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Form	=	₽.	u

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2016

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

inter		Ue Service   ► Information about Form 990 and its instructions is at www.ii		v.	mspec	don
<u>A</u> _	For the	2016 calendar year, or tax year beginning , 2016, and end	ing Tube	D.E	, 20	<del></del>
В		applicable: C Name of organization INTERNATIONAL SOCIETY FOR ECOLOGY AND CUI	-: UNE	n Fubloke	er identification n	umber
닏	Address			94-3128274		
ᆜ	Name ch		uite	E Telephor		
Ц	Initial ret				802-472-3505	<del></del>
Ш	Final retur	m/terminated City or town, state or province, country, and ZIP or foreign postal code				
$\Box$	Amende			G Gross re		309,412
Ш	Applicati	on pending F Name and address of principal officer: STEVEN GORELICK	H(a) is this a g	roup return for a	subordinates? 🔲 Yea	Mo No
		349 KEENE RD., EAST HARDWICK, VT 05836			included? 🔲 Yes	
<u></u>	Tax-exer	mpt status: 🗹 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	If "N	o," attach a	list. (see instruction	ns)
J	Website	: www.localfutures.org	H(c) Group	exemption	number ▶	
K	Form of o	organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation: 1991	M State	of legal domicile.	CA
P	art l	Summary				
	1	Briefly describe the organization's mission or most significant activities: ISEC	'a mission is t	o protect	and renew eco	ogical
8	1	and social well-being by strengthening local economies and communities worldwin	de. Our work i	nvolves "e	ducation for a	ction" -
Activities & Governance	ł	activism"- illuminating the common root causes of our social, ecological, and eco	nomic crises,	and syste	mic solutions.	
Ę	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of I	ts net assets.	PO
8	3	Number of voting members of the governing body (Part VI, line 1a)		3 1		4
æ	4	Number of independent voting members of the governing body (Part VI, line 1b		4		3
8	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	<del></del>	15
Ĭ	6	Total number of volunteers (estimate if necessary)		6	<del></del>	15
ğ	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	<del> </del>	
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b		
	<del>                                     </del>	146t difficulto districts taxable frontier front out of 1, mile of 1	Prior Ye		Current Ye	NAT
	8	Contributions and grants (Part VIII, line 1h)		231,795		273,998
3	1	· · · · · · · · · · · · · · · · · · ·		109,311		34,874
Revenue	9	Program service revenue (Part VIII, line 2g)		599		540
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<del> </del>			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ļ	341,705		200 410
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				309,412
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		13,470		20,158
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b> </b>	204 254		
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>}</b>	204,351		197,970
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
×	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	wedle hall	<b>《路路》</b>	中华经济自由的	10 May 1-5
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	105,417	····	89,718
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25);	 	323,239		307,666
	19	Revenue less expenses. Subtract line 18 from line 12 Y. A. 1. 2017. 101.	l	18,467		1,746
₽ %		[99]	Beginning of Cu	rrent Year	End of Ye	ar
Net Assets Fund Balance	20	Total assets (Part X, line 16)		613,339		614,509
<b>₹</b>	21	Total liabilities (Part X, line 26)		47,163		75,631
多色	22	Net assets or fund balances. Subtract line 21 from line 20		566,176		539,078
Pa	art II	Signature Block				
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to ti	ne best of m	y knowledge and	belief, it is
tru	e, correc	t, and complete, Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowle	edge.		
		1 An 10	A	pril 26, 20	017	
Sig	เก	Signature of officer	Da		<del></del>	
He	-	STEVEN GORELICK, MANAGING PROGRAMS DIRECTOR				
		Type or print name and title	<del></del>			
_	•		Date	T	n PTIN	<del></del>
Pa				Check L self-empl	J #	
	epare	1 m	TE			
Us	e Oni			's EN ▶		<del></del>
Ma	v the IC	Firm's address   State   Firm's address   State   Firm's address   State   Firm's address   Firm's address	[ Pho	ne no.	- TVAA	No
_				<del></del>		90 (2016)
ror	raperv	vork Reduction Act Notice, see the separate instructions. Cat.	No. 11282Y		Form &	<b>JU</b> (2016)

