WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314

> FAUNA & FLORA INTERNATIONAL USA, INC. 1720 N ST NW FL 4 WASHINTGON, DC 20036-2907

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Form	3	J	U

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

AF	or th	e 2018 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	FAUNA & FLORA INTERNATIONAL USA, INC.			
	Name Chang	- · · ·		81-3	967095
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
]Final return	1720 N ST NW FT. /		202-3	375-7762
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	396,315.
	Amen	WASHINIGON, DC $20030-2907$		H(a) Is this a group re	turn
	Applie tion	F Name and address of principal officer: DIANA VAN DE NAME		for subordinates	? Yes 🔀 No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1)$	or 📃 527	lf "No," attach a	list. (see instructions)
		te: WWW.FAUNA-FLORA.ORG		H(c) Group exemption	
_	_	forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2016 N	I State of legal domicile: ${ m DE}$
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: OUR	MISSIO	N IS TO ACT	ТО
anc		CONSERVE THREATENED SPECIES AND ECOSYSTE	MS WOR	LDWIDE	
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	-
Š					4
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)			4
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0
ivit	6	Total number of volunteers (estimate if necessary)		6	5
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	······	1,141,849.	396,315.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		•••	396,315.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,141,849. 485,000.	654,638.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		485,000.	0.000
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	······	0.	144,327.
en	16a	Total fundraising fees (Part IX, column (A), line T Te)	/ 3	0.	144,527•
Ă				40,361.	83,606.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		525,361.	882,571.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		616,488.	-486,256.
-se	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total acasta (Dart X Jina 16)		887,533.	355,033.
Asse Bali		Total assets (Part X, line 16)		271,045.	224,801.
Vet / und		Total liabilities (Part X, line 26)		616,488.	130,232.
	nrt II	Net assets or fund balances. Subtract line 21 from line 20		010,1000	130,232.
	n t H				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DIANA VAN DE KAMP, SECRETARY Type or print name and title	Date
Paid	Print/Type preparer's name GLENN MILLER, CPA Preparer's signature	9 Check PTIN if self-employed P00086726
Preparer	Firm's name 🕨 WEGNER CPAS, LLP	Firm's EIN 39-0974031
Use Only	Firm's address 419 N LEE ST	
	ALEXANDRIA, VA 22314	Phone no. 703 - 519 - 0990
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2018)
S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT C	ONTINUATION

Briefly OUR WOR SCI Did th prior F If "Yes Did th If "Yes Descrit Sectio revent Sup INN CO- ACR UGA SUP WHI ARE WIL SUP	Check if Schedule O contains a response or note to any line in this Part III (b) describe the organization's mission: R MISSION IS TO ACT TO CONSERVE THREATENED SPECIES AND ECOSYSTEMS RLDWIDE, CHOOSING SOLUTIONS THAT ARE SUSTAINABLE, BASED ON SOUND IENCE AND TAKE INTO ACCOUNT HUMAN NEEDS. (b) the organization undertake any significant program services during the year which were not listed on the (c) the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. (c) the organization's program service accomplishments for each of its three largest program services, as measured by expenses. (c) (c) (3) and 501 (c) (4) organizations are required to report the amount of grants and allocations to others, the total expenses, and nue, if any, for each program service reported. (c) (Expenses \$ 654,638.) including grants of \$ 654,638.) (Revenue \$ (c) (Expenses \$ 654,638.) including grants of \$ 654,638.) (Revenue \$ (c) (Expenses \$ 654,638.) including grants of \$ 654,638.) (Revenue \$ (c) (Expenses \$ 654,638.) (CONSERVATION PROGRAMME - AN NOVATIVE CROSS BORDER PARTNERSHIP THAT WORKS TO ENSURE EFFECTIVE (c) ORDINATED CONSERVATION OF THE CRITICALLY ENDANGERED MOUNTAIN GORILI (c)
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ACR UGA SUP WHI ARE WIL SUP O (Code:	-ORDINATED CONSERVATION OF THE CRITICALLY ENDANGERED MOUNTAIN GORIL
SUP WHI ARE WIL SUP (Code:	ROSS THEIR THREE RANGE STATES OF DEMOCRATIC REPUBLIC OF CONGO (DRC) ANDA AND RWANDA.
WHI ARE WIL SUP Code:	
ARE WIL SUP (Code: 	PPORTING CHUILEXI CONSERVANCY IN THE NIASSA RESERVE IN MOZAMBIQUE,
WIL SUP • <td>ICH IS ONE OF THE LAST GREAT WILDERNESSES OF AFRICA AND A CRITICAL</td>	ICH IS ONE OF THE LAST GREAT WILDERNESSES OF AFRICA AND A CRITICAL
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	PPORTING THE CONSERVATION OF ENDANGERED SPECIES IN NICARAGUA,
Code:) (Expenses \$
Code:	
C (Code:	
	::) (Expenses \$ including grants of \$) (Revenue \$
-	
(Expens	er program services (Describe in Schedule O.)
e Total p	including grants of \$) (Revenue \$)
	including grants of \$) (Revenue \$ I program service expenses ► 654,638.
002 12-31-	nses \$ including grants of \$) (Revenue \$) I program service expenses ► 654,638. Form 990 (

