# 990 (Rev January 2020)

# **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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Ā	For the	2019 calen	dar year, or tax ye	ar beginning		, 20	19, and end	ling			, 20	
В	Check if a	applicable	C Name of organiza	tion Internati	onal Society fo	r Ecology and	Culture			D Emplo	yer identification	number
П	Address	change	Doing business as							94-3128274		
Ē	Name ch	ange	· · · · · · · · · · · · · · · · · · ·		mail is not deliver	red to street addr	ess)	Room/s	suite	E Teleph	one number	
Ē	Initial retu	_	PO Box 36	·							(802) 472-3505	ı
$\overline{\sqcap}$		rn/terminated	City or town, state	e or province, c	ountry, and ZIP or	foreign postal co	 de					
$\overline{\sqcap}$	Amended		East Hardwick, \	/T 05836	•					<b>G</b> Gross	receipts \$	432,591
$\Box$	Application	on pending	F Name and address	s of principal of	icer		1-/	7 H	(a) is this a gr	oup return to	r subordinates? 🔲 Y	es 🖳 No
			Steven Gorelick,	349 Keene R	d., East Hardw	ick, VT 05836		· / II			es included? 🔲 Yo	
$\overline{}$	Tax-exem	npt status	501(c)(3)	501(c) (	) ◀ (insert no )	4947(a)(	1) or 521		If "No,"	attach a lis	st (see instructions	s)
J	Website:	<u> </u>				1		Н	I(c) Group e	xemption	number ►	
ĸ	Form of o	rganization 🕹	Corporation Tru	ıst Associa	tion ☐ Other ►		L Year of form	mation	1991	M State	of legal domicile	CA
Р	art I	Summa	ry		<u></u>							
	1	Briefly des	cribe the organiz	ation's miss	ion or most sig	gnificant açtiv	ities: ISEC	's miss	ion is to p	rotect a	nd renew ecolo	gical
စ္ပ		and social	well-being by stre	engthening lo	cal economies	and commun	ties worldw	ide. Ou	r work inv	olves "e	ducation for ac	tion"
Activities & Governance		illuminatin	g the common ro	ot causes of	our social, ecol	ogical, and ec	onomic cris	es, and	systemic	solutio	ns.	
/en	2	Check this	box ▶ 🗌 if the	organization	discontinued	its operations	or dispose	ed of m	ore than	25% of	its net assets.	
ő			voting members					$\overline{\cdot \cdot \cdot}$	]	3		4
<b>≈</b> 5	4	Number of	independent vot	ting member	s of the gover	ning body Pa	irt-VI,Mihe4	Ъ) .		4		3
ties			per of individuals					၂၀၀		5		16
Ę	6	Total numb	er of volunteers	(estimate if	necessary) .	VAM . 18	2 0 2020	) .  Ç		6		15
Ą	7a	Total unrela	ated business re	venue from I	Part VIII, colur			. ( RS-0SC		7a		-0-
	b I	Net unrelat	ed business taxa	able income	from Form 99	D-T, Ime 39		<del>-</del>		7b		
						OGL	EN, U	1	Pnor Yea	r	Current Ye	ar
ø	8 (	Contributio	ons and grants (F	art VIII, line	1h) ˈ				3	26,938		388,664
ne.	9 1	Program se	m service revenue (Part VIII, line 2g)							37,597		43,010
Revenue	10	Investment	income (Part VI	II, column (A	), lines 3, 4, an	nd 7d)				813		917
<u> </u>	11 (	Other reve	nue (Part VIII, col	lumn (A), line	s 5, 6d, 8c, 9d	c, 10c, and 11	e)					
	12	Total reven	ue-add lines 8 t	hrough 11 (n	nust equal Part	t VIII, column (	A), line 12)		3	65,348		432,591
			l sımılar amounts							36,608		10,152
	14	Benefits pa	ald to or for mem	bers (Part IX	(, column (A), l	ıne 4)		L				<del></del>
es	15	Salaries, ot	her compensatior	n, employee l	oenefits (Part I)	X, column (A),	lines 5–10)		2	39,559		286,339
Expenses	16a F	Profession	al fundraising fee	es (Part IX, c	olumn (A), Iine	e 11e)					·	
xpe	1		aising expenses	•						إكي		
ш	17 (	Other expe	enses (Part IX, co	lumn (A), lını	es 11a-11d, 1	1f–24e) .				53,894		85,348
		-	nses. Add lines 1	•	=					30,061		381,839
_		Revenue le	ss expenses. Su	btract line 1	8 from line 12	<u> </u>	<u> </u>	<u> </u>		35,287		51,202
sets or								Begini	ning of Curr		End of Yea	
sset	20 7		s (Part X, line 16)					L		95,705	<del></del>	814,250
Net Ass Fund Bal	21 7		ties (Part X, line 2	-						81,503		180,516
			or fund balances	s. Subtract li	ne 21 from line	<u>e 20 </u>	<u>· · · · · </u>	J	5	79,202		633,734
	art II		re Block		· · · · · · · · · · · · · · · · · · ·	<del></del>						<del></del>
Und	der penalti s correct	es of perjury, and complete	I declare that I have Declaration of prep	examined this r	éturn, including ac officer) is based o	companying sch	edules and sta of which prepa	atements arer has a	, and to the any knowled	best of mag	y knowledge and	belief, it is
	,			U = U						- / -	= /==	
Sig	ın İ	Signatur	ire of officer						Date	15	16	
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		<del></del>	print name and title		Drangers-te			Dot-			DTIN	
Pai	id	Printrype	preparer's name		Preparer's signat	ure		Date	ľ	Check L self-empl	<del>-</del> 1	
Pre	parer	\ <del></del>				<del> </del>			<del></del>			
Us	e Only	Firm's nam		<u>-</u>		<del></del>				EIN ►		
NAC	the IDS	Firm's add		o proporor o	hown shove?	(coo instructi	ne)		Phone	no		
ivia	Part	uiscuss t	his return with th	e preparer s	nown above?	(see instructi	٠ (دانر	N		<u>· · · ·                                </u>	· Yes_	No_