Form 99	0 (201 <del>6)</del> P	age 2
Part !		
	Check if Schedule O contains a response or note to any line in this Part III	Ø
1	Briefly describe the organization's mission:  ISEC's mission is to protect and renew ecological and social well-being by strengthening local economics and communities	
	worldwide. Our focus is on education - informing people of the common root causes of the many ecological, social and	
	economic crises we face, and promoting systemic solutions.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Мо
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
		No
43	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure	A 6.
~	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
43	(Code: ) (Expenses \$ 131,184 including grants of \$ 16,039 ) (Revenue \$ 34,874 )	
	Educational Outreach. Through books, videos, lectures, reports, conferences, classes, interviews and web-based materials, we	
	inform the public of the many costs of globalization, and the systemic benefits of economic localization. We published a new edit	ion
	of Ancient Futures, the book that describes a sustainable traditional culture and its breakdown under the impact of the global	
	economy. We also published "Lcalization: Essential Steps to and Economics to Happiness - a 60 page booklet on the costs of	
	globalization and the benefits of economic localization. Our website featured numerous educational elements, including a blog fi	
	Local Futures/ISEC staff and others on topics related to sustainable economies, a Policy Watch section focusing on trade treaties and other policies that affect our future, and a monthly email newsletter that focuses on Local Futures/ISEC activities and articles	
	films of interest. We also continued our Roots of Change study group program, which gives people the opportunity to join with	and
	others in their community to follow a guided curriculum that outlines the root causes of our many crises, and systemic solutions,	and
	ran several seminars and workshops in the UK on global-to-local issues.	
46	(Code: ) (Expenses \$ 56,358 Including grants of \$ -0- ) (Revenue \$ 11,978 )	
	Economics of Happiness. This program includes our documentary film, The Economics of Happiness, as well as an ongoing serie	
	of international Economics of Happiness conferences. In 2016 we held conferences in Florence, Italy and Jeonju, South Kores. Valso created a DIY workshop toolkit so that people can organize their own Economics of Happiness events. Two pilot DIY worksh	
	were held in the UK. We began planning for 2017 Economics of Happiness events, tentatively scheduled for Vermont and Washin	•
	state.	<u></u> ,
	44-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
4c	(Code: ) (Expenses \$ 38,367 including grants of \$ 4,119 ) (Revenue \$ 3,308 )	
***	Ladakh Project. During 2016 we continued our efforts of the past 35 years to counter unsustainable development in this Himalaya	n
	region. We conducted Global to Local workshops in Leh, the capital of Ladakh; screened relevant documentary films and	
	conducted post-screening discussions; distributed our "Mindful Travel" brochure to many of the thousands of tourists that visit	
	Ladakh each year, letting them know how they can minimize their ecological impact while traveling in the region; and organized fa	ırm
	stays for participants in our Learning from Ledakh project. We also supported similar efforts in Thalland via the Pun Pun Project.	
	***************************************	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 38,351 including grants of \$ -0-) (Revenue \$ -0-)	
4e	Total program service expenses ▷ 280,530	

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	0 (2016)			Page
Part	Checklist of Required Schedules		10	Т
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	7	_
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	<del> </del>	~
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		4
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		~
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		•
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		•
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, Part VI	11a		•
	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		•
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		•
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	114		1
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		1
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 .	116		1
	Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
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		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>V</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b>V</b>	
b	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	•	1
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		~
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		•

Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

17

18

19

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		T
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<u> </u>	
		22	ļ	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		-	+-
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		10
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	├	<del>                                     </del>
	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		<del> </del>
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	-wa	<del>                                     </del>	<del>                                     </del>
~	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		<b></b>	<del> </del>
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		40
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		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, 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? If "Yes," complete Schedule L, Part IV	28b	_	•
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		<b>V</b>
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>V</b>
31	conservation contributions? If "Yes," complete Schedule M	30		-
01	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<b>V</b>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		•
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	- COG		
-	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? If "Yes," complete Schedule R, Part V, line 2	36		•
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<del></del> -
	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	<u> </u>		<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O.	38	•	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the capindary water within the year covered by this returns?  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines ta and 2a is greater than 250, you may be required to e-file (eet instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if filed a Form 990-1 for this year? "Yeb' To line 3b, provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, see UK. Australia  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization title form 8880-7?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions?  5c Did the organization account in excess of \$75 made party to a prohibited tax shelter transaction?  6c If "Yes," did the organization that were not tax deductible as charable contributions?  7b If "Yes," did the organization that were not tax deductible as charable contributions?  7c Organizations that may receive deductible contributions under section 170(e).  8d If "Yes," did the organization that were not tax deductible as charable contributions?  8d If "Yes," did the organization that were not tax deductible as charable contributions?  7d If "Yes," findicate the number of Forms 8282 filed during the year  9 Did the organization receive any premiums, directly or indirectly, on a personal benefit contract?  9 Did the organization receive any premiums, directl	Part	V Statements Regarding Other IRS Filings and Tax Compliance			rayo .
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable C Did the organization comptly with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize withors?  2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax B of Statements, filed for the calendar year ending with or within the year covered by this return I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3c Did the organization of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3c Did the organization in a foreign country (such as a bank account, or a signature or other authority over, a financial account in a foreign country; level than 3b and 3b and 3c accounts; or other financial accounts over, a financial account in a foreign country; level, as a bank account, securities accounts, or other financial accounts of if "ves," enter the name of the foreign country; level, as a bank account, securities accounts, or other financial Accounts (FBAR).  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c V is any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c V is any taxable party notify the organization file form 8868-T7.  5c Did the organization solicit any contributions the were not tax deductible as charitable contributions?  5c V if "ves," field the organization include with every solicitation an express statement that such contributions or grain and services provided?  7c Did the organization self any contribution of contr		Check if Schedule O contains a response or note to any line in this Part V	•		. [
b Enter the number of Forms W-2G included in line 1s. 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?  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  B if at least one is reported on line 2s, did the organization file all required fedderal employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  B Cliff the organization on the organization file all required fedderal employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  B Cliff are organization on line 2s, did the organization and explaination in Schedule 0.  What is the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  B Cliff are organization in a foreign country (such as a bank account, escurities account, or other financial account in a foreign country).  B If "Yes," anter the name of the foreign country: — UK, Australia  Sea returbicions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FARI).  B Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  B Ud any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction or If "Yes" time 5s or 7b, did the organization file Form 8888-17?  B Ud any taxable party northy the organization that was on the party of the party of the organization and party for goods and services provided to did the organization will be payor?  B Uf "Yes," did the organization include with every solicitation an express statement that such contributions or godiffs were not tax deductible or organization and party for godiffs and search party for year in	10	Fates the sumber repeated in Pay 2 of Form 1000 Fates 0 if and applicable		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return.  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, Finals filled a Form 990-T for this year? // You' Dim 2b, provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority organization account; accounts?  b If Yes, Finals filled a Form 990-T for they year? // You' Dim 2b, provide an explanation in Schedule O.  5b If Yes, Finals filled a Form 141, Report of Foreign Bank and Financial account in a foreign country: b			-1		l
The protable gaming (gambling) winnings to prize winners?  2			7	1	1
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year ocovered by this return.  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  30 Did the organization that unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.  4 At any time during the calendar year, did the organization have an interesture or other authority over, a financial account in a foreign country; b UK, Australia  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? of if "Yes" to line 5a or Fis. did the organization file Form 8886-T?  5 Does the organization have animal gross receipts that are normally greater than \$100,000, and did the organization substitutions that were not tax deductible as charitable contributions or gifts were not tax deductible or that year?  b if "Yes," did the organization include with every solicitation an express statement that such contributions and sense the organization and year receive deductible contributions under section 170(c).  b if "Yes," did the organization include with every solicitation an express statement that such contributions and sense that year is a contribution of contention of qualified intellectual property, on a personal benefit contract?  b If "Yes," did the organization receive any funds, directly or indirectly, on a personal benefit contract?  10 Did the organization receive any purpose. To otherwise dispose of tangible person	Ū		10	<del> </del>	1
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b If "Yes," has it filled a Form 990—T for this year" If "No" to line 3b, provide an explanation in Schedule O.  All Any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country:  W.K. Australia See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  of "Yes" to line 5a or 5b, did the organization file Form 8886-17?  a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  1 If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 If "Yes," indicate the number of Forms 8282 filed during the year  1 Did the organization selective any permiums, directly or indirectly, to pay premiums on a personal benefit contract?  1 If "Yes," indicate the number of Forms 8282 filed during the year  1 Did the organization received a contribution of as, locals, painless, or other velolies, did the organization file Form 1098-0;  1 If "Yes," indicate the number of Forms 8282 filed during the year  1 Did the organization have excess business holdings at any time during the year?  1 Did the organization make a contribution of as, boats, anjense, or other velolies, did the organization file Form 1098-0;  3 Sponsoring organization make as distrib		· · · · · · · · · · · · · · · · · · ·		1	
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accountl?  b If "Yes," enter the name of the foreign country: ▶ UK, Australia See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), FBAR),  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  fil "Yes," to line 5a or 5b, did the organization file form 886-T?  Boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization oldicit any contributions that were not tax deductible as charibate contributions?  file "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organization stat may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b "Yes," did the organization receive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b "Yes," indicate the number of Forms £282 filed during the year  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form £8282?  d if "Yes," indicate the number of Forms £282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f If the organization receive and contribution of qualified intellectual property, did the organization file Form 899 as required?  The Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations as business holdings at any time during the year?  Did the sponsoring organiz	4a				
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b if "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O .   14b     Form 990 (2016)			<del></del>		
	D	it res, has it filed a Form /20 to report these payments? If "No," provide an explanation in Schedule O		000	<b>M</b> C

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in:	struc	tions.
Secti	on A. Governing Body and Management			
		,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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 O.		•	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		-
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		"
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	<b></b> -	1
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		
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	4	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	~	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		"
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
40-	Did the supplied by a least should be supplied and	-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<del> </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<del>                                     </del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		4
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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		~
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?	401		
Carti	on C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Don request Other (explain in Schedule O)	501(	c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	-	•	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Steven Gorelick, 327 Cedar Street, East Harwick, VT 05836	cords:	<b>&gt;</b>	

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Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, H	ighest Compensated Employees, and
	Independent Contractors		o in the state of

