Treas.	Reg.	Sec.	301.	7508A-	-1(d)(1)
--------	------	------	------	--------	----------

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

Form

(Rev. January 2020)

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.

OMB No. 1545-0047 g **Open to Public** Inspection

Α	For th	e 2019 calendar year, or tax year beginning and	ending	_	
B	Check if applicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	pe Doing business as		68-03596'	76
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	/ 15290 Coleman Valley Road		(707)874	
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,676,676.
	Amen	Occidental, CA 95405		H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer: Dave Heirson		for subordinates	
		same as C above		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) c$	or 🛄 527	1	list. (see instructions)
-				H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1997	State of legal domicile: CA
P	art I	Summary	a h	10	
e	1	Briefly describe the organization's mission or most significant activities: See	schedu	le U	
Jan					
Governance	2	Check this box if the organization discontinued its operations or disposed in the second			sets. 5
ĝ	3				5
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			70
ties	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			560
Activities &	6	Total number of volunteers (estimate if necessary)			0.
¥		Total unrelated business revenue from Part VIII, column (C), line 12			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,303,803.	1,915,630.
nue	9	Program service revenue (Part VIII, line 2g)		434,544.	748,168.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,424.	2,452.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		75,298.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,815,069.	2,666,250.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		128,607.	470,739.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,371,912.	1,380,743.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	48.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		895,710.	875,300.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,396,229.	2,726,782.
	19	Revenue less expenses. Subtract line 18 from line 12		-581,160.	-60,532.
S OL			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,475,579.	5,450,236.
St As	21	Total liabilities (Part X, line 26)		387,340.	422,529.
_		Net assets or fund balances. Subtract line 21 from line 20		5,088,239.	5,027,707.
Pa	art II	Signature Block			

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

Sign Here	Signature of officer Dave Henson, Executive	Director	Date	
nere	Type or print name and title	DITECCOL		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	Penny Millar	Penny Millar	01/13/21 ^{if} P00140274	
Preparer	Firm's name 🕨 Dillwood Burkel	& Millar, LLP	Firm's EIN ► 68-0456752	
Use Only	Firm's address 175 Concourse B1	vd., Ste. A		
	Santa Rosa, CA 9	5403	Phone no. 707 - 577 - 8806	
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes	No
			= 000 (aa	

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

	990 (2019) Occidenta				Center	6	8-03596	76	Page 2
Ра	t III Statement of Program Servic		•						X
1	Check if Schedule O contains a respor Briefly describe the organization's mission: See Schedule O	ise of note	to any in	ne in this Part III				<u></u>	[23]
2	Did the organization undertake any significan prior Form 990 or 990-EZ?							Yes	XNo
	If "Yes," describe these new services on Sch								
3	Did the organization cease conducting, or ma If "Yes," describe these changes on Schedul		ant chan	iges in how it cor	nducts, any progr	am services?		Yes	X No
4	Describe the organization's program service		ments fo	or each of its thre	e largest program	n services, as me	easured by ex	penses.	
	Section 501(c)(3) and 501(c)(4) organizations		d to rep	ort the amount o	f grants and alloc	ations to others,	the total expe	enses, a	ınd
4a	revenue, if any, for each program service rep (Code:) (Expenses \$1,06	5,389.	includin	ng grants of \$) (Revenue \$		27,3	386.)
			-) ('
	See Schedule O								
4b	(Code:) (Expenses \$		includin	a granta of ¢) (Boyopuo ¢			
40	(Code) (Expenses \$		-	ig grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		includin	ng grants of \$) (Revenue \$)
4d	$\begin{array}{c} \mbox{Other program services (Describe on Schedu } \\ ({\mbox{Expenses $ 1,143,235. inclu} \end{array} \end{array}$	iding grants of §	6	470,7	39.) (Revenue \$	72	0,782.)		
4e	Total program service expenses 🕨	2,20	8,62	4.					0
93200	2 01-20-20						I	-orm 95	90 (2019)
				2					
220	113 134701 67103	2019	9.050	020 Occid	lental Ar	ts and E	cology	6710	3 1

16220113 134701 67103

Occidental Arts and Ecology 6/103 2019.05020

Form	aan	(2019)	
гош	990	120191	

Form 990 (2019)Occidental Arts and Ecology CenterPart IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	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			x
0	Schedule D, Part III	8		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	5		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			
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	Х	
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		Х
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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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 "Ves," complete Schedule E. Parts Land IV.	114	х	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	22	<u> </u>
13		15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
932003	3 01-20-20	Form	990	(2019)

3

16220113 134701 67103

2019.05020 Occidental Arts and Ecology 67103_1

Form	990	(2019)
	000	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X X
	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 controlled entity	051		
26	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?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0/		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	↓ 01-20-20	Form	990	(2019)
	4			

2019.05020 Occidental Arts and Ecology 67103_1

019)	Occidental	Arts	and	Ecology	Center
Statements F	Regarding Other I	RS Filin	gs and	I Tax Compl	iance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 70			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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		X
b	If "Yes," enter the name of the foreign country			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
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		X
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).			v
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		X
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	7.		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization life room observation of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	140		X
		14a 14b		- 12
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
13	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
				_

Form **990** (2019)

932005 01-20-20

Form 990 (2019)