926

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Part _	
1	Check if Schedule O contains a response or note to any line in this Part III
•	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?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 182,588 including grants of \$ 10,152 ) (Revenue \$ 43,010 )
	Global to Local Educational Programs. 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. In 2019 we
	published a new book, Local is Our Future; curated and ran an online film series on The Farms of the Future; organized a campaign
	on the theme of "insane trade", which included a short film and accompanying factsheet; a organized several conferences and similar
	events, including Big Picture Activism, in Byron Bay, Australia, and Happiness in a Time of Crisis, in Dorset, UK. Local Futures staff
	also spoke at numerous other events, including the Newkind Festival and the Sustainable Living Festival (Australia); the Brussels
	Economic Forum (sponsored by the European Commission); Despierta, el planeta te necesita (Spain), Medicine Festival (UK); Defend the Sacred (Portugal); This is Not a Design (Netherlands); and the Seoul International Appropriate Technology Festival (South Korea).  We also continued our ongoing blog series on issues related to the global-to-local shift, our Planet Local series highlighting grass-
	roots localization initiatives around the world, a number of webinars and podcasts featuring key thinkers and activists from the
	localization movement.
41.	(O-1
4b	(Code: ) (Expenses \$ 71,311 including grants of \$ ) (Revenue \$ )  Economics of Happiness programs. In 2019 we organized and ran four international Economics of Happiness conferences, in Leh,
	Ladakh (India), Bangalore (India), Jeonju (South Korea), and Yokahama (Japan). At each of these conferences, both international and
	local presenters spoke about the problems with globalization, the benefits of localization, and strategies and initiatives that can help
	propel and shift from global to local.
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4c	(Code: ) (Expenses \$ 29,211 including grants of \$ ) (Revenue \$ )
	Ladakh Project. In Ladakh in 2019, we teamed up with local NGO Flowering Dharma to run a "Mindful Futures', a four-day residential
	workshop for Ladakhi youth. We co-sponsored the Little Tibet Film Festival, at which three of our films, Ancient Futures, The
	Economics of Happiness, and Mindful Travel in Ladakh, were all screened. We organized our annual Help with the Harvest event, in
	which a core group of volunteers travel to villages to live with and help local families at harvest time. We also screened our films,
	led discussions, and conducted workshops for the Naropa Fellowship, a 9-=month program in social entrepreneurship for youth from
	across the Himalayan region. And we co-published a new book, Dhontang: Food in Ladakh, with the Central Institute of Buddhist Studies. In addition, we continued our annual summer programs in tourist education, which includes screening our films at the
	Women's Alliance of Ladakh Center, and disseminating our Mindful Travel pamphlets and facsheets to the many thousands of
	tourists who visit Ladakh.

 4d
 Other program services (Describe on Schedule O.)