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

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

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

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

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee.
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(A)	(B)				ition			(D)	(E)	(F)
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	below dotted line)	individual trustee or director	8		Key employee	ğ			į	and related organizations
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			*	_		Highest compensated employee	L			
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(4) Ann Roberts				1			l			
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Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Compensation	Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/005	s, ar	ıd H	lighes	st C	ompensated E	mployees (	contin	ued)	
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1b Sub-total .	(05)								<b> </b> -					
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ➤  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Compensation	(25)				. }		. :		}	}		}		
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ➤  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Compensation		O.b Astal	L					L	<u> </u>	01.003		_	<del></del>	-0-
Total (add lines 1b and 1c)			 VIII Contin		•	•	• •	•		71,000		<del></del>		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \( \)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated Independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who					•	•		•		91 083	<del></del>		<del></del>	-0-
Teach and the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					<u>.</u>		<u> </u>	<u>'</u>	<u>-</u>		4 64			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2			to tri	ose	IIST	ea a	BOOVE	e) W		ore than \$10	00,000	JOT	
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated Independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who		reportable compensation from the organi	Zauon										T.,	T
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	ficer direct	tor o	r tn	uete	20	kev e	mn	lovee or bigh	est compe	neste		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	•								,,,,b			. Sale		-
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	• •							na	nd other comp	encation fr	om th		-
Individual	•													
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			9.00.01		,				., 					
for services rendered to the organization? If "Yes," complete Schedule J for such person	5		r accrue co	mper	ısat	ìon	fror	n anv	un	related organiz	ation or ind	lividus		<del>  ▼</del>
Section B. Independent Contractors  1 Complete this table for your five highest compensated Independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	•													نسا
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	Section		<del></del>											
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (B) (C) (C) (C) (C) (Description of services (C) (C) (C) (Description of services (C) (Description of services (Description of services)			compensate	ed inc	lepe	ende	ent	contr	acto	ors that receive	d more tha	n \$10	0.000 of	
year.  (A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	•													ax
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who			•						,	3			<b>,</b>	
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who														
	•										ervices [			
		<del></del>							<u> </u>				<del></del> -	
			<del></del>										····	
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		······································	<del></del>						<del> </del>	<del></del>				
		·								<del></del>				
	2	Total number of independent contractor	rs (includir	g bu	t no	ot i	imit	ed to	th	ose listed abo	ove) who			1
received more than \$100,000 of compensation from the organization ▶ -0-										-0-	·			ł

Part	VIII	Statement of Reven Check if Schedule O		nanca ar nata ta	any line in this	Port VIII		
,		Check is scriedale O	contains a res	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्षे दे	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b		j			
8, E	С	Fundraising events .	1c		İ			
ar ar	d	Related organizations	<del></del>			İ		Ì
S.	е	Government grants (contri			ł			
er S	f	All other contributions, gifts						,
결동		and similar amounts not include		273,998	į			1
onto	g	Noncash contributions included						}
<u>₹</u>	h	Total. Add lines 1a-1f	<del></del>	Business Code	273,998			
2	_	lecture/writing fees, roys	altina	611710	14,504	14,504		
eve	2a	sale of publications, vid		611710	10,325	10,325		
免	b	film screening/streamin		611710	5,556	5,556	<del></del>	<del></del>
Ž	d	conference tickets	8	611710	2,445	2,445		<del> </del>
S.	u	study group, LFL, admir	n fees	611710	2,044	2,044		<del> </del>
Program Service Revenue	1	All other program service						<del></del>
§.	g	Total. Add lines 2a-2f		•	34,874		L <del></del>	<u> </u>
	3	Investment income (in		ends, interest,			<del></del>	1
		and other similar amou	ints)	▶	540			540
	4	Income from investment of	of tax-exempt be	ond proceeds▶				
İ	5	Royalties	<del></del>	<u> ▶</u>				
			(i) Real	(II) Personal	-	,		, , , , , , , , , , , , , , , , , , , ,
	6a	Gross rents						
	b	Less: rental expenses			',			
	С	Rental income or (loss)		L			an makemet ar them as as a	
	d	Net rental income or (Ic		(li) Other				ļ
	7a	Gross amount from sales of	(f) Securities	(II) Other	·	l		
į		assets other than inventory Less: cost or other basis		<del></del>		,	,	,
	p	and sales expenses .						}
		Gain or (loss)	<del></del>	<del> </del>				
	C d	Net gain or (loss)		•				
	"	ret gain or (1035)		<del></del>			,	· · · · · · · · · · · · · · · · · · ·
2	8a	Gross income from fun	draising		<b>!</b>			
Other Reven		events (not including \$		]				
Æ	j	of contributions reported			1			<b>[</b>
6	}	See Part IV, line 18 .	a		}			!
₹	b	Less: direct expenses	b					
		Net income or (loss) fro		events . >			 	
	9a	Gross income from garr		]	Ì	Ì		
		See Part IV, line 19 .		<u> </u>	1			
	ł	Less: direct expenses					<del></del>	
	_	Net income or (loss) from Gross sales of investigations		VILLES			<del></del>	<del> </del>
	Iva	returns and allowances		[	;	-		
	, h	Less: cost of goods so		<del> </del>	1	Ì		
	b	Net income or (loss) fro						
	<u> </u>	Miscellaneous Rev		Business Code				
	11a				·			
	b	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					<del> </del>	
	C						<del></del>	
	d	All other revenue .						
	е	Total. Add lines 11a-1	1d					
	12	Total revenue. See ins	structions	<b>▶</b>	309,412	308,872		540