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	, , , ,	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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		L	<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form **990** (2018)

Form 990 (2018)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-		X
20	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		14
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</i> "Yes," <i>complete</i>			
	Schedule J	23		2
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Ι,
	Schedule K. If "No," go to line 25a	24a		2
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		2
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b	<u> </u>	-
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations?	24		
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Ľ
52	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		-
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par	t 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			Г
			Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	990	100

Form 990 (2	2018)	FAUNA	&	FLORA	INTERN	ATIONAL	USA,	INC.
Part V	Statements	Regarding	Ot	her IRS F	ilings and	Tax Compl	iance (co	ontinued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				37
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	int)?	4a		<u>л</u>
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CC011				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		()	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions d	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		-			37
	to file Form 8282?		 I	7c		X
d		7d		_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X X
t a	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
y h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11		
Ū	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
a		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	4.4%				
12-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10/1	2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	، ا	128		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					77
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

832005 12-31-18

Form 990	2018)
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FAUNA & FLORA INTERNATIONAL USA, INC.

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

81-3967095 Page 6

X

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 in Schedule O. See instructions.

			Yes	Ν
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	-		
	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 in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
	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 in Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?	13	Х	
	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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 organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ALISON COWAN - 202-375-7762			
	1720 N ST NW FL 4, WASHINTGON, DC 20036-2907			
				_
2006	5 12-31-18	Form	1 990	(20

(^)

FAUNA & FLORA INTERNATIONAL USA, INC.

(E)

Part VII	Co	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Em	ployees, and Independe	ent Contra	ctors			

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

(D)

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(D)

X Check this box if neither the organization r	or any related	organization compensat	ea any canone emeer,	

Name and Title	Average hours per week	box	not c , unle: cer an	Pos heck ss pe	rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PROFESSOR SANDRA KNAPP	1.00								_	
PRESIDENT	1 00	X		X				0.	0.	0.
(2) DIANA VAN DER KAMP	1.00			v				0	0	0
SECRETARY	1.00	X		х				0.	0.	0.
(3) DIANA ALFANO DIRECTOR	1.00	x						0.	0.	0.
(4) DORETTE LOUISE FLEISCHMANN	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(5) JOHN FRASER STEWART (THRU 1/24/2	1.00									
DIRECTOR		x						0.	Ο.	0.
832007 12-31-18										Form 990 (2018)

Form 990 (2	018)	FAUNA &	FLORA I	NT]	ERI	NA7	CIC	ONA	Γ	USA,	INC.	81-3	967	095	Pa	age 8
Part VII	Section A. Officers	, Directors, Tru	stees, Key Em	iploy	/ees	, an	d Hi	ghes	st C	Compensa	ted Employe	es (continued)				
	(A) Name and title	9	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than c is both pr/trust	n an	Rep comp	(D) portable pensation from	(E) Reportable compensation from related	on	am	(F) timate nount o other	
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	orga	the nization 099-MISC)	organizatior (W-2/1099-MI		com fre orga and	pensa om the anizati d relate nizatio	e ion ed
				-												
				-												
	from continuation		/II, Section A					J			0.0.0.		0.0.			0.0.
2 Total r	(add lines 1b and 1 number of individua ensation from the or	ls (including but								L eceived m		1 0,000 of reportat	-		Yes	0 0 No
line 1a	e organization list an a? <i>If "Yes," complete</i> ny individual listed o	e Schedule J for	such individual			· ·····								3		X
5 Did ar	elated organizations ny person listed on li red to the organizati	ine 1a receive or ion? <i>If "Yes," cor</i>	accrue compe	nsat	ion f	rom	any	unre	elat	ed organiz	ation or indiv		 S	4 5		x x
1 Comp	Independent Cont lete this table for yo	ur five highest c	-	-									npens	ation f	rom	
the or	ganization. Report c Na	ompensation fo (A) me and busines			endi ONI		vith	or wi	thir		nization's tax (B) escription of :	-	С	(C comper		า
									_							
	number of independ 000 of compensatio			not li	mite	d to		se lis)	stec	l above) w	ho received r	nore than				
														Form	990 (2	2018)