Part V

Form 990 (2	2019)
-------------	-------

Occidental Arts and Ecology Center

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

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

he number of voting members of the governing body at the end of the tax year	1b hip with any other the direct supervision n 990 was filed? assets? appoint one or , stockholders, or year by the following: eached at the Revenue Code.) chapters, affiliates,	3 4 5 6 7a 7b 8a 8b 8b . 9	X X X X X Yes	
elegated broad authority to an executive committee or similar committee, explain on Schedule 0. he number of voting members included on line 1a, above, who are independent	hip with any other the direct supervision n 990 was filed? assets? appoint one or , stockholders, or year by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	2 3 4 5 6 7a 7a 7b 8a 8b 9	x	
he number of voting members included on line 1a, above, who are independent	hip with any other the direct supervision n 990 was filed? assets? appoint one or , stockholders, or year by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	2 3 4 5 6 7a 7a 7b 8a 8b 9	x	
y officer, director, trustee, or key employee have a family relationship or a business relations director, trustee, or key employee? e organization delegate control over management duties customarily performed by or under sers, directors, trustees, or key employees to a management company or other person?	hip with any other the direct supervision n 990 was filed? assets? appoint one or , stockholders, or year by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	2 3 4 5 6 7a 7a 7b 8a 8b 9	x	
 director, trustee, or key employee? e organization delegate control over management duties customarily performed by or under ters, directors, trustees, or key employees to a management company or other person? e organization make any significant changes to its governing documents since the prior Forme organization become aware during the year of a significant diversion of the organization's a corganization have members or stockholders? e organization have members, stockholders, or other persons who had the power to elect or nembers of the governing body? y governance decisions of the organization reserved to (or subject to approval by) members are organization contemporaneously document the meetings held or written actions undertaken during the yoverning body? committee with authority to act on behalf of the governing body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reation's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> Policies (<i>This Section B requests information about policies not required by the Internal</i> or organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes? 	the direct supervision n 990 was filed? assets? appoint one or , stockholders, or year by the following: eached at the <u>Revenue Code.</u>) chapters, affiliates,	3 4 5 6 7a 7b 8a 8b 8b . 9	x	
e organization delegate control over management duties customarily performed by or under sers, directors, trustees, or key employees to a management company or other person? e organization make any significant changes to its governing documents since the prior Form e organization become aware during the year of a significant diversion of the organization's a e organization have members or stockholders? e organization have members, stockholders, or other persons who had the power to elect or nembers of the governing body? y governance decisions of the organization reserved to (or subject to approval by) members is other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the y werning body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> by Policies (<i>This Section B requests information about policies not required by the Internal</i> e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	the direct supervision n 990 was filed? assets? appoint one or , stockholders, or year by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	3 4 5 6 7a 7b 8a 8b 8b . 9	x	
ers, directors, trustees, or key employees to a management company or other person? e organization make any significant changes to its governing documents since the prior Form e organization become aware during the year of a significant diversion of the organization's a e organization have members or stockholders? e organization have members, stockholders, or other persons who had the power to elect or members of the governing body? y governance decisions of the organization reserved to (or subject to approval by) members is other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the y overning body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies (<i>This Section B requests information about policies not required by the Internal</i> e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	n 990 was filed? assets? appoint one or , stockholders, or year by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	4 5 6 7a 7b 8a 8b 9	X	
e organization make any significant changes to its governing documents since the prior Form e organization become aware during the year of a significant diversion of the organization's a e organization have members or stockholders? e organization have members, stockholders, or other persons who had the power to elect or members of the governing body? y governance decisions of the organization reserved to (or subject to approval by) members as other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the y overning body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies (<i>This Section B requests information about policies not required by the Internal</i> e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	n 990 was filed? assets? appoint one or , stockholders, or /ear by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	4 5 6 7a 7b 8a 8b 9	X	
e organization make any significant changes to its governing documents since the prior Form e organization become aware during the year of a significant diversion of the organization's a e organization have members or stockholders? e organization have members, stockholders, or other persons who had the power to elect or members of the governing body? y governance decisions of the organization reserved to (or subject to approval by) members as other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the y overning body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies (<i>This Section B requests information about policies not required by the Internal</i> e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	n 990 was filed? assets? appoint one or , stockholders, or /ear by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	4 5 6 7a 7b 8a 8b 9	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
e organization become aware during the year of a significant diversion of the organization's a e organization have members or stockholders? e organization have members, stockholders, or other persons who had the power to elect or nembers of the governing body? y governance decisions of the organization reserved to (or subject to approval by) members as other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the y overning body? committee with authority to act on behalf of the governing body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> b. Policies (<i>This Section B requests information about policies not required by the Internal</i> e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	appoint one or , stockholders, or /ear by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	5 6 7a 7b 8a 8b 9	X	2 2 2 2
e organization have members or stockholders? e organization have members, stockholders, or other persons who had the power to elect or members of the governing body? y governance decisions of the organization reserved to (or subject to approval by) members as other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the overning body? committee with authority to act on behalf of the governing body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> Decision B requests information about policies not required by the Internal e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	appoint one or , stockholders, or year by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	6 7a 7b 8a 8b 9	X	2 2 2 2
e organization have members, stockholders, or other persons who had the power to elect or nembers of the governing body? y governance decisions of the organization reserved to (or subject to approval by) members is other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the y overning body? committee with authority to act on behalf of the governing body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> 5. Policies (<i>This Section B requests information about policies not required by the Internal</i> e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	appoint one or , stockholders, or /ear by the following: eached at the <i>Revenue Code.)</i> chapters, affiliates,	7a 7b 8a 8b 9	X	2 2 2
nembers of the governing body? y governance decisions of the organization reserved to (or subject to approval by) members is other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the y overning body? committee with authority to act on behalf of the governing body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> 5. Policies (<i>This Section B requests information about policies not required by the Internal</i> e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	, stockholders, or year by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	7b 8a 8b 9	X	2 2 2
y governance decisions of the organization reserved to (or subject to approval by) members as other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the y overning body? committee with authority to act on behalf of the governing body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies (<i>This Section B requests information about policies not required by the Internal</i> e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	, stockholders, or year by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	7b 8a 8b 9	X	2 2 N
as other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the y- overning body? committee with authority to act on behalf of the governing body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? If "Yes," provide the names and addresses on Schedule O Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description De	vear by the following: eached at the <u>Revenue Code.</u>) chapters, affiliates,	. <u>8a</u> 8b . 9	X	2 2 N
organization contemporaneously document the meetings held or written actions undertaken during the yoverning body?	vear by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates,	. <u>8a</u> 8b . 9	X	2 2 N
werning body?	eached at the <i>Revenue Code.)</i> chapters, affiliates,	8b 9	X	N
committee with authority to act on behalf of the governing body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> Policies (<i>This Section B requests information about policies not required by the Internal</i> e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	eached at the Revenue Code.) chapters, affiliates,	8b 9	X	N
e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r zation's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	eached at the <u>Revenue Code.</u>) chapters, affiliates,	. 9 . 10a		N
zation's mailing address? If "Yes," provide the names and addresses on Schedule O Policies (<i>This Section B requests information about policies not required by the Internal</i> e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	Revenue Code.) chapters, affiliates,	. 10a	Yes	N
B. Policies (This Section B requests information about policies not required by the Internal e organization have local chapters, branches, or affiliates?, " did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	Revenue Code.) chapters, affiliates,	. 10a	Yes	N
e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	chapters, affiliates,		Yes	
," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	chapters, affiliates,		res	
," did the organization have written policies and procedures governing the activities of such anches to ensure their operations are consistent with the organization's exempt purposes?	chapters, affiliates,			4
anches to ensure their operations are consistent with the organization's exempt purposes?		10b		⊢
		100		
e organization provided a complete copy of this Form 990 to all members of its governing bo	odv before filing the form?		X	-
	, 5	11a		
be in Schedule O the process, if any, used by the organization to review this Form 990.			37	
e organization have a written conflict of interest policy? If "No," go to line 13			X	
fficers, directors, or trustees, and key employees required to disclose annually interests that could give ri		. 12b	X	
e organization regularly and consistently monitor and enforce compliance with the policy? If				
edule O how this was done			X	
e organization have a written whistleblower policy?			X	
e organization have a written document retention and destruction policy?		. 14	X	
e process for determining compensation of the following persons include a review and appro	oval by independent			
ns, comparability data, and contemporaneous substantiation of the deliberation and decisior	ו?			
ganization's CEO, Executive Director, or top management official		15a	Х	
officers or key employees of the organization		15b	X	
" to line 15a or 15b, describe the process in Schedule O (see instructions).				
e organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			
e entity during the year?		16a		2
," did the organization follow a written policy or procedure requiring the organization to evalu				
venture arrangements under applicable federal tax law, and take steps to safeguard the org				
t status with respect to such arrangements?	•	16b		
C. Disclosure		100		<u> </u>
e states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$				
n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and QQD T (Section 501(c)	(3)s only		
			y avall	aIJ
	ain an Schadula ()			
plic inspection. Indicate how you made these available. Check all that apply.	,	and fine	noial	
Dic inspection. Indicate how you made these available. Check all that apply.	connict of interest policy, a	and finar	icial	
Dic inspection. Indicate how you made these available. Check all that apply. Dwn website Another's website Upon request Other <i>(expla</i> be on Schedule O whether (and if so, how) the organization made its governing documents,				
blic inspection. Indicate how you made these available. Check all that apply. Dwn website Another's website Upon request Other <i>(expla</i> be on Schedule O whether (and if so, how) the organization made its governing documents, nents available to the public during the tax year.				
Dic inspection. Indicate how you made these available. Check all that apply. Dwn website Another's website Upon request Other (explain be on Schedule O whether (and if so, how) the organization made its governing documents, nents available to the public during the tax year. the name, address, and telephone number of the person who possesses the organization's l	books and records			
blic inspection. Indicate how you made these available. Check all that apply. Dwn website Another's website Upon request Other (explain be on Schedule O whether (and if so, how) the organization made its governing documents, nents available to the public during the tax year. the name, address, and telephone number of the person who possesses the organization's laying $Wu - 707 - 874 - 1557$	oooks and records ▶			_
Dic inspection. Indicate how you made these available. Check all that apply. Dwn website Another's website Upon request Other (explain be on Schedule O whether (and if so, how) the organization made its governing documents, nents available to the public during the tax year. the name, address, and telephone number of the person who possesses the organization's l	books and records ▶		1 990	
	Own website Another's website Upon request Other <i>(expla</i> be on Schedule O whether (and if so, how) the organization made its governing documents, ents available to the public during the tax year.	Dwn website Another's website Upon request Other (explain on Schedule O) be on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a tents available to the public during the tax year. In another, address, and telephone number of the person who possesses the organization's books and records Image and the public during the tax year.	Dwn website Another's website Upon request Other (explain on Schedule O) be on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar ients available to the public during the tax year. he name, address, and telephone number of the person who possesses the organization's books and records ▶ yng Wu - 707-874-1557 90 Coleman Valley Rd, Occidental, CA 95465	Dwn website Another's website Upon request Other (explain on Schedule O) be on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial lents available to the public during the tax year. he name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright yng Wu - 707-874-1557

Part VII	Co	mpensation of (Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensa	ted
	່ Em	ployees, and In	Idepende	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	ľ		(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more erson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Lori Maddox	0.50	x		x				0.	0.	0.
Treasurer (2) Melissa Nelson	0.50	^		<u>^</u>				0.	0.	0.
President	0.30	x		x				0.	0.	0.
(3) Gopal Dayaneni	0.50			11					••	
Director		x						0.	0.	0.
(4) Susan McGovern	0.50									
Secretary		Х		Х				0.	0.	0.
(5) Janelle Orsi	0.50									_
Director		Х						0.	0.	0.
(6) Dave Henson	52.00									4 9 7 9
Executive Director				X				83,846.	0.	4,070.
(7) Jenyng Wu	50.00	4		37				00 000	0	0
Finance Director				X				80,693.	0.	0.
		-								
				-			-			
						\vdash				
										Form 990 (2010)

7

932007 01-20-20

Form **990** (2019)

16220113 134701 67103

2019.05020 Occidental Arts and Ecology 67103_1

	990 (2019)	Occidenta									68-0	359	676	Pa	age 8
Par	t VII Section A. Officers	s, Directors, Trust	ees, Key Em	ploy	vees,	, and	d Hi	ghes	st C	ompensated Employe	es (continued)				
	(A)		(B)			(0				(D)	(E)			(F)	
	Name and title	e	Average	(do		Posi		than d		Reportable	Reportable	,	Est	timate	d
			hours per	box	, unles	ss pei	rson i	is botł	n an	compensation	compensatio	n	am	ount o	of
			week		cer an	dad	irecto	or/trus	tee)	from	from related		(other	
			(list any	rector						the	organization			pensa	
			hours for related	or di	ee			sated		organization	(W-2/1099-MIS	5C)		om the	
			organizations	'ustee	trust		ee	npen		(W-2/1099-MISC)			•	anizati I relate	
			below	lual tr	tional		volqu	st cor yee	-					nizatio	
			line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
				_	_	0	×	<u> </u>	<u> </u>						
		-													
		ľ													
		_													
		F													
1b	Subtotal									164,539.		0.	4	1,0'	
с	Total from continuation	sheets to Part VII	, Section A							0.		0.			0.
d	Total (add lines 1b and	1c)								164,539.		0.	4	1,0'	70.
2	Total number of individua	als (including but no	ot limited to th	iose	liste	ed at	oove	e) wh	no re	eceived more than \$100),000 of reportab	le			
	compensation from the o	organization 🕨													0
•	D ' 1 H D											I	_	Yes	No
3	Did the organization list a line 1a? If "Yes," complete												3		х
4	For any individual listed of														
-	and related organizations												4		Х
5	Did any person listed on	line 1a receive or a	ccrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv	idual for services	;			
	rendered to the organizat		olete Schedul	e J f	or su	ıch j	pers	son .					5		Х
	tion B. Independent Cont										•				
1	Complete this table for you the organization. Report of	-	-									npens	ation fi	rom	
		(A)	ne calendar y		enui	ng w	VILII			(B)	year.		(C)	
	Na	ame and business a	address	NC	ONE	2				Description of s	services	С	omper		٦
									-						
									+						
2	Total number of independ	dent contractors (in	icludina but n	ot li	mite	d to	tho	se lis	ted	above) who received n	nore than				
	\$100,000 of compensation	•	, e)							
													Form 🤇	990 (2	2019)