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,059	18,059		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,099	2,099		
<b>4</b> 5	Benefits paid to or for members	91,083	64,650	14,825	11,608
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	125,895	112,235	5,230	8,430
9 10	Other employee benefits	12,378	9,696	1,367	1,313
11 a b c	Fees for services (non-employees):  Management				
d e	Lobbying			Programme and the second	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,663	7,663	0	0
12 13	Advertising and promotion	2,300	1,800	400	100
14 15	Information technology	8,513	7,283	1,150	100
16 17 18	Occupancy	8,727 13,268	7,187 12,968	1000 250	540 50
19	for any federal, state, or local public officials  Conferences, conventions, and meetings				
20 21 22	Payments to affiliates				
23 24	Insurance				
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 O.)		,		
а	food, lodging	4,940	4,940	0	0
b	printing, duplicating, etc.	11,393	11,243	100	60
C	bank fees	1,084	641	423	0
d					
е	All other expenses	286	87	50	149
_25	Total functional expenses. Add lines 1 through 24e	307,666	260,531	24,795	22,340
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	34,236	1	25,802
	2	Savings and temporary cash investments	542,882	2	548,726
	3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		<del>-</del>	<del></del>
	3	trustees, key employees, and highest compensated employees.		١.	' ' '
	Ì	Complete Part II of Schedule L		5	
	_	·	· · · · · · · · · · · · · · · · · · ·	-3	2.3
	6	Loans and other receivables from other disqualified persons (as defined under section		1	
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	·		
Assets	l _	· · · · · · · · · · · · · · · · · · ·		6	
8	7	Notes and loans receivable, net	0.004	7	
⋖	8	Inventories for sale or use	9,921	8	14,981
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	, , , , , , , , , , , , , , , , , , ,		, , , , , , ,
	ļ	other basis. Complete Part VI of Schedule D 10a			· · · · · · · · · · · · · · · · · · ·
	b	Less: accumulated depreciation [10b]		10c	
	11	Investments—publicly traded securities	25,000	11	25,000
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	613,339	16	614,509
	17	Accounts payable and accrued expenses	17,163	17	14,132
	18	Grants payable		18	
	19	Deferred revenue	30,000	19	61,499
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ø	22	Loans and other payables to current and former officers, directors,	" " " " " " " " " " " " " " " " " " " "		1 10 19,5 , 1 2
暑		trustees, key employees, highest compensated employees, and	Carlotte Carlotte	37/2 (*)	
2	1	disqualified persons. Complete Part II of Schedule L	market and the second s	22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	ļ	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	47,163	26	75,631
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	1 (1 A) 1	20	
8	1	complete lines 27 through 29, and lines 33 and 34.	e i		,
٤	27	Unrestricted net assets		27	
ᇐ	27			28	
õ	28	Temporarily restricted net assets		29	
Net Assets or Fund Balances	29	Permanently restricted net assets		23	, , , , , , , , , , , , , , , , , , , ,
Ĺ		complete lines 30 through 34.		-	,
ō	000	·	37,896		22.605
e sta	30	Capital stock or trust principal, or current funds		30	33,995
8	31	Paid-in or capital surplus, or land, building, or equipment fund	515,160	31	504,883
¥	32	Retained earnings, endowment, accumulated income, or other funds	13,120		E00.670
ž	33	Total net assets or fund balances	566,176		539,078
	34	Total liabilities and net assets/fund balances	613,339	34	614,709

Part	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			9,412
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,668
3	Revenue less expenses. Subtract line 2 from line 1	3			1,746
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		56	6,176
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		(21	9,044)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	] ]			
	33, column (B))	10		53	8,878
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del>	<del></del> ,		ᆜ
_				Yes	No
1	Accounting method used to prepare the Form 990:   Cash Accrual Other			, ,	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain in		* * * * * * * * * * * * * * * * * * *	u
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp		1 ( 1 ( ) ( ) ( ) ( ) ( )		,
	reviewed on a separate basis, consolidated basis, or both:			, ,	24,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a	- 120	i'm tinga	2 1
	separate basis, consolidated basis, or both:			`, (	, ]
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		المناه المناه	, ' , ' ) 	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an Independent accou		2c		Ĺ
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	1.25	, , , ,	. 1
	Schedule O.			الاستثاث	}
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth In	1 1		
	the Single Audit Act and OMB Circular A-133?		3a		4
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		[ ]		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		<u></u>
			Form	990	(2016)

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

# **Public Charity Status and Public Support**

2016

Employer identification number

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

Department of the Treasury Internal Revenue Service Name of the organization ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

International Society for Ecology and Culture 94-3128274 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . Provide the following information about the supported organization(s). (iii) Type of organization (Iv) is the organization (i) Name of supported organization (in FIN (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

							. a94 <b>≥</b>
Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and '	170(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	···
	on A. Public Support	r	<del>, , , , , , , , , , , , , , , , , , , </del>		T		r <del></del>
_	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")					L	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).				,	**	
6	Public support. Subtract line 5 from line 4	<u> </u>		<u> </u>	<u> </u>		
	on B. Total Support				<del>, , , , , , , , , , , , , , , , , , , </del>		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4		ļ		<del> </del>		ļ
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	·					
11	Total support. Add lines 7 through 10		-				
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the	-			•		
C 41	organization, check this box and stop he		· · · · · ·	<del> </del>	<del></del>	<u> </u>	▶ □
	on C. Computation of Public Support Public support percentage for 2016 (line)			1 00/1000 (5)	<del></del>	14	%
14 15	Public support percentage from 2015 Sci					15	<del></del>
16a	331/5% support test—2016. If the organibox and stop here. The organization qua	ization did not	check the box	k on line 13, ai	nd line 14 is 33	31/3% or more,	
þ	331/23% support test—2015. If the organithis box and stop here. The organization	ization did not	check a box o	on line 13 or 16	a, and line 15		
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization".	eets the "facts	-and-circumst	ances" test, cl	neck this box a	and <b>stop here.</b>	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets th	ne "facts-and-o	circumstances stances" test.	" test, check	this box and s	stop here.
18	Private foundation. If the organization dinstructions		box on line 13	, 16a, 16b, 17a			