 (Expenses \$ 17,736 including grants of \$ ) (Revenue \$ )

 4e
 Total program service expenses ▶ 300,846

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Part	V Checklist of Required Schedules			
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	<del>                                     </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	ļ	1
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		1
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		1
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		<b>√</b>
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		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		<b>-</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>✓</b>
С	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		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	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		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	/	
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		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
20a	If "Yes," complete Schedule G, Part III	19 20a	$\dashv$	<del>/</del>
	and the angle design appropriate and an interest to approximation over the first of a distribution of the first of the first of the first over the first ove			•

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

21

20b

Par	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		/
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		1
b		24b		1
c		240		<del>                                     </del>
·	to defease any tax-exempt bonds?	24c		1
d		24d		1
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>*</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a	<b>-</b>	· — —
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	_	✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	<b>√</b>	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	

Fart	Statements Regarding Other Ins Fillings and Tax Compliance (continued)							
`	Fatou the graph of ampleyees reported on Four W.C. Transmittel of Wass and Tay	_	Yes	No				
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a  8							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>V</b>					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			نــــا				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	<u> </u>	1				
b								
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 (such as a bank account, securities account, or other financial account)?	4a	<b>✓</b>	ļ ,				
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).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b> </b>				
6a	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?	6a		<b>✓</b>				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<b>-</b>				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		✓_				
ď	If "Yes," indicate the number of Forms 8282 filed during the year	_						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		<b>✓</b>				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12							
a b	Initiation fees and capital contributions included on Part VIII, line 12							
11	Section 501(c)(12) organizations. Enter:		ļ					
а	Gross income from members or shareholders		l					
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		!				
а	Note: See the instructions for additional information the organization must report on Schedule O.	100						
b	Enter the amount of reserves the organization is required to maintain by the states in which			J				
	the organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand			!				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14D						
15	excess parachute payment(s) during the year?	15	1					
	If "Yes," see instructions and file Form 4720, Schedule N.			1				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16						
	If "Yes," complete Form 4720, Schedule O.							

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule				
	Check if Schedule O contains a response or note to any line in this Part VI				_ 🗸
Sect	ion A. Governing Body and Management				
	en un la companya de	ام		Yes	No
1a	, <u>+</u>	-4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	,,th			
2	any other officer, director, trustee, or key employee?	."	2		<b>7</b>
3	Did the organization delegate control over management duties customarily performed by or under the dir		_		
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3_		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file		4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	· }	5 6		<b>√</b>
6	Did the organization have members or stockholders?		- 6_		<b>                                     </b>
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?	int [	7a	_	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	rs,			
	stockholders, or persons other than the governing body?	,	7b		✓_
8	Did the organization contemporaneously document the meetings held or written actions undertaken duri	ng			
	the year by the following:	ŀ		<del></del>	لــــا
a	The governing body?	-	_8a_	<b>√</b>	
ь	Each committee with authority to act on behalf of the governing body?	}	8b	✓	<del></del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	at	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re	venu		ode.)	
_				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[	10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form		11a	_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	''' F	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	ľ	12a		7
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	-	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes			_	
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		<b>\</b>
14	Did the organization have a written document retention and destruction policy?		14		✓
15	Did the process for determining compensation of the following persons include a review and approval independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official	1-	15a	<u></u>	
b	Other officers or key employees of the organization		15b		<b>✓</b>
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			_	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent			
	with a taxable entity during the year?		16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		ŀ	į	- 1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard t				
C	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed California		<b>'</b> C		04/-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)	<b>JU-</b> 1	(Sec	uon 5	iU I (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confli	ct of	ınter	est p	olicv.
	and financial statements available to the public during the tax year.				•
20	State the name, address, and telephone number of the person who possesses the organization's books and	d rec	ords	<b>&gt;</b>	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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

☐ Check this box if neither the organization noi	r any relate	a org	anız	atic	n c	ompe	ensa	ited any current i	officer, director,	or trustee.
					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles er and	s pe d a d	rson	e than one is both or/trus	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Helena Norberg-Hodge	45	,								
Executive Director	<u> </u>	✓		✓				60,000	-0-	-0-
(2) Paula Pace Treasurer	2	1		✓				-0-	-0-	-0-
(3) Barbara Mahony Kent	1									
Secretary		✓		✓				-0-	-0-	-0-
(4) Ann Roberts	1				ļ	İ				
Director		✓			<u> </u>	<u> </u>		-0-	-0-	
(5) Steven Goreick Managing Programs Director	40				/			52,171	-0-	-0-
(6)										
(7)										
(8)										
(9)		_								
(10)										
(11)										
(12)										
(13)										
(14)										