832008 12-31-18

07021108 788028 12871.1TX01 2018.04030 FAUNA & FLORA INTERNATIONAL 12871_11

				INTERNA	TIONAL USA	, INC.	81-3967	095 Page 9
Pa	rt VI							[]
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII … (A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 :	a Federated campaigns	1a			Tovondo	Tovondo	512-514
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
¶ ₩G		Fundraising events						
ar /		d Related organizations						
s, G		e Government grants (contribut						
rsi		All other contributions, gifts, gran						
but		similar amounts not included abo		396,315.				
d dri	ç	9 Noncash contributions included in lines						
aS	ł	n Total. Add lines 1a-1f			396,315.			
				Business Code				
e	2 8	a						
ervi	k	ວ						
n Sc	Ċ	e						
Jrar Rev	C	d						
Program Service Revenue	e	e						
ш.		All other program service reve						
		g Total. Add lines 2a-2f						
	3	Investment income (including						
	4	other similar amounts) Income from investment of ta						
	5	Royalties						
	5	noyanes	(i) Real	(ii) Personal				
	6 :	a Gross rents		(ii) i cisonai				
		b Less: rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss)		>				
		a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	ł	b Less: cost or other basis						
		and sales expenses						
	C	c Gain or (loss)						
	C	d Net gain or (loss)		····· ►				
ne	8 8	a Gross income from fundraisin	•					
ven		including \$						
Other Revenue		contributions reported on line						
her		Part IV, line 18						
ð		 Less: direct expenses Net income or (loss) from function 						
		a Gross income from gaming ac		▶				
	50	Part IV, line 19						
	ł	b Less: direct expenses						
		Net income or (loss) from gam						
		a Gross sales of inventory, less						
		and allowances						
	ł	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	a						
	ł	o						
	C	C						
		d All other revenue						
		Total. Add lines 11a-11d			306 315	0	0	0
0000	12	Total revenue. See instructions		····· ►	396,315.	0.	0.	0 • Form 990 (2018
83200	9 12-3	01-10						

81-3967095 Page 10 FAUNA & FLORA INTERNATIONAL USA, INC. Form 990 (2018) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign 654,638. 654,638. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 25,585. 25,585. a Management b Legal Accounting С d Lobbying 144,327. 144,327. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 3,640. 3,640. Office expenses 13 14 Information technology Royalties 15 31,250. 31,250. 16 Occupancy 21,947. 2,931. 19,016. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,184. 1,184. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) а b С d

All other expenses е 882,571. 654,638. 64,590. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

832010 12-31-18

07021108 788028 12871.1TX01

10

Form 990 (2018)

163,343.

2018.04030 FAUNA & FLORA INTERNATIONAL 12871_11

Form 990 (2018)

Part X Balance Sheet

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0/021100	100020	120/1•11X01	2

FAUNA & FLORA INTERNATIONAL USA, INC.

81-3967095 Page 11

		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	627,533.	1	118,293.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	255,000.	3	231,350.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,000.	9	5,390.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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	255 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	887,533.	16	355,033.
	17	Accounts payable and accrued expenses	271,045.	17	224,801.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
bilid		key employees, highest compensated employees, and disqualified persons.		00	
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Only a dual a D		25	
	26	Total liabilities. Add lines 17 through 25	271,045.	26	224,801.
	20	Organizations that follow SFAS 117 (ASC 958), check here X and	_/_/	20	,
Ś		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	607,488.	27	97,632.
alaı	28	Temporarily restricted net assets	9,000.	28	32,600.
dВ	29	Permanently restricted net assets		29	-
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
or F		and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et⊿	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	616,488.	33	130,232.
	34	Total liabilities and net assets/fund balances	887,533.	34	355,033.