## 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.)

	ir the organization rails to quality	under the tes	sts listed bei	ow, piease co	mpiete Part	11.)	
	on A. Public Support		<del></del>		<del></del>		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise	161,548	160,790	134,560	231,795	273,998	962,691
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	172,397	149,060	55,369	109,311	34,874	521,011
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	333,945	309,850	189,929	341,106	308,872	1,483,702
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	•		-	-	-	-
8	Public support. (Subtract line 7c from fine 6.)						1,483,702
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	333,945	309,850	189,929	341,106	308,872	1,483,702
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	6,776	2,244	1,186	599	540	11,345
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	6,776	2,244	1,186	599	540	11,345
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	340,721	312,094	191,115	341,705	309,412	1,495,047
14	First five years. If the Form 990 is for the organization, check this box and stop he				-	ear as a section	1 12 1
Secti	on C. Computation of Public Suppor	rt Percentage	9				
15	Public support percentage for 2016 (line	8, column (f) di	vided by line 1	3, column (f))		15	99.24 %
16	Public support percentage from 2015 Sc	hedule A, Part	III, line 15 .		<u> </u>	16	99.15 %
Secti	on D. Computation of Investment In	come Percei	ntage				
17	Investment income percentage for 2016 (					17	0.76 %
18	Investment income percentage from 2015					18	0.85 %
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box		-	-	• •	-	4-2
b	331/s% support tests - 2015. If the organization 18 is not more than 331/3%, check this						
20_	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instruc	

#### SCHEDULE D (Form 990)

Department of the Treasury

internal Revenue Service

## **Supplemental Financial Statements**

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

20**16** 

Open to Public Inspection

Name of the organization **Employer identification number** International Society for Ecology and Culture 94-3128274 Organizations Maintaining Donor Advised Funds 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 Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . . 2a **2**b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a **2**d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 

# organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part	III Organizations Maintaining	Collections of	Art, Historical T	reasures, or O	ther Similar Ass	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the follo	wing that are a si	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	ırams	
b	☐ Scholarly research					
C	☐ Preservation for future generations	<b>;</b>	_			
4	Provide a description of the organizat XIII.		nd explain how the	hey further the org	ganization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					Yes No
Part			<del></del>			
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 9, or	reported an am	ount on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following ta	able:		
		•	Ū		An	nount
C	Beginning balance	. <i>.</i>		10	;	
d	Additions during the year				<del></del>	
e	Distributions during the year				•	<del></del>
f	Ending balance			<del></del>		
2a	Did the organization include an amour				l account liability?	Yes No
	If "Yes," explain the arrangement in Pa				•	
Part						<del></del>
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 10.		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	13,120	13,120	13,120	13,120	13,120
b	Contributions	0	0	0	0	0
C	Net investment earnings, gains, and					
	losses	o	O	0	o	o
d	Grants or scholarships	0	0	0	0	0
e	Other expenditures for facilities and		·			
	programs	13,120	0	o	Ì	lo
f	Administrative expenses	0	0	0	0	0
g	End of year balance	-0-	13,120	13,120	13,120	13,120
2	Provide the estimated percentage of t	he current vear en	d balance (line 1g	. column (a)) held	as:	<del></del>
a	Board designated or quasi-endowmer		%	(-,,,		
	Permanent endowment ▶	%	•			
C	Temporarily restricted endowment ▶	<b>%</b>				
_	The percentages on lines 2a, 2b, and		00%.			
За	Are there endowment funds not in the			at are held and ad	lministered for the	!
	organization by:	•	•			Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
h	If "Yes" on line 3a(ii), are the related or					3b
4	Describe in Part XIII the intended uses					L321
Part			<del></del>	<del></del>	<del></del>	
	Complete if the organization		on Form 990, f	Part IV, line 11a.	See Form 990, I	Part X. line 10.
	Description of property	(a) Cost or oth	ner basis (b) Cost o	or other basis (c)	Accumulated epreciation	(d) Book value
1a	Land	.	<del></del>	2000		
b	Buildings			- Anna Ma (New	Committee and a series of the	
-	Leasehold improvements					
d	Equipment		<del></del>			
6	Other		<del></del>	<del></del>		
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00, Part X. column	(B), line 10c.) .		
	14/1/					