Par	t VII Section A. Officers, Directors,	Trustees,	Key	Em	<u>plo</u>	yee	s, ar	nd F	lighest Compe	nsated E	mplo	yees (	contir	nued
•						C)			ł					
	(A) Name and title	(B) Average hours	òοx,	Position (do not check more the box, unless person is to officer and a director/to					(D) Reportable compensation	(E) Reportati compensa	tion	d	( <b>F)</b> ited am if other	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relat organizatio (W-2/1099-M	ons	fr	pensati om the ization organiz	and
(15)		ļ	-											
(16)														_
(17)														
(18)														<u> </u>
(19)									_	<u> </u>				
(20)								-		_				
(21)														
(22)														
(23)									_					
(24)							_							
(25)														_
	Subtotal	L		<u>.                                    </u>		Ш 		<b>_</b>	112,171		-0-			-0-
С	Total from continuation sheets to Part						•	<b>&gt;</b>	-0-		-0-			-0-
d	Total (add lines 1b and 1c)						above	<b>▶</b>	112,171 ho received more	e than \$100	- <b>0</b> - 0,000	of		-0-
	reportable compensation from the organi			_				<u>.                                    </u>	-0-	-			- I	
3	Did the organization list any former of							mpl	oyee, or highes	t compens	sated		Yes	No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the	sum of rep	oortat	ole d	om	per	satio	n a	nd other comper	sation fron	n the	3_		<u> </u>
	organization and related organizations individual	· .										4	_	<u> </u>
5 	Did any person listed on line 1a receive of for services rendered to the organization?									ion or indiv	idual	5		
Secti	on B. Independent Contractors													
1	Complete this table for your five high compensation from the organization. Repo													
	(A) Name and business addi	ress							(B) Description of serv	ices		(C) Compens	ation	
									<del></del>	<del></del>				
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed above	e) who				

Par	t VIII						
		Check if Schedule O contains a response	onse or note to ar	ny line in this Pa	art VIII	<u></u>	· · ·
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512~514
ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1t	)				
9, E	С	Fundraising events 10					}
ar/ar/	d	Related organizations 10					
S, E	e	Government grants (contributions) 1	•				
ig is	f	All other contributions, gifts, grants,					
buti		and similar amounts not included above 11	388,664			,	
ĭ ₹	g	Noncash contributions included in lines 1a–1f	, <b> </b> \$				ĺ
Sor	h	Ines 1a-1f		388,664			
	''	Total. Add lines 1a-11	Business Code	300,004			
ė	2a	lecture fees and honoraria	- 505111050 0000	13,583	13,583	<del></del>	
ž	J .	royalties and writing fees	-	7,990	7,990		<del>-</del>
gram Ser Revenue	c	film screening, streaming fees	·	8,242	8,242		
E Š	d	sale of publications and videos		10,253	10,253		
Program Service Revenue	е	event fees and admin support fees		2,942	2,942	-	
F.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	•	43,010			
	3	Investment income (including dividend	ds, interest, and				
		other similar amounts)		917			917
	4	Income from investment of tax-exempt b	ond proceeds 🕨				
	5	Royalties			-		
	_	(i) Real	(ii) Personal				
	6a	Gross rents 6a	<del> </del>				
	b	Less: rental expenses   6b   Rental income or (loss)   6c	<del> </del>				
	d	Rental income or (loss) 6c    Net rental income or (loss)	<u> </u>				
	_	(A Securities	(II) Other	<del></del>			
	7a	Gross amount from (i) Securities sales of assets	(1) 54.161				
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis	<del> </del>				
Revenue	-	and sales expenses . 7b		ļ			
ě	С	Gain or (loss) 7c					
	d	Net gain or (loss)	<b>&gt;</b>				
Other	8a	Gross income from fundraising					<del></del>
Ò		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a			J	J	
		Less: direct expenses 8b					
		Net income or (loss) from fundraising ev	ents ▶				
	9a	Gross income from gaming				J	
	<b>L</b>	activities. See Part IV, line 19 . 9a	<del></del>				
		Less: direct expenses 9b  Net income or (loss) from gaming activit					
		Gross sales of inventory, less	les ▶				
	iva	returns and allowances 10a	,[				
	b	Less: cost of goods sold 10b	+				
		Net income or (loss) from sales of invent					
S		The second of th	Business Code				
ا ۾ ق	11a					_	<u></u>
Miscellaneous Revenue	b						<del></del>
الأه إ	C						
<u> </u>	d	All other revenue					
≥	ее	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions	•	432,591	43,010		917