Form 990 (2018)

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Form	1990 (2018) FAUNA & FLORA INTERNATIONAL USA, INC.	81-39	67095	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	396		
2	Total expenses (must equal Part IX, column (A), line 25)	2	882		
3	Revenue less expenses. Subtract line 2 from line 1	3	-486		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	616	5,4	88.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	130),2	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2018
Open to Public Inspection

Interi	ainevei	Ide Service		Go to www.irs.g	jov/Form990 for instructi	ons and t	ne latest i	nformation.		Inspection	
Nan	ne of t	the organization		a & FI.ORA	INTERNATIONA	T. TISA	TNC			r identification number $81 - 3967095$	
Pa	rt I	Reason fo			(All organizations must c					1 3907093	
					s: (For lines 1 through 12, o						
1		-			ition of churches describe	-	-				
2					. (Attach Schedule E (Forr						
3					rganization described in s			ii).			
4		•	•	•	conjunction with a hospita			-	A)(iii). Enter	the hospital's name,	
		city, and state:	-	-						-	
5		An organization	operated for	or the benefit of a	college or university owne	d or opera	ted by a g	overnmental	unit descril	bed in	
		section 170(b)	(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state,	or local go	vernment or gover	nmental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization	that norma	Ily receives a subs	stantial part of its support	from a gov	ernmenta	l unit or from	the genera	I public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community tr	ust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9					ed in section 170(b)(1)(A)						
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:									
10					ore than 33 1/3% of its sup						
					pject to certain exceptions					-	
					ne (less section 511 tax) fr	om busine	esses acqu	lired by the d	organization	after June 30, 1975.	
11		See section 50			usively to test for public sa	afety See	section 5)9(a)(4)			
12	\square	-	-	-	usively for the benefit of, t	-			arry out the	e 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.									
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported	d organizatio	on(s) the power to	regularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting	
		organization.	You must o	complete Part IV,	Sections A and B.						
b		Type II. A sup	porting org	anization supervis	ed or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving	
		control or mai	nagement o	of the supporting o	rganization vested in the s	same perso	ons that co	ontrol or man	age the su	oported	
	_				V, Sections A and C.						
С					ting organization operated				ally integrat	ed with,	
-					ons). You must complete					·	
d			-	-	pporting organization ope				-		
					nization generally must sa omplete Part IV, Section				io an alleni	liveness	
е		7			a written determination fro					1	
Ŭ					tionally integrated support			, iype i, iype	s n, rype n		
f	Ente		•			0 0					
g					rted organization(s).						
	(i) Name of support	ed	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	-	(vi) Amount of other	
		organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
					_						
Tota	al										
			ation Aat N	lation and the la	structions for Form 990 (000001 10	L IS Sobo			

Schedule A (Form 990 or 990-EZ) 2018 LHA For Paperwork Reduction Act Notice, see the Instructions for For 832021 10-11-18 or 13

Schedule A (Form 990 or 990-EZ) 2018 FAUNA & FLORA INTERNATIONAL USA, INC. 81-3967095 Page 2 Part II

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

Calendar year (of fiscal year beginning in) (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) 2018 (g) 2018 (g) 2017 (g) 2018 (g) 704 (g) 2014 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) 2018 (g) 704 (g) 2018 (g) 704 (g) 2018 (g) 704 (g) 2018 (g) 2018 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) 2018 (g) 2018 (g) 2018 (g) 2014 (g) 2018 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) 2018 (g) 2018 (g) 2018 (g) 2018 (g) 2014 (g) 2018 (g) 2	See	ction A. Public Support						
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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 FAUNA & FLORA INTERNATIONAL USA, INC. 81-3967095 Page 3 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that					<u> </u>	
0	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
~	the organization without charge	 				+	
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		•		•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here	-			-	· · · · •	
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2018 (ine 8, column (f), o	divided by line 13,	, column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	t III, line 15			16	%
	ction D. Computation of Invest)			
17	Investment income percentage for 20	18 (line 10c. colu	mn (f), divided by	line 13. column (f))		17	%
	Investment income percentage from					18	%
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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81-3967095 Page 5 Schedule A (Form 990 or 990-EZ) 2018 FAUNA & FLORA INTERNATIONAL USA, INC. Part IV Supporting Organizations (continued)

	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
<u> </u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion c. Type it Supporting Organizations		Vee	Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in</i> Part VI <i>how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018
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Schedule A	(Form 990 or 990-EZ) 2018	FAUNA	&	FLORA	INTERNATIONAL	USA,	INC.	81-	3967095	Page 6
Part V	Type III Non-Function	onally Inte	ear	ated 509(a)(3) Supporting Orga	nizatior	າຣ			