932008 01-20-20

						Ar	ts and E	cology Cen	ter	68-0359	676	Page 9
Ра	rt V	/111										
			Check if Schedule O	conta	ains a respo	nse	or note to any lir	ie in this Part VIII (A)	(B)	(C)	(D)	
								Total revenue	Related or exempt function revenue	Unrelated	Revenue ex	xcluded under
nts	1	а	Federated campaigns		1a							
Gran			Membership dues									
Am (с	Fundraising events		1c							
Gif İlar		d	Related organizations _		1d							
ns, Sim			Government grants (cont				21,024.					
er (f	All other contributions, gifts,			1						
ið E			similar amounts not included				894,606. 10,119.					
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in					1,915,630.				
0 e		h	Total. Add lines 1a-1f				Business Code	1,915,050.				
đ		~	Fee for servi	ice			900099	625,631.	625,631.			
vice			Program merch			a	900099	122,537.	122,537.			
Ser		c				<u> </u>	500055	122,3370	111,007			
See 1		d										
Program Service Revenue		e										
Pre		f	All other program service	reve	nue							
			Total. Add lines 2a-2f				>	748,168.				
	3		Investment income (inclu									
			other similar amounts) \dots				►	1,002.			1,0	002.
	4		other similar amounts) ncome from investment of tax-exempt bond p			oroceeds 🕨						
	5		Royalties									
					(i) Real		(ii) Personal					
	-	а	Gross rents	6a								
			Less: rental expenses	6b								
			Rental income or (loss) Net rental income or (loss	6c								
			Gross amount from sales of	», …	(i) Securiti		(ii) Other					
	'	u	assets other than inventory	7a	11,87		(
		b	Less: cost or other basis	<u> </u>		-						
ne			and sales expenses	7b	10,42	6.						
venue		с	Gain or (loss)	7c	1,45	0.						
Re			Net gain or (loss)				►	1,450.			1,4	450.
Other	8	а	Gross income from fundraisi	ing ev	ents (not							
ō			including \$									
			contributions reported or									
			Part IV, line 18			8a						
			Less: direct expenses Net income or (loss) from			8b						
			Gross income from gamir				>					
	ິ	a	Part IV, line 19	-		9a						
		b	Less: direct expenses			9b						
			Net income or (loss) from			S	••••••					
			Gross sales of inventory,									
			and allowances			10a						
		b	Less: cost of goods sold			10b						
		с	Net income or (loss) from	sales	s of invento	у						
sn							Business Code					
oer ue	11											
∋llar Ven		b								<u> </u>		
Miscellaneous Revenue		с с	All other revenue									
Σ			All other revenue Total. Add lines 11a-11d									
	12		Total revenue. See instruction					2,666,250.	748,168.	0.	2.4	452.
93200							F		,		Form 990	

932009 01-20-20

Occidental Arts and Ecology Center Part IX Statement of Functional Expenses

68-0359676 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D٥	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	428,074.	428,074.		•
~	and domestic governments. See Part IV, line 21	420,074.	420,074.		
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	12 665	12 665		
	individuals. See Part IV, lines 15 and 16	42,665.	42,665.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	169 600	FF 240	06 001	26 275
_	trustees, and key employees	168,609.	55,340.	86,894.	26,375
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		000 140	02 422	00 1 6
7	Other salaries and wages	1,063,736.	882,140.	93,432.	88,164
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	42 002	22 420		2 0 5 (
9	Other employee benefits	43,983.	33,428.	6,597.	3,958
0	Payroll taxes	104,415.	79,355.	15,663.	9,397
1	Fees for services (nonemployees):				
а	Management				
b	Legal	4 95 6			
С	Accounting	4,256.		4,256.	
d	Lobbying	36,498.	36,498.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	97,285.	96,238.	654.	393
2	Advertising and promotion	10,308.	10,308.		
3	Office expenses	157,497.	119,131.	24,258.	14,108
4	Information technology	19,727.	14,993.	2,959.	1,775
5	Royalties				
6	Occupancy	75,068.	57,052.	11,260.	6,756
7	Travel	184,766.	140,422.	27,715.	16,629
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	8,570.	8,570.		
0	Interest	2,850.	2,850.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	222,691.	158,111.	44,538.	20,042
3	Insurance	29,459.	22,389.	4,419.	2,651
4	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 0.)				
а	Dues, liscenses, servic	26,325.	21,060.	5,265.	
b					
с					
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,726,782.	2,208,624.	327,910.	190,248
6	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)				

16220113 134701 67103

10 2019.05020 Occidental Arts and Ecology 67103_1

16220113 134701 67103

Form 990 (2019)

68-0359676 Page 11

	LX		to to cre	ling in this Dert V			
		Check if Schedule O contains a response or no	ie io any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			434,736.	1	171,451.
	2	Savings and temporary cash investments			85,450.	2	219,330.
	3	Pledges and grants receivable, net				3	- ,
	4	Accounts receivable, net			355,488.	4	315,435.
	5	Loans and other receivables from any current o	r former	officer, director,			
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual				-	
	-	under section 4958(f)(1)), and persons describe		6			
S	7	Notes and loans receivable, net				7	300,000.
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land buildings and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	5,534,875.			
	b	Less: accumulated depreciation	10b	5,534,875. 1,137,621.	4,593,682.	10c	4,397,254.
	11	Investments - publicly traded securities	LI_			11	· · · ·
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			6,223.	15	46,766.
	16	Total assets. Add lines 1 through 15 (must equ			5,475,579.	16	5,450,236.
	17	Accounts payable and accrued expenses			73,190.	17	79,771.
	18	Grants payable				18	
	19	Deferred revenue			14,150.	19	42,758.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or forr	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
iabi		controlled entity or family member of any of the	se perso	ns		22	
	23	Secured mortgages and notes payable to unrel	ated third	d parties	300,000.	23	300,000.
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			387,340.	26	422,529.
s		Organizations that follow FASB ASC 958, che	eck here				
JCe		and complete lines 27, 28, 32, and 33.			4 055 055		4 212 226
alaı	27			·····	4,257,277.	27	4,313,396. 714,311.
а В	28	Net assets with donor restrictions			830,962.	28	714,311.
, Ĕ		Organizations that do not follow FASB ASC 9	958, cheo	xkhere ▶ 🛄			
ъ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
∌t A	31	Retained earnings, endowment, accumulated ir				31	
ž	32	Total net assets or fund balances			5,088,239.	32	5,027,707.
	33	Total liabilities and net assets/fund balances			5,475,579.	33	5,450,236.

Form **990** (2019)

Form	990 (2019) Occidental Arts and Ecology Center	68-03	59676	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,666		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,726	5,7	82.
3	Revenue less expenses. Subtract line 2 from line 1	3	-60),5	32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,088	3,2	<u> 39.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,027	7,7	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

932012 01-20-20

16220113 134701 67103

SCHEDULE A	
------------	--

Department of the Treasury

(Form	990	or	990-	EZ)
-------	-----	----	------	-----

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

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

OMB No. 1545-004	47
2019	
Open to Publ Inspection	ic

Internal	Reven	nue Service	▶	Go to www.irs.go	v/Form990 for instructi	ons and t	he latest i	nformation.		Inspection	
Name	e of t	he organizati		J			b			identification number	
Par	• •	Peacon			cs and Ecolog (All organizations must co			a instruction		8-0359676	
				_	· •	-			5.		
Г	Ť		•		(For lines 1 through 12, o		,				
1 L		-			ion of churches describe			I)(A)(I).			
2 L		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3 L					ganization described in se						
4 L		city, and stat	U U	ation operated in co	onjunction with a hospita	I describe	a in sectio	n 170(0)(1)(#	(III). Enter	the hospital's name,	
5 [or the benefit of a c	ollege or university owne	d or opera	ted by a d	overnmental	unit descrit	oed in	
0 2		0	•	Complete Part II.)				ovonninontai			
6					mental unit described in	section 1	70(b)(1)(A)	(v).			
7 [antial part of its support f				the general	public described in	
				omplete Part II.)		-			-		
8 [)(1)(A)(vi). (Complete Par	t II.)					
9 [d in section 170(b)(1)(A)(ed in conju	Inction with a	a land-grant	college	
		or university	or a non-land-g	grant college of agri	culture (see instructions).	. Enter the	name, city	, and state c	of the colleg	je or	
		university:	_						-		
10		An organizati	on that norma	Illy receives: (1) mor	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from	
					ect to certain exceptions,						
		income and u	unrelated busir	ness taxable incom	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
		See section	509(a)(2). (Cor	mplete Part III.)					-		
11 [An organizati	on organized a	and operated exclu	sively to test for public sa	afety. See	section 50)9(a)(4).			
12		An organizati	on organized a	and operated exclu	sively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or	
		more publicly	supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in	
		lines 12a thro	ough 12d that	describes the type	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	id 12g.		
а		Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving	
		the suppor	ted organizatio	on(s) the power to r	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting	
		organizatio	n. You must c	omplete Part IV, S	ections A and B.						
b		Type II. A s	supporting org	anization supervise	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving	
		control or r	nanagement o	of the supporting or	ganization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported	
		organizatio	n(s). You mus	t complete Part IV	, Sections A and C.						
с		Type III fui	nctionally inte	grated. A supporti	ng organization operated	in connec	tion with, a	and functiona	ally integrat	ed with,	
		its support	ed organizatio	n(s) (see instruction	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d		J Type III no	n-functionally	y integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	orted organ	ization(s)	
		that is not	functionally int	egrated. The organ	ization generally must sa	tisfy a dist	ribution re	quirement ar	id an attent	iveness	
		requiremer	nt (see instruct	ions). You must co	mplete Part IV, Sections	s A and D	, and Part	۷.			
е			0		written determination fro			а Туре I, Туре	e II, Type III		
		functionally	/ integrated, or	r Type III non-functi	onally integrated support	ing organi	zation.				
			of supported of	•							
g				about the support		(iv) Is the ora:	anization listed				
	(1	 Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i	,	(vi) Amount of other support (see instructions)	
		organization	1		above (see instructions))	Yes	No	Support (See 1			
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

16220113 134701 67103

2019.05020 Occidental Arts and Ecology 67103_1

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

umber

Name of the organizat	ame of the organization								
	Occidental Arts and Ecology Center	68-0359676							
Organization type (ch	eck one):								
Filers of:	Section:								
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Check if your organiza	tion is covered by the General Rule or a Special Rule.								
Note: Only a section 5	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.							