Form 990 (2019) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . . . . . . (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 9,353 9,353 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 16 799 799 4 Benefits paid to or for members . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . 112,171 72,644 24,233 15,294 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 Other salaries and wages . . . . . 144,254 117,942 15,695 10,617 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . . 29,914 21,600 5,209 3,105 10 Payroll taxes . . . . . . . . . 11 Fees for services (nonemployees): Management . . . . . . . . а Legal . . . . . . . . . . . . Ь C Accounting . . . . . . . . d Lobbying . . . . . . . . . . . Professional fundraising services. See Part IV, line 17 A f Investment management fees . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 13,444 13,444 0 0 Advertising and promotion . . . . . 269 269 0 0 12 13 7,544 6,744 307 493 Office expenses . . . . . . . 14 Information technology . . . . 5,305 3,355 975 975 15 8.015 6.015 1,000 1,000 16 24,606 17 Travel . . . . . 25,891 225 1,060 . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates . . . . . . . . 22 Depreciation, depletion, and amortization . 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) bank fees а 1,131 865 166 100 8,215 8,215 0 0 h food, lodging printing, reproduction 13,703 13,363 100 240 ¢ miscellaneous 1,831 50 149 d 1,632 All other expenses A 381,839 300,846 47,960 33,033 25 Total functional expenses. Add lines 1 through 24e 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)

32

33

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . . . . . (A) (B) End of year Beginning of year 16,145 27,064 1 2 714,434 757,683 2 3 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 7 4,126 8 4,503 9 9 Prepaid expenses and deferred charges . . . . Land, buildings, and equipment, cost or other 10a basis. Complete Part VI of Schedule D . . . | 10a | 10c Less: accumulated depreciation . . . . . 10b Investments—publicly traded securities . . . . . . 11 11 25,000 25,000 12 Investments—other securities. See Part IV, line 11 . . . . . . 12 13 Investments—program-related. See Part IV, line 11 . . . . . . . . . 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . 15 814,250 16 Total assets. Add lines 1 through 15 (must equal line 33) . 759,705 16 Accounts payable and accrued expenses . . . . . . . . . . . . 32,564 17 17,599 17 18 18 162,917 19 148,939 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . . . . . 180,517 26 181,503 26 Organizations that follow FASB ASC 958, check here ▶ □ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 28 28 Organizations that do not follow FASB ASC 958, check here ▶ 🗸 and complete lines 29 through 33. 77,389 29 132.004 29 500.813 30 501,730 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 Retained earnings, endowment, accumulated income, or other funds . . . 31 578,202 32 633.734

Total liabilities and net assets/fund balances . . . . . .

814,250

759,705 33

_	4	•
Page	1	4

Form 9	90 (2019)			Page 12
Par	XI Reconciliation of Net Assets			
•	Check if Schedule O contains a response or note to any line in this Part XI			🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		432,591
2	Total expenses (must equal Part IX, column (A), line 25)	2		381,839
3	Revenue less expenses. Subtract line 2 from line 1	3		50,752
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		578,202
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7_		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		4,780
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	<u></u>	633,734
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	· ·	<u></u>	<u>, , , ⊔</u>
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," of Schedule O.	explain	ח וח	Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<b> </b>
b	If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	ited o	n a	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account	ant?	. <u>2c</u>	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.		4	
	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?		. <u>3a</u>	/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unrequired audit or audits, explain why on Schedule O and describe any steps taken to undergo such	dergo audits	the . 3b	
			Fo	rm <b>990</b> (2019)

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

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

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

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

2019 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(D)

(E)

Inspection Employer identification number Name of the organization 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). 2 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) 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 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) d 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 II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (d) 2018 (a) 2015 **(b)** 2016 (c) 2017 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 231,795 273,998 289,133 160,261 138.664 1,093,851 Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 4 Total. Add lines 1 through 3. . . . 231,795 273,998 289,133 160,261 138,664 1,093,851 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) . . . . 680,280 Public support. Subtract line 5 from line 4 418,868 Section B. Total Support (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (e) 2019 (f) Total Amounts from line 4 . . . . . . 231,795 273,998 289,133 160,261 138,664 1,093,851 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 599 540 2,428 813 917 5,297 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.) . . . . . . . 34,874 109,311 39,581 37,597 43,010 144,185 Total support. Add lines 7 through 10 11 1,243,333 12 144,185 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . 14 33.689 % 15 Public support percentage from 2018 Schedule A. Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test -2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . b 331/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