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 FAUNA & FLORA INTERNATIONAL USA, INC. 81-3967095 Page 7

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	line 1; Part I\	ion A, lines 1 , Section D, 5, 6, and	, 2, 3b, 3c lines 2 an	, 4b, 4c, d 3; Part	5a, 6, 9a, IV, Sectio	9b, 9c, 1 ⁻ n E, lines	la, 11b, an 1c, 2a, 2b,	d 11c; F 3a, anc	Part IV, Se I 3b; Part '	ction B, line V, line 1; Pa	s 1 and 2; Pa	rt IV, Section C, B, line 1e; Part V
SCHEDII	LE A, P	·	т.									
PHE 20	16 COLU	MIN ON	SCHED	ULE .	А, РА	<u>K.I. II</u>	I REP.	RESE	NTS T	HE SHO	DRT TAX	YEAR
BEGINN	ING SEF	TEMBER	1, 2	016 .	AND E	NDING	DECE	MBER	31,	2016.		
32028 10-11-	18									Scher	ule A (Form	990 or 990-EZ)

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

Name of the organizat		
	FAUNA & FLORA INTERNATIONAL USA, INC.	81-3967095
Organization type (ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

501(c)(3) taxable private foundation

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Page 2

Employer identification number

81-3967095

FAUNA & FLORA INTERNATIONAL USA, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>45,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 823452 11-08		\$ 200 , 000 . Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)
	22		

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Name of organization

Employer identification number

81-3967095

FAUNA & FLORA INTERNATIONAL USA, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 823452 11-04		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)
	23		

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Name of organization

Employer identification number

81-3967095

FAUNA & FLORA INTERNATIONAL USA, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	Description of noncash property given (b) Description of noncash property given	(b) FMV (or estimate) (b) (c) Description of noncash property given (c) (b) FMV (or estimate) (c) FMV (or estimate) (See instructions.) (c) (b) FMV (or estimate) (See instructions.) (see instructions.) (b) FMV (or estimate) (See instructions.) (see instructions.) (b) (c) Description of noncash property given (c) (b) FMV (or estimate) (See instructions.) (see instructions.)

me of organiz	zation		Employer identification r							
AUNA &	FLORA INTERNATIONAL	USA, INC.	81-3967095							
Part III Exe	clusively religious, charitable, etc., contributor	utions to organizations described in a) through (e) and the following line	n section 501(c)(7), (8), or (10) that total more than \$1,000 fo entry. For organizations							
con	e duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. once.)							
a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
			[
		(e) Transfer of g	gift							
	Transferee's name, address, a	and 7 IP + 4	Relationship of transferor to transferee							
		· · · · · · · · · · · · · · · · · · ·								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I										
	(e) Transfer of gift									
	Transferee's name, address, a	Relationship of transferor to transferee								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I	(b) Fulbose of gift									
		nift								
	(e) Transfer of gift									
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee							
a) No. from		1								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
— —										
		(e) Transfer of g	gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee							
— — — — — — — — — — — — — — — — — — —										

