ronerty reported in Part I	lines 1 through 28 that				
300	it must hold for at least three years from the date							
	for exempt purposes for the entire holding period					30 a		Χ
Ł	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance poli	cy that requi	ires the review of any r	nonstandard contributio	ns?	31	Χ	
32a	Does the organization hire or use third parties or noncash contributions?	•	· ·			32 a		Х
ŀ	If 'Yes,' describe in Part II.							
	If the organization didn't report an amount in coludescribe in Part II.	ımn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.



#### 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.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATURE AND CULTURE INTERNATIONAL

Employer identification number 33-0773524

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THE FOLLOWING BOARD MEMBERS ARE FAMILY MEMBERS TO EACH OTHER:

DAVID & ANN WELBORN.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

REVIEWED BY BOARD BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD IS ASKED REGULARLY TO DISCUSS THEIR BUSINESS AND PERSONAL INTERESTS TO

DETERMINE IF THERE ARE POTENTIAL CONFLICTS AND ALL TRANSACTIONS OF THE ORGANIZATIONS

ARE REVIEWED FOR ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE COMPENSATION PROCESS FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS

DETERMINED BY NON-PROFIT PAY RATE DATA THAT IS COMPILED FROM WEBSITES AND BY

NON-PROFIT COORDINATING AGENCIES. THE PAY RANGE IS SET BY COMPENSATION RATES FOR

COMPARABLE POSITIONS FOR NON-PROFIT ORGANIZATIONS IS THE REGION OF HIRE. OTHER

FACTORS CONSIDERED INCLUDE: TRAINING, EXPERIENCE, PAST PERFORMANCE AND PERFORMANCE

EVALUATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE COMPENSATION PROCESS FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS

DETERMINED BY NON-PROFIT PAY RATE DATA THAT IS COMPILED FROM WEBSITES AND BY

NON-PROFIT COORDINATING AGENCIES. THE PAY RANGE IS SET BY COMPENSATION RATES FOR

COMPARABLE POSITIONS FOR NON-PROFIT ORGANIZATIONS IS THE REGION OF HIRE. OTHER

FACTORS CONSIDERED INCLUDE: TRAINING, EXPERIENCE, PAST PERFORMANCE AND PERFORMANCE

EVALUATIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS AND FORM 990'S ARE

Name of the organization

NATURE AND CULTURE INTERNATIONAL

Bemployer identification number

33-0773524

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

SITES SUCH AS GUIDESTAR.ORG. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.



### Form **4562**

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 2020

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

NATURE AND CULTURE INTERNATIONAL

Identifying number 33-0773524

Business or activity to which this form relates DEPRECIATION SCHEDULES ONLY **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions). 1 2 Total cost of section 179 property placed in service (see instructions)..... 3 Threshold cost of section 179 property before reduction in limitation (see instructions)..... 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions..... 5 6 (b) Cost (business use only) (a) Description of property 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7..... Tentative deduction. Enter the **smaller** of line 5 or line 8..... 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 ...... 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs... 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11..... 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12..... 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year. See instructions ...... 15 Other depreciation (including ACRS)..... 16 42,984 MACRS Depreciation (Don't include listed property. See instructions.) Section A If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (a) Classification of property (b) Month and (g) Depreciation deduction (e) Convention year placed in service (business/investment use Recovery period only - see instructions) 19 a 3-year property..... **b** 5-year property..... c 7-year property... d 10-year property... e 15-year property.... f 20-year property.... 25 yrs S/L g 25-year property... 27.5 yrs S/L MM h Residential rental 27.5 yrs MM S/L property..... i Nonresidential real 39 yrs MM S/L MM S/L property. . Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System S/L **20 a** Class life..... 12 yrs **b** 12-year. S/L 30 yrs MM S/L **c** 30-year.... **d** 40-year...<u>...</u>.... 40 yrs MM S/L Part IV | Summary (See instructions.) 21 21 Listed property. Enter amount from line 28...... Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . . . . . 42,984.

For assets shown above and placed in service during the current year, enter