Part VII	Investments - Other Securit Complete if the organization		orm 990. Part IV. lin	e 11b. See For	n 990. Part X. line 12.
	(a) Description of security or cate (including name of security	egory	(b) Book value	(c) Me	othod of valuation: d-of-year market value
(1) Financial	derivatives		·	<del> </del>	
• •	held equity interests		<b> </b>	<b> </b>	
(3) Other					
	shares PAX Scientific, Inc.		25,000	cost	
(B)		**			
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12,				
Part VIII	Investments—Program Rela Complete if the organization		orm 990, Part IV, lin	e 11c. See For	n 990, Part X, line 13.
	(a) Description of investmen		(b) Book value	(c) Me	ethod of valuation; d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				<u> </u>	· · · · · · · · · · · · · · · · ·
_(7)					
(8)					
(9)			<del></del>	ļ	
	b) must equal Form 990, Part X, col. (B) line 13.	<u> </u>	<u> </u>	<u> </u>	<del>,</del>
Part IX	Other Assets.		000 B- 45/ P-	. 44 1 0 - 5	000 D 11/1 15
	Complete if the organization a	answered "Yes" on Fo (a) Description	ım 990, Part IV, IIn	e 11a. See Form	
		(a) Description	<del></del>		(b) Book value
(1)				<del></del>	<del> </del>
(2)			<del></del>		<del></del>
(3)					· <del>  </del>
(4)				<del></del>	
(5)				<del></del>	<del> </del>
(6)			<del></del>		<del> </del>
<u>(7)</u>	<del></del>		<del></del>	<del></del>	<del> </del>
(8)					· <del> </del>
(9) Total. (Colu	mn (b) must equal Form 990, Part	X, col. (B) line 15.)			†
Part X	Other Liabilities. Complete if the organization a				e Form 990 Part X
	line 25.		.,,		
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.			<u>.                               </u>	
	r uncertain tax positions. In Part XIII, p				
organization'	s liability for uncertain tax positions u	naer FIN 48 (ASC 740). Ch	eck nere it the text of t	me rootnote has be	en provided in Part XIII 🔲

#### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

20**16** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

International Society for Ecology and Culture

Employer identification number 94-3128274

Par	General Information Form 990, Part IV, line		ies Outside 1	the United States. Comp	olete if the organization ans	swered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli	gibility for the	e grants or as	sistance, and the selection		
	grants or assistance?			• • • • • • • •		☑Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	toring the use of its gran	ts and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is	(f) Total expenditures for and investments in the region
(1)	East Asia and the Pacific	1	3	program services	writing, lectures, etc.	50,065
(2)	Europe	1	1	program services	publication sales, admin	39,329
(3)	South Asia	0	3	program services	educational	39,574
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	·					
(10)						
(11)			i			
(12)			·			
(13)						
(14)						
(15)						
(16)						
(17)						
3a						
b	sheets to Part I					
C	Totals (add lines 3a and 3b)	1		<u>1 _ ·</u>	1	1

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of noncash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EiN (if applicable) (a) Name of organization Part II (ZE) 5 E £ **₹** Ø න € 仚 <u>©</u> E <u></u>

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

Enter total number of other organizations or entitles

က

(12)

<u>9</u>

Schedule F (Form 990) 2016

(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)
<b>(3)</b>							
<b>3</b>							
(8)							
(4)							
(5)							
(9)							
ε							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							,
(16)							
(17)							

		والمراب والمرا		· ugo
Part	IV _	Foreign Forms		
1	the d	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	₩ No
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign t With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	₩ No
3	the d	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	Yes	₩ No
4	qual <i>Infol</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d (see Instructions for Form 8621)	☐ Yes	<b>☑</b> No
5	the	the organization have an ownership Interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	₩ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If a," the organization may be required to separately file Form 5713, International Boycott Report (see auctions for Form 5713; do not file with Form 990)	Yes	<b>☑</b> No
			Sobodida E (Eq.	000\ 2016

Part V
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#### **Supplemental Information**

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

Part 1, line 2: monitoring of funds provided through grants.	
The organizations to which we provide grants are well-known to us, and we have partnered with many of them for several decades.	We
receive regular reports on the uses to which the funds are put.	
	**************************************
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	**************************************
	**************************************
	# # # # # # # # # # # # # # # # # # #
	***********
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	**************************************

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

### **Transactions With Interested Persons**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

➤ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(10)