SCHEDULE D

(Form	990)
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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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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	FAUNA & FLORA INTERNAT	-	81-3967095
Par		ias or Other Similar Funds or	ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(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		
	are the organization's property, subject to the organization's exclusi		
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose con	ferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization	on answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).	
	Preservation of land for public use (e.g., recreation or education	on) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	servation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		_ 2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure		
	Number of conservation easements included in (c) acquired after 7/2		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,		
	year 🕨		
4	Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic m	·	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handlir		
		5	5,
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation	easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) above satis	ty the requirements of section 170(h)(4	-)(B)(i)
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease		
•	include, if applicable, the text of the footnote to the organization's fil		
	conservation easements.		organization o accounting for
Par	t III Organizations Maintaining Collections of Art,	Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, P	•	
	If the organization elected, as permitted under SFAS 116 (ASC 958)		and balance sheet works of art
	historical treasures, or other similar assets held for public exhibition,	•	
	the text of the footnote to its financial statements that describes the		
b	If the organization elected, as permitted under SFAS 116 (ASC 958)		halance sheet works of art historical
5	treasures, or other similar assets held for public exhibition, educatio		
	· · · ·	n, or research in furtherance of public	service, provide the following amounts
	relating to these items:		► ¢
	(i) Revenue included on Form 990, Part VIII, line 1		N .
~		or other similar assets for financial ga	
2	If the organization received or held works of art, historical treasures,		n, provide
	the following amounts required to be reported under SFAS 116 (ASC		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.	Schedule D (Form 990) 2018
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		FLORA INT			-			81-39			.ge 2
Par	t III Organizations Maintaining C		-		-					,	
3	Using the organization's acquisition, access	ion, and other record	ls, checl	k any of the	following th	at are a s	significant	use of its	collectio	1 items	3
	(check all that apply):		. — .								
a	Public exhibition	C			hange progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		ı
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" or	n Form 99	0, Part IV,	line 9, or		
4-	reported an amount on Form 990, Pa					+					
1a	Is the organization an agent, trustee, custod								7.		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII										1
Par	t V Endowment Funds. Complete				1			unava haali	() [l
		(a) Current year	(b) P	rior year	(c) Two yea	ITS DACK	(d) Three y	years back	(e) Four	years t	Ласк
-	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administ	ered for	the organi	zation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b		
	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or c basis (investr			or other (other)		ccumulate preciation		(d) Bool	value	;
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
-	Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	10c.)	•					0.
		,	,	,,,	- /			Sobodulo			0040

Schedule D (Form 990) 2018

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(a) Descrir	Complete if the organization answered "Yes" ption of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		
		(D) BOOK VAIUE		aluation: Cost or end-of-year market value
	ial derivatives			
-	/-held equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
	Investments - Program Related.			
		on Form 000 Dort IV line		Dart V line 12
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		Part X, line 13. aluation: Cost or end-of-year market value
(4)				
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX				
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990	Part X line 15
		Description		(b) Book value
(1)	()	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	15)		
art X	Other Liabilities.	, 10.)		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form	1990, Part X, line 25,
	(a) Description of liability		b) Book value	
		· · · · · · · · · · · · · · · · · · ·	· /	
(1) Eec	deral income taxes			
()	deral income taxes			
(2)	deral income taxes			
(2) (3)	deral income taxes			
(2) (3) (4)	deral income taxes			
(2) (3) (4) (5)	deral income taxes			
 (1) Fec (2) (3) (4) (5) (6) 	deral income taxes			
(2) (3) (4) (5) (6) (7)	deral income taxes			
(1) Fec (2) (3) (4) (5) (6) (7) (8)	deral income taxes			
(1) Fec (2) (3) (4) (5) (6) (7) (8) (9)		25)		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	umn (b) must equal Form 990, Part X, col. (B) line			
(2) (3) (4) (5) (6) (7) (8) (9) ttal. (Colu Liability		the text of the footnote to		

FAUNA & FLORA INTERNATIONAL USA, INC.

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Schedule D (Form 990) 2018

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_	edule D (Form 990) 2018 FAUNA & FLORA INTERNATI	-		67095 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements \dots		1	396,315.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			396,315.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))		396,315.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	882,571.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			882,571.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8 <i>.)</i>		882,571.
Pa	rt XIII Supplemental Information.			
-			B	

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.

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2018
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the lates	information.		Inspection
Name of the organization					Employer id	entification number
FAUNA & FLORA I					81-396	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the orgar	ization answer	ed "Yes" on
Form 990, Part IV	•					
			ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance	e outside the
	he following Pad	I line 3 table c	an be duplicated if additional space is r	needed)		
(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	èmployees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe	e specific type	for and
	_	contractors in the region	recipients located in the region)	of service	(s) in the region	n investments in the region
EUROPE (INCLUDING		In the region	GRANTS TO RECIPIENTS			
ICELAND & GREENLAND)			LOCATED IN REGION, GENERAL			
- ALBANIA, ANDORRA,			OPERATIONS CARRIED OUT IN			
AUSTRIA, BELGIUM	0	0		GRANTMAKING	4	882 571
AUDINIA, DELGIUM	, , , , , , , , , , , , , , , , , , ,		REGION:	GRANIMARING	1	882,571.
2 a Subtotal	0	0				882,571.
3 a Subtotal						002,371.
b Total from continuation		0				0
sheets to Part I		0				0.
c Totals (add lines 3a	0	0				000 571
and 3b)	1 0	0				882,571.