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 🕨 \$ _

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

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

SCHEDULE C	Political Campaign and Lobbying Activitie	S	OMB No. 1	545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section		20	19
Department of the Treasury Internal Revenue Service	n 990-EZ.	Open to Inspec		
If the organization ans	wered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Ca	npaign Acti	vities), then	
 Section 501(c)(3) or 	ganizations: Complete Parts I-A and B. Do not complete Part I-C.			
	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete I	Part I-B.		
-	ations: Complete Part I-A only.			
-	wered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying A			
	ganizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. D			
	ganizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part I		-	
-	wered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Fo	rm 990-EZ,	Part V, line 3	5c (Proxy
Tax) (see separate inst				
 Section 501(c)(4), (5 Name of organization), or (6) organizations: Complete Part III.	Employer	identificatio	n numbo
Name of organization	Occidental Arts and Ecology Center		8-03596	
Part I-A Compl	ete if the organization is exempt under section 501(c) or is a section			,,,,
1 Provide a descripti	on of the organization's direct and indirect political campaign activities in Part IV.			
2 Political campaign		►\$		
	political campaign activities	····· +		
	F	···· <u> </u>		
Part I-B Compl	ete if the organization is exempt under section 501(c)(3).			
1 Enter the amount of	f any excise tax incurred by the organization under section 4955			
2 Enter the amount of	f any excise tax incurred by organization managers under section 4955	▶\$		
-	ncurred a section 4955 tax, did it file Form 4720 for this year?		Yes	
4a Was a correction m	ade?		Yes	L No
b If "Yes," describe in		<u> </u>		
	ete if the organization is exempt under section 501(c), except sectio).	
	irectly expended by the filing organization for section 527 exempt function activities	▶\$		
	f the filing organization's funds contributed to other organizations for section 527	Ν.		
exempt function ac		▶\$		
	on expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	•		
	zation file Form 1120-POL for this year?		└── Yes	└── No
	ddresses and employer identification number (EIN) of all section 527 political organizations			
	or each organization listed, enter the amount paid from the filing organization's funds. Also yed that were promptly and directly delivered to a separate political organization, such as a		-	

political action committee (PAC). If additional space is needed, provide information in Part IV.						
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

	edule C (Form 990 or 990-EZ) 2019 Occid	ental Arts and Ecology Cente	r 68-0	359676 Page 2		
Pa	rt II-A Complete if the organization section 501(h)).	on is exempt under section $501(c)(3)$ and fil	ed Form 5768 (el	ection under		
	heck if the filing organization belong expenses, and share of excess	gs to an affiliated group (and list in Part IV each affiliated is lobbying expenditures). ed box A and "limited control" provisions apply.	group member's nam	e, address, EIN,		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals (b) Affiliated group totals					
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	7,191.			
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	37,887.			
с		d 1b)	45,078.			
d		,	2,681,704.			
е	Total exempt purpose expenditures (add line	s 1c and 1d)	2,726,782.			
f	Lobbying nontaxable amount. Enter the amo		286,339.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Not over \$500,000	20% of the amount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	71,585.			
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.			
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.			
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_			
	reporting section 4911 tax for this year?			Yes No		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying	Expenditures	During 4-Year	Averaging Period

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a Lobbying nontaxable amount	244,697.	247,232.	269,811.	286,339.	1,048,079.	
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,572,119.	
c Total lobbying expenditures	44,794.	44,254.	72,501.	45,078.	206,627.	
d Grassroots nontaxable amount	61,174.	61,808.	67,453.	71,585.	262,020.	
e Grassroots ceiling amount (150% of line 2d, column (e))					393,030.	
f Grassroots lobbying expenditures	1,796.	5,898.	5,617.	7,191.	20,502.	

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

)

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.



Name of the organization

Occidental Arts and Ecology Center

Employer identification number 68-0359676

 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in ware the organization's property, subject to the organization's ended. 		
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 w		
Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in w		
Aggregate value at end of year		
Did the organization inform all donors and donor advisors in w		
-	vriting that the assets held in donor advise	ed funds
	-	
Did the organization inform all grantees, donors, and donor ac		
for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
impermissible private benefit?	· · · · ·	
art II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	Part IV, line 7.
Purpose(s) of conservation easements held by the organization	on (check all that ap <u>ply).</u>	
Preservation of land for public use (for example, recreat	ion or education)	a historically important land area
Protection of natural habitat	Preservation of a	a certified historic structure
Preservation of open space		
Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conservation easement on the last
day of the tax year.		Held at the End of the Tax Ye
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		
c Number of conservation easements on a certified historic stru	icture included in (a)	2c
d Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ıre
listed in the National Register		2d
Number of conservation easements modified, transferred, rele		organization during the tax
year 🕨		
Number of states where property subject to conservation eas	ement is located >	
Does the organization have a written policy regarding the peri		
violations, and enforcement of the conservation easements it		☐ Yes ☐ N
Staff and volunteer hours devoted to monitoring, inspecting, h		
	5 , 5	5,
Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservat	tion easements during the year
▶\$	3	3
Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?		
In Part XIII, describe how the organization reports conservation		
balance sheet, and include, if applicable, the text of the footn	-	
organization's accounting for conservation easements.		
art III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
Complete if the organization answered "Yes" on Form		
a If the organization elected, as permitted under FASB ASC 958		nd balance sheet works
of art, historical treasures, or other similar assets held for pub	•	
service, provide in Part XIII the text of the footnote to its finan		
b If the organization elected, as permitted under FASB ASC 958		
art, historical treasures, or other similar assets held for public		
provide the following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		• *
		N A
	nurse, at other similar seasts for financial	
If the organization received or held works of art, historical trea the following amounts required to be reported under EASE ASE		i yain, provide
the following amounts required to be reported under FASB AS	-	•
a Revenue included on Form 990, Part VIII, line 1		
b Assets included in Form 990, Part X		
A For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 20
051 10-02-19	30	
0113 134701 67103 2019.0	5020 Occidental Arts	and Eqclose 67102