	ante of the organization nternational Society for Ecology and Culture						94-3128274								
Part I	Excess Bene Complete if th	fit Transaction e organization	ns (section 501 answered "Ye	(c)(3), s" on	section : Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) organi 5a or 25b, or Fo	zations orm 99	only) 0-EZ,	Part	V, line	40b.		
<b>1</b> (a	) Name of disqualified	person	(b) Relationship be			person and		(c) Description of transaction					(d) Cor	rected?	
. le	y realise of disqualition	person		organiz	ation			(c) Description	JI) (I) 11 a	HOGOTO			Yes	No	
(1)															
(2)															
(3)			·												
(4)			·				L								
(5)								·							
(6)							L						<u> </u>	<u> </u>	
	nter the amount		d by the organ	nizatio	n manag	gers or dis	qualif	ied persons di	uring t	he ye	ar				
	nder section 4958			•			• •		• •	• •	•	<u> </u>			
3 E	nter the amount o	ftax, if any, on	line 2, above,	reimb	ursed by	the organi	izatio	n			• \$	B			
Part II	Complete if the	/or From Interior organization eported an amount (b) Relationship with organization	answered "Ye	s" on Form 990		0-EZ, Part (e) 5, 6, or 20 (e) Origin principal ar	2.  nal	38a or Form 9	<del></del>		<del></del> T		V, line 26; or if the  uit? (h) Approved (i) Written agreement?		
		į	]		<del></del>				<u> </u>	T	ļ				
		<del> </del>	ļ	То	From	<b> </b>			Yes	No	Yes	No	Yes	No	
(1)		<del>}</del>	·		<del></del> -	<del> </del>	·		+	<del> </del>	<del> </del>	<del> </del>	<del> </del> -	<b> </b> -	
(2)		<del> </del>			<del></del>	<del> </del>				<del> </del>		<del></del>			
(3)		<del> </del>	<b></b>	<del> </del> -	<del>-}</del> -	<del> </del>			+	├	<del> </del>	<del> </del>		<del> </del>	
(4) (5)			<del> </del>	<del> </del>	+	<del> </del>			+	<del> </del>	<del> </del>	<del> </del>	<del> </del>		
(6)	<del></del>	<del> </del>	<b></b>	<del> </del>	<del>                                     </del>	<del> </del>				<del> </del>	<del> </del>	<del>                                     </del>		ļ	
(7)		<del> </del>			+				+	<b></b> -					
(8)	<del>, , , , , , , , , , , , , , , , , , , </del>	<del> </del>		<b>-</b>	<del> </del>			<del> </del>	1	<b> </b>	<b> </b>	<b></b> -			
(9)									1	1					
(10)	· · · · · · · · · · · · · · · · · ·				1	<del></del>									
Total				·		<del></del> .	. ▶	\$			3.730	- 4 (4 may 6)	\$ 10 × 100 ×	Sales	
Part III (a) Nar				s" on	Form 99	0, Part IV, I	Γ	d) Type of assistan	ce	(0)	Purpo	se of a	ssistan	ce	
(1)		persons	and the organization				<del> </del>	<u> </u>	<del></del>	<del> </del>					
	<del></del>				<del></del>	·	<del> </del>			├					
(2) (3)					<del></del>	<del></del>	<del>                                     </del>	<del></del>		<del> </del>					
(4)	<del></del>			<del></del>			<del> </del>			<del> </del>					
(4) (5)										<del>                                     </del>					
(6)	· · · · · · · · · · · · · · · · · · ·									<del> </del>					
(7)						<del> </del>				<del>                                     </del>					
(8)							<del>                                     </del>	<del></del>		<del>                                     </del>					
(9)			<del></del>					<del></del>							

(g) Reactioning between the person of the organization interested person and the organization interested person and the organization (recreated person and the organization (r	Part IV	Business Transactions Invo	lving Interested Persons. answered "Yes" on Form 99	0, Part IV, line 28a,	28b, or 28c.			
(1) Steven Gorelick key employee 4,431.90 annual rent for office aulte (2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).  Part IV: Business transactions involving interested persons:  Local Futures/ISEC rented a suite of offices from The Farm Connection for \$402.90/month. Managing/Programs Director Steven Gorelick is a partner in The Farm Connection. The offices are used as Local Futures/ISEC's main US office.		(a) Name of interested person	interested person and the		(d) Description of transaction	organi	zation's	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).  Part IV: Business transactions involving interested persons:  Local Futures/ISEC rented a suite of offices from The Farm Connection for \$402.90/month. Managing/Programs Director Steven Gorelick is a partner in The Farm Connection. The offices are used as Local Futures/ISEC's main US office.						Yes	No	
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2016

**Employer Identification number** 

94-3128274

Department of the Treasury Internal Revenue Service Name of the organization

International Society for Ecology and Culture

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Part ill, line 4d. Other program services:
The international Alliance for Localization (IAL). This program aims to link up groups and individuals working to localize their economies
around the world, thereby enabling them to learn from each other, to share ideas and inspiration, and to speak with a common voice in
opposing further globalization. We created an interactive map on our website showing the locations of IAL member organizations, which
now represent 58 countries. We ran eight IAL webinars, which featured Local Futures director Helena Norberg-Hodge in conversation with
another thinker/activist on such subjects as alternative educational models, imagining a world without free trade, combating climate change,
the role of debt in the global economy, and steps to reinvigorate democracy. We also continued with our Planet Local series highlighting
Inspiring localization initiatives worldwide.
Part VI, Section B, line 11b. Process used to review Form 990:
Drafts of Form 990 are sent to the Director before it is finalized. Copies of the final draft are sent to the Board of Directors for approval
before fliling with the IRS.
Part VI, Section B, line 15a. Process for determining compensation of Executive Director:
The salary of the Executive Director is determined by the Board of Directors. Compensation levels at comparable organizations are
considered when determining the Director's salary. Historically, ISEC's Director receives compensation that is well below that of other
comparable organizations. Her salary has not been increased since 2006.
Part VI, Section C, line 19. Document disclosure:
Local Futures/ISEC does not have a formal conflict of interest policy. Its governing documents (Articles of Incorporation and Bylaws) are available.
public inspection at our office at 327 Main St., East Hardwick, VT 05836, or online by request. Our Form 990 report to the IRS is available
available for public inspection at that location, as well as online at www.guidestar.org.
Part XI, line 9. Other changes in net assets:
Both the UKE and Australian \$ lost value against the US\$, leading to a paper loss of \$23,397 on our bank assets held in those two countries.

The UK£ went from \$1.4782/£ at the beginning of the year to \$1.23016/£ at the end. The AU\$ went from US\$0.72875/AU\$ to US\$0,72261/AU\$.