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

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Schedule F (Form 990) 2018

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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	654 638.	WIRE TRANSFER	0.		
				, ,				
	ch the grantee or cou	unsel has provided a sec	recognized as charities by the sting 501(c)(3) equivalency lette	er				1

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Page 3

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) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018

Schedule F	(Form 990) 2018	FAUNA	&	FLORA	INTERNATIONAL	USA,	INC.	81-3967095	Page 4
Part IV	Foreign Form	S							

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018	FAUNA	& FL(ORA INTI	ERNATION	AL	USA,	INC.	81-39	67095	Page 5			
Part V Supplemental Information													
Provide the inform	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:													
THE MEMBERS OF 7	THE ORG	ANIZ	ATION'S	GOVERNI	NG	BODY	VOTE 7	TO APPROVE	THE				
RECIPIENTS OF GRANT FUNDS. DOCUMENTATION OF WHAT GRANT FUNDS ARE USED FOR													
IS MAINTAINED BY THE ORGANIZATION.													

PART I, LINE 3:

THE ORGANIZATION ACCOUNTS FOR EXPENDITURES IN THE LISTED REGION USING THE

ACCRUAL METHOD OF ACCOUNTING.

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SCHEDULE G	Supplem	ental Infor	mation Regarding	, Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)			on answered "Yes" on entered more than \$1					or if the	2018
		-	Attach to Form 990						Open to Public
Department of the Treasury Internal Revenue Service	► 0		gov/Form990 for instr				ion.		Inspection
Name of the organization		& FLORA	INTERNATION	IAL	USA	, INC.		Employer ic 81-396	lentification number 7095
	ing Activitie	S. Complete if	the organization answ				line 1	7. Form 990-l	EZ filers are not
· · · ·	complete this pa								
	ions email solicitatior		e X Solicita f Solicita	tion of tion of	non-g gover	overnment grants nment grants			
c X Phone solici d X In-person so	licitations		g 🛄 Specia		-				
2 a Did the organization			nent with any individua ity in connection with p					, or XYe	es 🗌 No
• • •	highest paid inc	lividuals or en	tities (fundraisers) purs			-			
(i) Name and addres or entity (fund			(ii) Activity	fundi have c or cor	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)) (vi) Amount paid to (or retained by) organization
PHOENIX STRATEGIC	SOLUTIONS,			Yes	No				
INC 4200 ARGYLE		FUNDRAISI	NG CONSULTANT		Х	148,835.		59,985	5. 88,850.
PSDC, INC - 3413 N WASHINGTON, DC 20	•	FUNDRAISI	NG CONSULTANT		x	0.		84,342	-84,342.
								,	
						148,835.		144,327	,
3 List all states in whi or licensing.	ich the organizat	ion is registere	ed or licensed to solicit	contrik	oution	s or has been notifie	d it is	exempt from	registration
LHA For Paperwork Re SEE			Instructions for Form	990 or	990-	EZ.	Schee	dule G (Form	990 or 990-EZ) 2018

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Schedule G (Form 990 or 990-EZ) 2018 FAUNA	. &	FLORA	INTERNATIONAL	USA,	INC.	81-3967095 Page 2
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Part II	
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Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
anu			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Pa				n 990. Part IV. line 19. or		
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			└── Yes %	└── Yes %	└── Yes % └── No	
		Direct expense summary. Add lines 2 through				
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	The gaming income summary. Subtract line r				<u>.I</u>
		er the state(s) in which the organization conduct he organization licensed to conduct gaming a		states?		YesNo
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
83208	82 10)-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018
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Schedule G (Form 990 or 990-EZ) 2018 FAUNA & FLORA INTERNATIONAL USA, INC. 81-396	57095 Page
11 Does the organization conduct gaming activities with nonmembers?	Yes N
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes N
13 Indicate the percentage of gaming activity conducted in:	. 1
a The organization's facility	
 b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 	Bb
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes N
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party \$ \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	∐ Yes └── N
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year Supplementation	lin
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, lines 9, 90, 100
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
(I) NAME OF FUNDRAISER: PHOENIX STRATEGIC SOLUTIONS, INC.	
(I) ADDRESS OF FUNDRAISER: 4200 ARGYLE TERRACE NW, WASHINGTON, DC	20011
832083 10-03-18 Schedule G (Form 99 37	0 or 990-EZ) 20

			57				
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edule G (Form 990 or 990-EZ) Int IV Supplemental Info	ormation (continued)	A INTERNATIONAL	USA, INC.	81-3967095 _{Pa}
				Schedule G (Form 990 or 990

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

81-3967095

FAUNA & FLORA INTERNATIONAL USA, INC.