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its control temp (check all that apply): Puble exhibition Preservation for future generations Preservation for future generations Provide a description of the organization acquisition's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Debade the organization acquisition's collections and explain how they further the organization accelection? Yee No 6 Other Impose the organization accelection? Yee No 7 Torking the system that to be maintained as part of the organization accelection? Yee No 8 The organization and query threat to be maintained as a part of the organization accelection? Yee No 9 The organization and query threat to be be maintained as a part of the organization accelection? Yee No 14 Estimate analysis, Im 21. The organization accelection? Yee No 15 Edition organization accelection? Yee No Yee No 16 <th></th> <th></th> <th>tal Arts a</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>8-03</th> <th></th> <th></th> <th>ige 2</th>			tal Arts a						8-03			ige 2
collection terms (check all that apply): Collection terms (check all that apply): Collection (check and terms (check all that apply): Collection (check and anount on Form 90, Part X, line 21, for escrew or custodial account liability? Creating balance Coll the organization include an anount on Form 900, Part X, line 21, for escrew or custodial all that that the log of the apply (check and that apply): Coll the organization include an anount on Form 900, Part X, line 21, for escrew or custodial account liability? Creating balance Contributors Controbutors Controbutors Controbutors Controbutors Controbutors Controbutors										ເອັດດາແມ	iuea)	
a Public exhibition d □ can or exchange program b Scholary research 0 □ Other	3		on, and other record	is, check	any or the	iollowing the	at make siç	grinicarit u	ise of its			
b Scholary research e Other	•				oon or ovol	hango progr	om					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization is collections? Yes No. Part IVI Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Test the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 15 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No 16 Istaine Additions during the year. Id Id Id Id 2 Did for organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No 6 Did for organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No 16 Indimine the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No 17 Yes weat			C C									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical resources, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization soluciton? Part W Escrow and Custodial Arrangements. Complete if the organization are wreed "Yes" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2. Beginning balance C Beginning balance Intermediate the following table: Amount Intermediate the resonance of the organization answered "Yes" on Form 990, Part X. Ine 21. for secrew or custodial account liability. Ves No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XII Part W Endowment Funds. Complete rife organization and explain how they are list in the organization and explain the arrangement in Part XIII. Part V Endowment Funds. Complete if the organization included on Part XII Additions during the secret secret as a secret sec			e									
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Is the organization angent, fustake, custodian or other intermediary for contributions or other assets not included on Form 980, Part X It uses, custodian or other intermediary for contributions or other assets not included on Form 980, Part X It uses a custodian or other intermediary for contributions or other assets not included on Form 980, Part X It uses, custodian or other intermediary for occutodial account liability? It and Additions during the year It uses It uses a custodian or form 980, Part X, line 21, for escrow or custodial account liability? It als the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? It als the organization angent in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part X, line 10. If a Genin or scholarships Gontributions In year balance It uses a scholarships It uses a scholarships If Administrative expenses It uses a scholarships It uses a scholarships It uses a scholarships It uses a scholarships If Administrative expenses It uses a scholarships It uses a scholarships It uses a scholarships It uses a scholarships It uses as a custodial account liability It uses a scholarships It uses a scholarships It uses aschore assess on of the organization schower the organization It		-	alloctions and ovalai	in how the	ov furthor th	no organizati	ion'o ovor	ant nurna	na in Dar			
to be sold to raise funds rather than to be maintained as part of the organization science: Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability? Image: the organization for the organization for end organization for end organization for end organization for end organization as wered 'Yes' on Form 990, Part IV									senrai			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Imagenet in Part XIII and complete the following table: Imagenet in Part XIII and complete the following table: b If "Yes," explain the arrangement in Part XIII and complete the following table: Imagenet in Part XIII and complete the following table: Imagenet in Part XIII and complete the following table: c Beginning balance Imagenet in Part XIII and complete the following table: Imagenet in Part XIII and complete it the following table: Imagenet in Part XIII and complete it the following table: 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account itability? Ves No b If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Imagenet in Part XIIII and complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back in the regenet stable on part XIII in Part XIII and table on part XIIII in Part XIII and tadministered for the or	5									Vec		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete If the organization include an amount on Form 990, Part IV, line 10. Part V Endowment Funds. Complete If the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back is on Form 990, Part IV, line 10. 1a Beginning of year balance (e) Current year (b) Prior year (c) Two years back is on Form 990, Part IV, line 10. 1a Beginning of year balance (e) Current year end balance (line 1g, column (a)) held as: a Beard designated organization instead percentage of the current year end balance (line 1g, column (a)) held as: a Beard designated organization is 5% The percontages on lines 2a, 2b, and 2c should equal 100%. <th>Par</th> <th></th>	Par											
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance 1c Amount 1c d Additions during the year 1d 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. Pert V If Prove as balance Image: Part Arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Image: Part Arrangement in Part XIII. Pert Arrangement in Part XIII. Pe	l u				Jiyanizatio	ii answeieu		0111 990,	Faitiv,	iii le 9, 0i		
on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1e 1 Image: the part of the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part X, line 10. f a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Controbutions (b) Prior year (b) Prior year (c) Two years back (e) Four years back a Controbutions (a) Controbutions (b)	1a			diary for c	ontribution	s or other as	ssets not i	ncluded				
b If "Yes," explain the arrangement in Part XII and complete the following table: 	iu									Ves		No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Check here if the organization answered Yes' on Form 990, Part XI, line 10. Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part X, line 10. Image: Check here endowment Image: Check here if the explanation on the provided on Part XIII. Image: Check here endowment Image: Check here endowment Image: Check here if the explanation answered Yes' on Form 990, Part X, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Image: Check here endowment Image: Check here:	h	If "Yes " explain the arrangement in Part XIII	and complete the fo	nllowing ta	hle [.]				·····			
c Beginning balance id d Additions during the year id e Distributions during the year id f Ending balance if 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: state in the explanation has been provided on Part XIII. Image: state in the explanation include an amount on Form 990, Part X, line 10. fa Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back fa Grants or scholarships id id id id e Other expenditures for facilities and programs id id id id g End of year balance % % ferm endowment % % % f Permanent endowment				nowing to						Amoun	ŀ	
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization has been provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (e) Four years back a Ornts or scholarships (a) Current year (b) Prior year (c) Three years back (e) Four years back g End of year balance (b) Prior year (c) Three years back (e) Four years back (e) Four years back g End of year balance (b) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a back organization assession of the organization assession of	c	Beginning balance						1c		/ unio uni	-	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Contributions												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c No Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c No the investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Control exponditures for facilities (a) Current year (b) Administrative expenditures for facilities (a) Column (a) Column (a) Column (a) Column (a) Column (a) Column (b) Prior year (c) The precentages <t< th=""><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	-											
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Administrative expenses (a)										Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back c Other expenditures for facilities (a) Current year end balance (in an optical state)		-						• • • • • • • • • • • • • • • • • • • •]
(a) Current year (b) Prior year (c) Two years back (c) Two years back back (c) Two years back back (c) Two years back back (c) Four years back back (c) Fouryears back (c) Four year back												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs									ars back	(e) Four	years l	back
b Contributions	1a	Beginning of year balance									-	
c Net investment earnings, gains, and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment the possession of the organization that are held and administered for the organization by: (i) (ii) Unrelated organizations (iii) Related organizations (iii) Pert VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings 1a Land b Buildings 1a Land b Buildings 1a Land b Buildings 1a Land b Buildings 1a Land b Buildings 1a Land b Buildings 1a Land b C Leasehold improvements 1339, 592. 1039, 592. 1039, 592. 1039, 592.												
f Administrative expenses												
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% d M d M d M d M d M d M d M d M d M d M d M d M d M d M d M d M a M d M d M d M d M d M d M d M d M d M d M d M d M d <th></th>												
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-	-	rent year end baland	ce (line 1g	, column (a	a)) held as:	•					
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation depreciation (d) Book value basis (investment) (ii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) (ii) Cost or other cost of the cost o	а	Board designated or quasi-endowment		%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiiii) Related organizations (iiiiiiiii) Related organizations (iiiiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) Sa(i)	с	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (e Other (c) Accumulated (c) Book value (c) Accumulated (c) Accumulated (c) Book value (c) Book value (c) Accumulated (c) Accumulated (The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 4,606,000. 710,950. 3,895,050. c Leasehold improvements 789,283. 317,083. 472,200. d Equipment 139,592. 109,588. 30,004.	3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for the	e organiza	ation			
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		by:								[Yes	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		(i) Unrelated organizations								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation 1a Land (d) Book value b Buildings 4, 606, 000. 710, 950. 3, 895, 050. c Leasehold improvements 789, 283. 317, 083. 472, 200. d Equipment 139, 592. 109, 588. 30, 004.										3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sc	hedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4			owment fu	unds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI Land, Buildings, and Equipm	nent.									
basis (investment) basis (other) depreciation 1a Land 4,606,000. 710,950. 3,895,050. b Buildings 472,200. 472,200. c Leasehold improvements 139,592. 109,588. 30,004. e Other 100,000. 100,000. 100,000. 100,000.		Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990	0, Part X, li	ine 10.				
b Buildings 4,606,000. 710,950. 3,895,050. c Leasehold improvements 789,283. 317,083. 472,200. d Equipment 139,592. 109,588. 30,004. e Other 100,000. 100,000. 100,000.		Description of property			. ,				k	(d) Boo	k value	9
b Buildings 4,606,000. 710,950. 3,895,050. c Leasehold improvements 789,283. 317,083. 472,200. d Equipment 139,592. 109,588. 30,004. e Other 100,000. 100,000. 100,000.	1a	Land										
c Leasehold improvements 789,283. 317,083. 472,200. d Equipment 139,592. 109,588. 30,004. e Other 100,000. 100,000.												
d Equipment 139,592. 109,588. 30,004. e Other 100,000. 100,000. 100,000.					78	9,283.						
e Other					13	9,592.	1	09,58	8.	3	0,00	04.
				X, columi	n (B), line 1	0c.)				4,39	7,25	54.

Schedule D (Form 990) 2019

932052 10-02-19

	al Arts and	l Ecology	Center	68-0359676	Page 3
Part VII Investments - Other Securitie	s.				
Complete if the organization answered	"Yes" on Form 990, I	Part IV, line 11b. S	ee Form 990, Part X, line 12.		
(a) Description of security or category (including name of se	curity) (b) Book	value (c) Method of valuation: Cost c	or end-of-year market v	alue
(1) Financial derivatives					
(2) Cleasely held acquity interacts					

(2) Closely held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)	

Part VIII Investments - Program Related.

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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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)		
Total. (Colu	ımn (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	
1.	(a) Description of liability	(b) Book value

<u> </u>	
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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... X

932053 10-02-19

_	dule D (Form 990) 2019 OCCIDENTAL ARTS and ECOLOG	<u> </u>			13596/6 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	venue per Re	eturn	.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,666,250.
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	2 b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,666,250.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
~	Add lines 4a and 4b			4c	0.
U.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,666,250.
5				•	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With Ex		•	rn.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Stater	nents With Ex a.	penses per F	•	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12.	nents With Ex a.	penses per F	Retu	rn.
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements	nents With Ex	penses per F	Retu	rn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Ex a.	penses per F	Retu	rn.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With Ex a. 2a 2b	penses per F	Retu	rn.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	nents With Ex a. 2a 2b 2c	penses per F	Retu	rn.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	nents With Ex	xpenses per F	Retu	rn. 2,726,782. 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	penses per F	1	rn. 2,726,782.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	penses per F	1 2e	rn. 2,726,782. 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents With Ex a. 2a 2b 2c 2d	penses per F	1 2e	rn. 2,726,782. 0.
5 Pa 1 2 a b c d 3 4 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents With Ex	penses per F	1 2e	rn. 2,726,782. 0.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	penses per F	1 2e	rn. 2,726,782. 0. 2,726,782. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	xpenses per F	1 2e 3	rn. 2,726,782. 0. 2,726,782.