ρ	ac	e	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, line	1: List of unusual grants accrued and not included on support schedule:
2018 \$160	5,667
2019 \$250	0,000
••	,
··	
	······································
<del></del>	
<del></del>	
<del></del>	

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 94-3128274 International Society for Ecology and Culture 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 1 Total number at end of year . . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . 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 ☐ Yes ☐ No Conservation Easements. 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 (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space 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 2a 2b c Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 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. If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB 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: 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 FASB ASC 958 relating to these items. 

Par	t III Organizations Maintaining	Collections of	Art, His	torical	Treasures	s, or O	ther Similar A	ssets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, chec	ck any of th	ne follov	ving that make	significant u	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge progi	ram		
b	☐ Scholarly research		e	□ Other	r				
C	☐ Preservation for future generations	5							
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how t	they further	the org	ganization's exe	mpt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Par	t IV Escrow and Custodial Arra	angements.				-			
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, I	Part IV, lin	e 9, or	reported an ar	mount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							_	☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	lowing t	able:	·			
						-	+	mount	
C	Beginning balance					10			
d	Additions during the year					1d	<del></del>		
e	Distributions during the year					1e			
f 2a	Ending balance							/2 □ <b>V</b> es	□ No
b	•								
	t V Endowment Funds.	ar control	<u> </u>			protrac	<u> </u>	<del></del>	
	Complete if the organization	answered "Yes	" on For	m 990, f	Part IV, lin	e 10.			
		(a) Current year		or year	(c) Two yea		(d) Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses			_					
d	Grants or scholarships								
е	Other expenditures for facilities and programs		_						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	id balanc	e (line 1g	j, column (a	a)) held a	as:		
a	Board designated or quasi-endowmer	nt 🕨	%						
b	Permanent endowment ▶								
С	Term endowment ▶ %		000/						
_	The percentages on lines 2a, 2b, and				. 4				
3a	Are there endowment funds not in the organization by:	e possession of th	ie organi	zation tha	at are neid	and ad	ministered for tr		es No
	(i) Unrelated organizations							3a(i)	-
	(ii) Related organizations							3a(ii)	
ь	If "Yes" on line 3a(ii), are the related of		as requi	red on Sc	chedule R?			3b	
4	Describe in Part XIII the intended uses								
Part					_	_			
	Complete if the organization	answered "Yes"	on For	m <mark>9</mark> 90, F	Part IV, line	e 11a. S	See Form 990,	Part X, lin	e 10
	Description of property	(a) Cost or other (investment)			or other basis ther)		Accumulated preciation	(d) Book v	alue
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment	· <u>                                     </u>							
<u>e</u>	Other	·			<u> </u>				
i otal.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	30, Part λ	t, column	) ( <i>B</i> ), line 10	IC)	▶		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation   (c) Cost or end-of-year market value	Part VII	Investments – Other Securities.  Complete if the organization answered "Ves" on For	m 990 Part IV lin	e 11h See Form	990 Part V line 12
Informatical derivatives   Cost or end-of-year market value			T		
2) Closely held equity interests				Cost or end-	of-year market value
(A)   1,909 shares PAX Scientific   25,000   cost   (B)   (IIII)   (IIIII)   (IIII)   (IIII)   (IIII)   (IIII)   (IIII)   (IIII)   (IIIII)   (IIIII)   (IIIII)   (IIIII)   (IIIIII)   (IIIIIII)   (IIIIIIII)   (IIIIIIIIII					
(A)   1,000 shares PAX Scientific   25,000   ost		neld equity interests			
(G)		al and BAV Orbital Co	25.000		
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)		snares PAX Scientific	25,000	cost	
Col.   Column (b) must equal Form 990, Part X, col. (B) line 12.)   Z5,000					
(6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		•••••••••••••••••••••••••••••••••••••••	<u>-</u> -	<del></del>	<del></del>
(G) (G) (F) (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 25,000				-	
(6) (6) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		•••••••••••••••••••••••••••••••••••••••			
Total. Column (b) must equal Form 990, Part X, col. (B) line 12.)   25,000					
Part VIII	(H)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (cost or end-of-year market value  (cost or end-of-year market value  (d) (e) (e) (e) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			25,000		