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

CHOOSING SOLUTIONS THAT ARE SUSTAINABLE, BASED ON SOUND SCIENCE AND

TAKE INTO ACCOUNT HUMAN NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDING PACIFIC COAST SEA TURTLES AND BIRD POPULATIONS ON OMETEPE

ISLAND, THROUGH SCIENTIFIC DATA MONITORING, HABITAT PROTECTION AND

COMMUNITY OUTREACH PROGRAMMES.

FORM 990, PART VI, SECTION A, LINE 6:

FFI USA IS INCORPORATED AS A NON-STOCK CORPORATION. THE CEO OF FAUNA & FLORA INTERNATIONAL IS THE SOLE MEMBER OF FFI USA, AND HAS THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE PURSUANT TO A PROVISION OF THE ORGANIZATION'S GOVERNING DOCUMENT TO ELECT DIRECTORS AT THE ANNUAL MEETING OF THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS HAVE THE ABILITY TO ELECT DIRECTORS AT THE ANNUAL MEETING OF

MEMBERS.

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

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number FAUNA & FLORA INTERNATIONAL USA, INC. 81-3967095 INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

TO ADDRESS A CONFLICT OF INTEREST, THE ORGANIZATION UNDERGOES THE FOLLOWING PROCEDURES:

A) AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. B) THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. C) AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. D) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 40

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Name of the organization FAUNA & FLORA INTERNATIONAL USA, INC.	Employer identification num 81-3967095
CORPORATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WH	IETHER IT IS FAIR
AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATI	ON IT SHALL MAKE
ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION	OR ARRANGEMENT.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	C UPON REQUEST.
332212 10-10-18 Sch 41	nedule O (Form 990 or 990-EZ) (2

SCH	EDULE	R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2018 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

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

organization

FAUNA & FLORA INTERNATIONAL USA, INC.

Part I

81-3967095

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr ent	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FAUNA & FLORA INTERNATIONAL							
THE DAVID ATTENBOROUGH BUILDING, PEMBROKE ST							
CAMBRIDGE, UNITED KINGDOM CB2 3QZ	PHILANTHROY	UNITED KINGDOM	501(C)(3)	LINE 7	N/A		Х
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	Predomi	(e) ant income unrelated, com tax under	Share	(f) e of total come	Sha end-	(g) are of of-year sets		1) ortionate tions?	(i) Code V-UE amount in b 20 of Sched	3I ^G box ^r	(j) General o managing partner?	(k) Percenta ownersh
		foreign country)		sections	om tax under 512-514)			a	3013	Yes	No	K-1 (Form 10			
	_														
	_														
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	_														
	-														
	_														
	-														
rt IV Identification of Related Corganizations treated as a	Drganizations Taxable corporation or trust duri	as a Corpo	oration or Trust. C year.	omplete if t	he organizat	ion ans	wered "Yes	s" on Fo	rm 990, F	art IV,	line 34	4, because it ł	nad or	ne or m	ore relate
(a)		-	(b)	(c)	(d)		(e))	(f)		(g)		(h)	(i)
Name, address, and of related organizat	I EIN tion	Prim	ary activity	Legal domicile (state or	Direct cont entity		Type of (C corp, S	entity S corp,	Share of inco			Share of end-of-year	Perc own	entage Iership	controlle
				foreign country)		, 	or tru	ist)				assets			entity? Yes N
													\vdash		
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Schedule R (Form 990) 2018 FAUNA & FLORA INTERNATIONAL USA, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							No	
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
	Gift, grant, or capital contribution to related organization(s)				1b	Х		
с	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х	
m	Performance of services or membership or fundraising solicitations by related organ				1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х		
	Sharing of paid employees with related organization(s)				10		Х	
р	Reimbursement paid to related organization(s) for expenses				1p	X		
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	r Other transfer of cash or property to related organization(s)							
s	s Other transfer of cash or property from related organization(s)						Х	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
	(0)	(b)	(a)	(d)				

(a) Name of related organization	(D) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved
(1)			
_(3)			
_(6)			

Schedule R (Form 990) 2018 FAUNA & FLORA INTERNATIONAL USA, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	 sec. (3) ? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- iate tions? No	(j) General o managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2018

	Provide addition					
2165 10-02-	18	 		9	Schedule R (Form 990