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

Part X, Line 2:

932054 10-02-19

~~~~~

| Department of the Treesury                             |                                                                        |                                                                                           | Attach to Form 990.                                                                                                                                           |                                       |                                                                         | Open to Public                         |  |  |  |
|--------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------|----------------------------------------|--|--|--|
| Department of the Treasury<br>Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. |                                                                                           |                                                                                                                                                               |                                       |                                                                         |                                        |  |  |  |
| Name of the organization                               | l i i i i i i i i i i i i i i i i i i i                                |                                                                                           |                                                                                                                                                               |                                       | Employer i                                                              | dentification number                   |  |  |  |
| Occidental A                                           | rts and Ecc                                                            | logy Cer                                                                                  | nter                                                                                                                                                          |                                       | 68-035                                                                  | 59676                                  |  |  |  |
|                                                        |                                                                        | Activities Ou                                                                             | tside the United States. Compl                                                                                                                                | ete if the orgar                      | nization answe                                                          | ered "Yes" on                          |  |  |  |
|                                                        | Part IV, line 14b.                                                     | n maintain raaar                                                                          | ds to substantiate the amount of its gr                                                                                                                       | anta and athar                        | assistance                                                              |                                        |  |  |  |
|                                                        |                                                                        |                                                                                           | the selection criteria used to award the                                                                                                                      |                                       |                                                                         | X Yes No                               |  |  |  |
| 2 For grantmakers.<br>United States.                   | Describe in Part V th                                                  | e organization's                                                                          | procedures for monitoring the use of it                                                                                                                       | s grants and o                        | ther assistan                                                           | ce outside the                         |  |  |  |
|                                                        |                                                                        | 1                                                                                         | an be duplicated if additional space is                                                                                                                       | · · · · · · · · · · · · · · · · · · · |                                                                         |                                        |  |  |  |
| <b>(a)</b> Region                                      | (b) Number of<br>offices<br>in the region                              | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in the region | (d) Activities conducted in the region<br>(by type) (such as, fundraising, pro-<br>gram services, investments, grants to<br>recipients located in the region) | is a pro<br>describe                  | vity listed in (<br>gram service,<br>e specific type<br>(s) in the regi | expenditures<br>for and<br>investments |  |  |  |
|                                                        |                                                                        |                                                                                           |                                                                                                                                                               |                                       |                                                                         |                                        |  |  |  |
| Central America and                                    | 1                                                                      |                                                                                           | Grants to recipient located                                                                                                                                   |                                       |                                                                         |                                        |  |  |  |
| the Caribbean                                          | 0                                                                      | 0 0                                                                                       | in the region                                                                                                                                                 | Agroecology                           | 7                                                                       | 42,665.                                |  |  |  |
|                                                        |                                                                        |                                                                                           |                                                                                                                                                               |                                       |                                                                         |                                        |  |  |  |
|                                                        |                                                                        |                                                                                           |                                                                                                                                                               |                                       |                                                                         |                                        |  |  |  |
| 3 a Subtotal                                           |                                                                        | 0 0                                                                                       |                                                                                                                                                               |                                       |                                                                         | 42,665.                                |  |  |  |
| b Total from continua<br>sheets to Part I              |                                                                        | 0 0                                                                                       |                                                                                                                                                               |                                       |                                                                         | 0.                                     |  |  |  |
| c Totals (add lines 3                                  | a                                                                      |                                                                                           |                                                                                                                                                               |                                       |                                                                         |                                        |  |  |  |
| and 3b)                                                |                                                                        | 0                                                                                         |                                                                                                                                                               |                                       |                                                                         | 42,665.                                |  |  |  |

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2019

OMB No. 1545-0047

2019

932071 10-12-19

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

| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region                 | <b>(d)</b> Purpose of grant      | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>noncash<br>assistance | <b>(h)</b> Description<br>of noncash<br>assistance | <b>(i)</b> Method of<br>valuation (book, FMV,<br>appraisal, other) |
|-------------------------------|-----------------------------------------------------|----------------------------|----------------------------------|-----------------------------|---------------------------------|-----------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------|
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     | Central America            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     | and the Caribbean          | Agroecology                      | 42,665.                     | Wire                            | ٥.                                            |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
|                               |                                                     |                            |                                  |                             |                                 |                                               |                                                    |                                                                    |
| 2 Enter total number of       | I<br>recipient organizatio                          | I ns listed above that are | I recognized as charities by the | l<br>foreian country        | l<br>recognized as tax-e        | l<br>xempt                                    |                                                    | 1                                                                  |
|                               |                                                     |                            | tion 501(c)(3) equivalency lette |                             |                                 |                                               |                                                    | 1                                                                  |
| 3 Enter total number of       | other organizations of                              | or entities                |                                  |                             |                                 | ►                                             |                                                    | 1                                                                  |

Schedule F (Form 990) 2019

# Schedule F (Form 990) 2019 Occidental Arts and Ecology Center Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)                                                                                                                                                              | Yes | X No |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i> | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)                                                                                                                                                | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>                                                         | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)                                                                                                                                                            | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If<br>"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see<br>Instructions for Form 5713; don't file with Form 990)                                                                                                                                              | Yes | X No |

Schedule F (Form 990) 2019

932074 10-12-19

| Schedule F (Form 990) 2019 Occident | al Arts and Ecology Center                                                                                                                                                                              | 68-0359676 Page 5                   |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| investments vs. expenditures per re | Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (<br>egion); Part II, line 1 (accounting method); Part III (accountin<br>s applicable. Also complete this part to provide any addition | g method); and Part III, column (c) |
| Part I, Line 2:                     |                                                                                                                                                                                                         |                                     |
| Each grantee signs a Mem            | orandum of Understanding with                                                                                                                                                                           | OAEC that states 1)                 |
| the purpose of the grant            | , 2) the requirement to docume                                                                                                                                                                          | ent all expenses                    |
| related to the grant, 3)            | the requirement to return any                                                                                                                                                                           | y unspent funds, and                |
| 4) at the conclusion of             | the grant period, to provide a                                                                                                                                                                          | a summary report of                 |
| the grantee's activities            | and expenditures towards achi                                                                                                                                                                           | leving the purposes                 |
| of the grant.                       |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
|                                     |                                                                                                                                                                                                         |                                     |
| 932075 10-12-19                     |                                                                                                                                                                                                         | Schedule F (Form 990) 201           |
| 220113 134701 67103                 | 39<br>2019.05020 Occidental Arts                                                                                                                                                                        | and Ecology 671031                  |

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service                                                                                  | Go                   | Grants and Oth<br>vernments, an<br>tete if the organizatio | nd Individual               | <b>s in the Uni</b><br>on Form 990, Pa<br>m 990. | ted States<br>rt IV, line 21 or 22.                                   |                                       | OMB No. 1545-0047<br><b>2019</b><br>Open to Public<br>Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------|-----------------------------|--------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------|
| Name of the organization                                                                                                                                            |                      |                                                            |                             |                                                  |                                                                       |                                       | Employer identification number                                   |
|                                                                                                                                                                     | l Arts an            | d Ecology C                                                | lenter                      |                                                  |                                                                       |                                       | 68-0359676                                                       |
| Part I General Information on Grants a                                                                                                                              |                      |                                                            |                             |                                                  |                                                                       |                                       |                                                                  |
| 1 Does the organization maintain records<br>criteria used to award the grants or assi                                                                               | stance?              |                                                            |                             |                                                  |                                                                       |                                       | tion                                                             |
| 2 Describe in Part IV the organization's pro-                                                                                                                       |                      |                                                            |                             |                                                  |                                                                       | (                                     |                                                                  |
| Part II Grants and Other Assistance to recipient that received more than                                                                                            | -                    |                                                            |                             |                                                  | anization answered "1                                                 | res" on Form 990, Par                 | t IV, line 21, for any                                           |
| <b>1 (a)</b> Name and address of organization<br>or government                                                                                                      | (b) EIN              | (if applicable)                                            | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance          | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance                            |
| Earth Island Institute<br>2150 Allston Way, Ste 460<br>Berkeley, CA 94704                                                                                           | 94-2889684           | 501(c)(3)                                                  | 374,941.                    | 0.                                               |                                                                       |                                       | Transfer of fiscal<br>sponsorship of CalCAN<br>program.          |