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Cost or end-of-y	Part VIII				
Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Ottal. (Column (b) must equal Form 990, Part X, col (B) line 13) (a) Description (b) Book value  (a) Description (b) Book value  (b) Book value  (c) Book value  (c) Book value  (d) Book value  (e) Book value  (f) (f) (g) Book value  (g) Book value		Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
		(a) Description of investment	(b) Book value		
	(1)		<u> </u>		
(4)   (5)   (6)   (7)   (8)   (9)   (9)   (9)   (10)   (1	(2)				
(5) (6) (7) (8) (9) (7) (10) (10) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(3)				
(6) (7) (8) (9) (9) (7) (10) (10) must equal Form 990, Part X, col (B) line 13) . ▶   Part IX	(4)				
(7) (8) (8) (9)  Cotal. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (b) Book value  (c) Book value  (b) Book value	(5)				
(8) (9) (9) (7) (8) (9) (9) (7) (8) (9) (8) (9) (9) (9) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10	(6)			<u> </u>	
(9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 13) . ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (b) Book value  (c) Book value  (c) Book value  (d) Book value  (e) Book value		<del></del>			<del></del>
Cotal. (Column (b) must equal Form 990, Part X, col (B) line 13) . ▶		<del></del>			
Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		mn (h) must equal Form 990, Part X, col. (R) line 13.)	<del></del>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (c) (d) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(1)				
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(2)			_	
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 25.)	(3)				
(6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 25.)	(4)				
(7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability  (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			<del></del> _		<del></del>
(6) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<del></del>	<u> </u>	-	
Sotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)           Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (b) Book value           (1) Federal income taxes         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (b) must equal Form 990, Part X, col. (B) line 25.)			<del> </del>		
Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (b) Book value  (c) (a) Description of liability (b) Book value  (d) Federal income taxes (e) (f) Federal income taxes (f) Federal income taxe		mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Inne 25.   (a) Description of liability   (b) Book value					
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25.)			n 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1.				(b) Book value
(3) (4) (5) (6) (7) (8) (9) <b>otal.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	(1) Federal in	come taxes			
4) (5) (6) (7) (8) 9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25.)	(2)				
(5) (6) (7) (8) 9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25.)	(3)				· <u>-</u>
(6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(4)				· · · <u> </u>
7) 8) 9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(5)				
8) 9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(6)		<del></del>		
9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(7)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(9)				
		mn (b) must equal Form 990, Part X, col. (B) line 25.)			
			te to the organization	's financial statemer	nts that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part	XI Reconciliation of Revenue per Audited Financial States	ments With Revenue pe	er Return.
_	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statement		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	7
С	Recoveries of prior year grants	2c	7
d	Other (Describe in Part XIII.)	2d	<u> </u>
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	<u> </u>
C	Add lines <b>4a</b> and <b>4b</b>		
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
Part			per Return.
	Complete if the organization answered "Yes" on Form 990	<del></del>	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<del></del>	_
b	Prior year adjustments		
C	Other losses		_
d	Other (Describe in Part XIII.)		<del></del>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	4-	1 1
a	Investment expenses not included on Form 990, Part VIII, line 7b	<del></del>	<u> </u>
b	Other (Describe in Part XIII.)		4c
С 5	Add lines <b>4a</b> and <b>4b</b>		
	XIII Supplemental Information.	ine 10.j	
_	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4: Part IV lines 1h and 3	2h: Part V line 4: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pai		
		•	
		•••••••••••••••••••••••••••••••••••••••	······
		·····	<del>.</del>
			·
		·····	

#### 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.

OMB No 1545-0047

Open to Public

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

► Attach to Form 990.