| Gold Ridge RCD<br>2776 Sullivan Rd<br>Sebastopol, CA 95472                                                                                                          | 94-2466509           |                                                            | 500.                        | 0.                                               |                                                                       |                                       | Support work                                                     |
| Movement Generation<br>436 14th St, 5th Flr<br>Oakland, CA 94612                                                                                                    | 68-0480736           | 501(c)(3)                                                  | 7,133.                      | 0.                                               |                                                                       |                                       | Support work                                                     |
| Urban Tilth<br>323 Brookside Dr<br>Richmond, CA 94801                                                                                                               | 20-4124161           | 501(c)(3)                                                  | 500.                        | 0.                                               |                                                                       |                                       | Support work                                                     |
| Illinois Stewardship Alliance<br>230 Broadway Ste 200<br>Springfield, IL 62701                                                                                      | 37-6160476           | 501(c)(3)                                                  | 5,000.                      | 0.                                               |                                                                       |                                       | National Healthy Soils<br>Policy Network                         |
| Northern Plains Resource Council<br>220 S 27th St Ste A<br>Billings, MT 59101                                                                                       | 81-0367205           |                                                            | 5,000.                      | 0.                                               |                                                                       |                                       | National Healthy Soils<br>Policy Network                         |
| <ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul> | s listed in the line | 1 table                                                    | ne line 1 table             |                                                  |                                                                       |                                       | Schedule I (Form 990) (2019)                                     |

## Schedule I (Form 990) Occidental Arts and Ecology Center Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| C | 0   | n | 2 | E | 0 | C | 7 | C  |  |
|---|-----|---|---|---|---|---|---|----|--|
| 0 | 8 – | υ | Э | Э | Э | 0 | 1 | O. |  |

Page 1

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|----------------------------------------------------|----------------|----------------------------------|--------------------------|-----------------------------------------|-----------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Land Stewardship Project                           |                |                                  |                          |                                         |                                                                       |                                        |                                       |
| 821 E 35th St Ste 200                              |                |                                  |                          |                                         |                                                                       |                                        | National Healthy Soils                |
| Minneapolis, MN 55407                              | 41-1466054     | 501(c)(3)                        | 5,000.                   | 0.                                      |                                                                       |                                        | Policy Network                        |
|                                                    |                |                                  |                          |                                         |                                                                       |                                        |                                       |
| National Young Farmers Coalition                   |                |                                  |                          |                                         |                                                                       |                                        |                                       |
| PO Box 1074                                        |                |                                  |                          |                                         |                                                                       |                                        | National Healthy Soils                |
| Hudson, NY 12534                                   | 47-2072946     | 501(c)(3)                        | 5,000.                   | 0.                                      |                                                                       |                                        | Policy Network                        |
|                                                    |                |                                  | -,                       |                                         |                                                                       |                                        |                                       |
| Northeast Organic Farming Assoc.                   |                |                                  |                          |                                         |                                                                       |                                        |                                       |
| 411 Sheldon Rd                                     |                |                                  |                          |                                         |                                                                       |                                        | National Healthy Soils                |
| Barre, MA 01005                                    | 22-2987723     | 501(c)(3)                        | 5,000.                   | 0.                                      |                                                                       |                                        | Policy Network                        |
| /                                                  |                |                                  | , -                      |                                         |                                                                       |                                        | -                                     |
| Northeast Organic Farming Assoc.                   |                |                                  |                          |                                         |                                                                       |                                        |                                       |
| of NY - 1010 James St - Syracuse,                  |                |                                  |                          |                                         |                                                                       |                                        | National Healthy Soils                |
| NY 13203                                           | 03-0259137     | 501(c)(3)                        | 5,000.                   | 0.                                      |                                                                       |                                        | Policy Network                        |
|                                                    |                |                                  |                          |                                         |                                                                       |                                        |                                       |
| Cascade Pacific RC&D                               |                |                                  |                          |                                         |                                                                       |                                        |                                       |
| 39 N Cedar St                                      |                |                                  |                          |                                         |                                                                       |                                        | National Healthy Soils                |
| Eugene, OR 97402                                   | 93-0722979     | 501(c)(3)                        | 5,000.                   | 0.                                      |                                                                       |                                        | Policy Network                        |
|                                                    |                |                                  |                          |                                         |                                                                       |                                        |                                       |
| Rural Vermont                                      |                |                                  |                          |                                         |                                                                       |                                        |                                       |
| 46 E State St                                      |                |                                  |                          |                                         |                                                                       |                                        | National Healthy Soils                |
| Montpelier, VT 05602                               | 22-3045871     | 501(c)(3)                        | 5,000.                   | 0.                                      |                                                                       |                                        | Policy Network                        |
| ·                                                  |                |                                  | , ,                      |                                         |                                                                       |                                        |                                       |
| Center for Rural Affairs                           |                |                                  |                          |                                         |                                                                       |                                        |                                       |
| PO Box 136                                         |                |                                  |                          |                                         |                                                                       |                                        | National Healthy Soils                |
| Lyons, NE 68038                                    | 47-0553823     | 501(c)(3)                        | 5,000.                   | 0.                                      |                                                                       |                                        | Policy Network                        |
|                                                    |                | 1                                |                          |                                         |                                                                       |                                        |                                       |
|                                                    |                |                                  |                          |                                         |                                                                       |                                        |                                       |
|                                                    |                |                                  |                          |                                         |                                                                       |                                        |                                       |
|                                                    |                |                                  |                          |                                         |                                                                       |                                        |                                       |
|                                                    |                |                                  |                          |                                         |                                                                       |                                        |                                       |
|                                                    |                |                                  |                          |                                         |                                                                       |                                        |                                       |
|                                                    |                |                                  |                          |                                         |                                                                       |                                        |                                       |
|                                                    |                |                                  |                          |                                         |                                                                       |                                        |                                       |
|                                                    | 1              | 1                                | 1                        |                                         | 1                                                                     | 1                                      | 1                                     |

Schedule I (Form 990)

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance cash assistance recipients cash grant

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

Part I, Line 2:

Each grantee signs a Memorandum of Understanding with OAEC that states 1)

the purpose of the grant, 2) the requirement to document all expenses

related to the grant, 3) the requirement to return any unspent funds, and

4) at the conclusion of the grant period, to provide a summary report of

the grantee's activities and expenditures towards achieving the purposes of

the grant.

Page 2

| SCHEDULE L<br>(Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service<br>Transactions With Interested Persons<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,<br>28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.<br>Attach to Form 990 or Form 990-EZ.<br>Go to www.irs.gov/Form990 for instructions and the latest information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                           |            |                |            |                        |        |                             |        |                         |               | OMB No. 1545-0047                                                  |       |         |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|------------|----------------|------------|------------------------|--------|-----------------------------|--------|-------------------------|---------------|--------------------------------------------------------------------|-------|---------|--|--|
| Name of the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                           | -          | _              | -          |                        |        |                             |        | -                       |               |                                                                    | on ni | umber   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | l Arts a                                                  |            |                |            |                        |        |                             |        |                         | 596           | 76                                                                 |       |         |  |  |
| Part I Excess Benefit Tra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
| Complete if the organizat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                           |            |                |            | ne 25a or 25t          | o, or  | <sup>-</sup> Form 990-EZ, P | art V, | line 40                 | )b.           | ()                                                                 | 0.0   |         |  |  |
| 1       (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                           |            |                |            |                        | sactic | n                           |        | (d) Corrected<br>Yes No |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | •                                                         | -          |                |            |                        |        |                             |        |                         |               | + .                                                                | 03    |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               | _                                                                  |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               | _                                                                  |       |         |  |  |
| 2 Enter the amount of tax incurred I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | av the ev | rappization man                                           | agore      | or disc        | aualifio   | d porcone du           | ring   | the year under              |        |                         |               |                                                                    |       |         |  |  |
| section 4958                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                           |            |                |            |                        |        |                             |        | ► \$                    |               |                                                                    |       |         |  |  |
| 3 Enter the amount of tax, if any, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | line 2, a | above, reimburs                                           | sed by     | the or         | ganizat    | ion                    |        |                             |        | <b>\$</b>               |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                | •          |                        |        |                             |        | -                       |               |                                                                    |       |         |  |  |
| Part II Loans to and/or Fro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | om Inte   | erested Per                                               | sons       | -              |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
| Complete if the organizat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                           |            |                | , Part ∖   | , line 38a or l        | Forn   | n 990, Part IV, lin         | e 26;  | or if th                | ne orga       | anizati                                                            | on    |         |  |  |
| reported an amount on Fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                           | - <u>-</u> | 2.<br>an to or | (-)        | Original               |        |                             | (~)    |                         | <b>(h)</b> Ap | proved                                                             | (3)   | Vritton |  |  |