Name of the organization

Department of the Treasury

Internal Revenue Service

1

Inspection Employer identification number

94-32174

**International Society for Ecology and Culture** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and

	other assistance, the grante award the grants or assistan		y for the gran	ts or assistance, and the	selection criteria used to	☑ Yes 🗌 No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants an	d other assistance
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 a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	East Asia and the Pacific	1	4	program services	writing, lectures, etc.	108,991
(2)	Europe	2	2	program services	publication sales, admin	25,398
(3)	South Asia	0	3	program services	educational	10,991
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)		<del></del>				
(16)						
(17)						
3a	Subtotal	3	9			145,380
b	Total from continuation sheets to Part I					
C	Totals (add lines 3a and 3b)		9			145,380

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	<b>⊘</b> ′No
2	be re Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may equired to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	⊇∕Ño
3	the c	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 Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a field 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 (see Instructions for Form 8621)	☐ Yes	☑No
5	the d	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	₩o
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to separately file Form 5713, International Boycott Report (see actions for Form 5713; don't file with Form 990)	☐ Yes	<b>⊉</b> No

Scriedule F	(FOITH 990) 20 I	9
Part V	Supple	n

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

Part I, line 2: Organization's procedures for monitoring the use of its grants and other assistance outside the United States.
All grants and other assistance outside the US are provided to groups whose work is well-known to us. We remain in regular contact with
such organizations, and monitor their progress towards the ends specified in the grant.

#### **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.

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

Department of the Treasury Internal Revenue Service

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OMB No 1545-0047

International Society for Ec	ology and Cultu	re					Linpio	yer rue.		31282			
Part I Excess Bene	fit Transaction	s (section 50	1(c)(3),	section	501(c)(4), a	and se	ection 501(c)(29)	orgar	nizatıc	ns or	nly).		
Complete if the						line 25	5a or 25b, or Fo	rm 99	0-EZ,	Part	V, line		
1 (a) Name of disqualified	l person	(b) Relationship between disqualified person and organization				(c) Description of transac					<del></del>	rected?	
(1)												Yes	No
(2)	<del>-</del>						<del></del>						
(3)		-	••			†							
(4)		· ·				†		•					
(5)													
(6)													
2 Enter the amount under section 4958											<b>.</b>		
3 Enter the amount of									!	▶ \$	<u></u>		
Complete if the	I/or From Interne organization reported an amo	answered "Ye	s" on F	Form 990 art X, line	0-EZ, Part e 5, 6, or 2	V, line 2.	e 38a or Form 9	90, Pa	ırt IV,	line 2	6; or	f the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan			(e) Original principal amount		(f) Balance due		(g) In default?		(h) Approved by board or committee?		ritten ment?
			То	From				Yes	No	Yes	No	Yes	No
(1)													
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	sistance Benet ne organization				D, Part IV, I	ine 27	<b>'.</b>						
(a) Name of interested person		thip between intere		c) Amount	of assistance	(	d) Type of assistance	e	(e)	Purpo	se of a	ssistan	ce
(1)													
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(9) (10)			-+			<u> </u>	<del></del>						
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
(1) Steven Gorelick	key employee	4 924 90	rental of office suite	162	√
2)	key employee	4,034.00	rental of office suite	+	<u> </u>
3)		<del></del>			
<u> </u>					
5)					
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art V Supplemental Information					
Provide additional informati	on for responses to questions	on Schedule L (see	instructions).		
rented a suite of offices for our main U	S office from Farm Connection	for \$402.90/month. 5	Steven Gorelick is a partner in the	Farm	
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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.

2019

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

94-3128274 International Society for Ecology and Culture Part III, line 4(d): Other program services. International Alliance for Localization (IAL). We continued to build this international network of grassroots groups working to protect their communities and local environments in the face of rapid development and corporate control. There are now more than 160 members of the IAL, representing 65 countries. We have begun soliciting short video statements from IAL members describing, in personal terms, what "local" means to them. These will be posted on our website. We also updated and improved the listserv that enables IAL members to engage in dialogue with one another about best practices, strategies and experiences. And we continued posting our Planet Local entries, describing on-the-ground localization initiatives underway across the world. Part VI, line 11(b): Process for reviewing Form 990 The completed Form 990 is sent to the Executive Director for review. Once approved, it is sent to the remaining Board members for their information and approval. Part VI, line 15(a): Process for determining compensation of Executive Director The salary of the Executive Director is set by the Board of Directors. Compensation levels at comparable organizations are considered when determining this salary. Historically, ISEC's Director has received compensation that is well below that of other comparable organizations, and that remains the case. Part VI, line 19: How key documents are made available to the public Local Futures/ISEC does not have a formal conflict of interest policy. Its governing documents (Articles of Incorporation and Bylaws) are available for 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 also available at that location, as well as online at www.guidestar.org. Part XI, line 9: Other changes in net assets In 2019, the UK £ gained value against the US dollar, leading to a paper "profit" of \$4,780 on our bank deposits held in the UK. At the start of the year 1£UK = \$1.2690, and at the end of the year 1\$UK = \$1.3116.