| (a) Name of (b) Relativity (b) Relativity (c) Relat |           | (c) Purpose<br>of loan                                    | fron       | n the zation?  |            | Original<br>pal amount | (T     | ) Balance due               |        | ) In<br>ault?           | by bo         | h) Approved<br>by board or<br>committee? (i) Written<br>agreement? |       | ement?  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           | -          | From           |            | •                      |        |                             | Yes    | No                      | Yes           | No                                                                 | Yes   |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             | 103    |                         |               |                                                                    | 103   |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        | -      |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I         |                                                           |            |                |            | > \$                   |        |                             |        | I                       |               | L                                                                  |       | 1       |  |  |
| Part III Grants or Assistant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e Ben     | efiting Inter                                             | reste      | d Pe           | rsons      | •                      |        |                             |        |                         |               |                                                                    |       |         |  |  |
| Complete if the organizat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on answ   | vered "Yes" on                                            | Form 9     | 990, Pa        | art IV, li | ne 27.                 |        |                             |        |                         |               |                                                                    |       |         |  |  |
| (a) Name of interested person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (         | <b>b)</b> Relationship<br>interested pers<br>the organiza | son an     |                |            | ) Amount of assistance |        | <b>(d)</b> Type<br>assistan |        |                         | •             | ) Purp<br>assist                                                   |       | of      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _         |                                                           |            |                |            |                        |        | ļ                           |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _         |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                           |            |                |            |                        |        |                             |        |                         |               |                                                                    |       |         |  |  |

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

Schedule L (Form 990 or 990-EZ) 2019

932131 10-21-19

#### Schedule L (Form 990 or 990-EZ) 2019 Occidental Arts and Ecology Center 68-0359676 Page 2 **Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction (d) Description of transaction |             | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|----------------------------------------------------------|-------------|-----------------------------------------|----|
|                               |                                                                 |                                                          |             | Yes                                     | No |
| Kendall Dunnigan              | Family member of Ex                                             | 44,937.                                                  | Employed as |                                         | X  |
| Susan McGovern                | Board member, Secre                                             |                                                          | Land lease  |                                         | X  |
| Dave Henson                   | Executive Director                                              | 62,198.                                                  | Land lease  |                                         | X  |
|                               |                                                                 |                                                          |             |                                         |    |
|                               |                                                                 |                                                          |             |                                         |    |
|                               |                                                                 |                                                          |             |                                         |    |
|                               |                                                                 |                                                          |             |                                         |    |
|                               |                                                                 |                                                          |             |                                         |    |
|                               |                                                                 |                                                          |             |                                         |    |
|                               |                                                                 |                                                          |             |                                         |    |

**Part V** Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

- Sch L, Part IV, Business Transactions Involving Interested Persons:
- (a) Name of Person: Kendall Dunnigan
- (b) Relationship Between Interested Person and Organization:
- Family member of Executive Director

(d) Description of Transaction: Employed as Program Director

(a) Name of Person: Susan McGovern

(b) Relationship Between Interested Person and Organization:

Board member, Secretary

(d) Description of Transaction: Land lease & cost sharing

(a) Name of Person: Dave Henson

(d) Description of Transaction: Land lease & cost sharing

Part IV, Line 2 & 3 - Explanation of business transactions

Board member Susan McGovern and Executive Director Dave Henson are

members of the Sowing Circle LLC (the LLC). The organization leases

land from the LLC and for year ended December 31, 2019 paid the LLC

\$10,830 in lease payments. The organization also has shared costs with

the LLC, in which the LLC made a total payment of \$51,368 to the

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

|             | (Form 990 or |                 | Occidenta              | <u>l Arts</u> | and     | Ecology         | Center         | 68-0359676 Pag              |
|-------------|--------------|-----------------|------------------------|---------------|---------|-----------------|----------------|-----------------------------|
| Part V      | Supplem      |                 |                        |               |         |                 |                |                             |
|             | Complete th  | nis part to pro | ovide additional infor | mation for re | sponses | to questions on | Schedule L (se | ee instructions).           |
|             |              |                 |                        |               |         |                 |                |                             |
| organi      | zation       | (OAEC)          | •                      |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
|             |              |                 |                        |               |         |                 |                |                             |
| 2461 04-01- | 19           |                 |                        |               |         |                 |                | Schedule L (Form 990 or 990 |
|             |              |                 |                        |               |         | 45              |                |                             |
| 20113       | 134701       | 67103           | 2                      | 019.050       | )20 C   |                 | 1 Arts a       | and Ecology 67103_          |
|             |              |                 | _                      |               |         |                 |                |                             |

| SCH        | EDL | JLE | 0 |  |
|------------|-----|-----|---|--|
| ( <b>F</b> | 000 | 00  | 2 |  |

(Form 990 or 990-EZ)



68-0359676

Form 990, Part I, Line 1, Description of Organization Mission:

Occidental Arts and Ecology Center

An education and advocacy center and organic farm working towards the

restoration of bio-cultural diversity by cultivating ecological

literacy and building the capacity of leaders to guide their

communities to an ecologically regenerative, economically viable, and

socially just future.

Form 990, Part III, Line 1, Description of Organization Mission: OAEC cultivates ecological literacy and builds the capacity of civic and social movement leaders and organizations to guide their own communities to an ecologically regenerative, economically viable, and socially just future. Inspired by Nature, where diversity is a key indicator of the health of an ecosystem, we assist place-based communities in reorienting human economy and governance towards the restoration and stewardship of biological and cultural diversity. To realize our mission, we invest in projects and partnerships that address the root causes of the ecological, economic, and social crises of our time.

| Form 990, Part III, Line 4a, Description of Program Service:                                                                |
|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                             |
| Through our collaborative network of sustainable agriculture                                                                |
|                                                                                                                             |
| stakeholders - farmers, ranchers, scientists, and advocates - the                                                           |
|                                                                                                                             |
| California Climate and Action Network (CalCAN) project of OAEC                                                              |
|                                                                                                                             |
| continues to achieve legislative and administrative policy that reduces                                                     |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) |
| 932211 09-06-19                                                                                                             |
| 46                                                                                                                          |

4

| Schedule O (Form 990 or 990-EZ) (2019)                         | Page <b>2</b>                                |
|----------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Occidental Arts and Ecology Center | Employer identification number<br>68-0359676 |
| climate impacts through socially just sustainable agricul      | ture and food                                |
| policy in California. In our eleventh year as a coalition      | , there are                                  |
| now more legislators familiar with our campaign prioritie      | s and more                                   |
| funding available to farmers for climate-friendly practic      | es. This year                                |
| we co-led the passage of legislation that will more robus      | tly and                                      |
| equitably implement the state's Climate Smart Agriculture      | programs; we                                 |
| secured funding for technical assistance for farmers appl      | ying to the                                  |
| state's Climate Smart Agriculture programs which will inc      | rease access                                 |
| and equity; and we advocated with a report outlining a co      | mprehensive                                  |
| roadmap for climate and agriculture policies to Governor       | Newsom and his                               |
| staff.                                                         |                                              |
| We also expanded our communications and network building       | activities                                   |
| with the addition of a new staff person, a Campaign Organ      | lizer. We                                    |
| organized four Climate Smart Agriculture farm tours for 1      | egislators,                                  |
| farmers and other partners. We published two dozen profil      | es of Climate                                |
| Farmer Leaders and a fact sheet on the state's Climate Sm      | art                                          |
| Agriculture program's progress to date. We also facilitat      | ed the                                       |
| engagement of farmers and others in the policy process by      | organizing a                                 |
| legislator education day, organizing a dozen meetings bet      | ween                                         |
| legislators and their constituents, and conducted two doz      | en strategy                                  |
| meetings with partners throughout the year.                    |                                              |
|                                                                |                                              |
|                                                                |                                              |
| Form 990, Part III, Line 4d, Other Program Services:           |                                              |
| OAEC 2019 program accomplishments are partially expressed      | through our                                  |
| many inter-related programs, projects and partnerships. A      |                                              |
| representative sample of this program work includes:           |                                              |
| 1. The Resilient Community Design / Permaculture Program,      |                                              |
| 932212 09-06-19 Sched<br>47                                    | dule O (Form 990 or 990-EZ) (2019)           |
| 220113 134701 67103 2019.05020 Occidental Arts and             | d Ecology 671031                             |

| Schedule O (Form 990 or 990-EZ) (2019)                         | Page <b>2</b>                             |
|----------------------------------------------------------------|-------------------------------------------|
| Name of the organization<br>Occidental Arts and Ecology Center | Employer identification number 68-0359676 |
| 2. The WATER Institute and Beaver Restoration Project,         |                                           |
| 3. The Mother Garden Biodiversity Program,                     |                                           |
| 4. The School Garden Teacher Training Project,                 |                                           |
| 5. The Movement Building Retreat Program,                      |                                           |
| 6. The Legalize Compost Toilet Project,                        |                                           |
| 7. The Performance Arts Program,                               |                                           |
| 8. The Wildlands Biodiversity Program,                         |                                           |
| 9. OAEC's partnership with dozens of racial, social, eco       | nomic,                                    |
| environmental justice organizations and alliances on edu       | cation,                                   |
| training, advocacy and alliance building campaigns.            |                                           |
| 10. OAEC's partnership with the Federated Indians of Gra       | ton Rancheria.                            |
|                                                                |                                           |
| Each of our programs, projects and partnerships use the        | same methods                              |
| and strategies to achieve our public benefit mission, in       | cluding:                                  |
|                                                                |                                           |
| 1. We Model Resiliency - OAEC is a resiliency demonstrat       | ion site,                                 |
| modeling dozens of practical personal and community-scal       | e solutions to                            |
| common challenges in the sustainable management of soil,       | water, food                               |
| production, the restoration and preservation of biologic       | al and cultural                           |

diversity, and more effective ways to self-govern and manage economy.

OAEC's programs benefit from our more than twenty years of experience

in developing and caring for our own 80-acre site, as well as

supporting hundreds of other land-based projects and organizations.

2. We Train Changemakers - The transition to a just and sustainable economy will only be achieved if more individuals become ecologically literate "changemakers". OAEC continues to develop workshops and advocacy campaigns that help train, support and inspire individuals and <sup>932212 09-06-19</sup> Schedule O (Form 990 or 990-EZ) (2019) 48 16220113 134701 67103 2019.05020 Occidental Arts and Ecology 67103\_1

| Schedule O (Form 990 or 990-EZ) (2019)                         | Page 2                                    |
|----------------------------------------------------------------|-------------------------------------------|
| Name of the organization<br>Occidental Arts and Ecology Center | Employer identification number 68-0359676 |
| social movement leaders to apply an ecological lens to th      | eir already                               |
| inspiring work.                                                |                                           |

3. We Help Build the Capacity of Communities to Transform Toward Resilience - OAEC strives to achieve a "social change multiplier effect" by training and building the capacity of whole communities to become more effective agents of rapid change. We work to foster ecological literacy and to empower diverse communities - schools, local governments, public agencies, foundations, environmental and social justice organizations, farms and ranches, and policy coalitions - to design their own place-based strategies to create the just transition towards a more regenerative culture and economy.

4. We Work to Change the Rules of Governance and Economy - We work to legalize and require sustainable economy, and to make illegal and dis-incentivize activities that subvert it. Sometimes on our own, but most often through broader advocacy alliances, we seek to change policy in the arenas of governance in which we are most likely to succeed - a city or county council, school board, water agency, or state legislature or agency - on issues that are ripe for change and move us toward a just and sustainable future. Expenses \$ 1,143,235. including grants of \$ 470,739. Revenue \$ 720,782.

Form 990, Part VI, Section A, line 2: Program Director Kendall Dunnigan and Executive Director Dave Henson have a family relationship. In addition, the Executive Director and Board Member Susan McGovern have a business relationship with OAEC.

932212 09-06-19

| Schedule O (Form 990 or 990-EZ) (2019)                         | Page <b>2</b>                             |
|----------------------------------------------------------------|-------------------------------------------|
| Name of the organization<br>Occidental Arts and Ecology Center | Employer identification number 68-0359676 |
| Form 990, Part VI, Section B, line 11b:                        |                                           |
| OAEC's Director of Finance and OAEC's Executive Director       | compile then                              |
| provide to an independent CPA all financials, documents,       | and narratives for                        |
| the 990. The CPA drafts the return, and works with OAEC 1      | eadership to                              |
| answer all questions. The draft 990 is then reviewed by t      | he members of the                         |
| Board of Directors. After any questions are resolved by s      | taff and the CPA                          |
| to the Board's satisfaction, a final 990 is submitted and      | made available to                         |
| all board and staff members.                                   |                                           |

Form 990, Part VI, Section B, Line 12c:

All staff and directors are required to notify OAEC's Director of Finance and OAEC's Executive Director if they might engage in any activity that might involve a conflict of interest.

Form 990, Part VI, Section B, Line 15:

Annual compensation for all staff is determined by the Executive Council which annually reviews published data about compensation with comparable non-profits in OAEC's issue and geographical areas. Notes are kept on the process, deliberations and decisions.

Form 990, Part VI, Section C, Line 19:

Upon written or verbal request, and linked on our website.

Form 990, Part VI, Line 1a - Explanation of Delegated Authority to Committe The Board of Directors supports the OAEC staff in creating a Staff Executive Council (SEC) to serve as the advising hub for organizational policy, financial, legal and human resources issues, fundraising, staffing, compensation and program development. The SEC is comprised of 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 50 16220113 134701 67103 2019.05020 Occidental Arts and Ecology 67103\_1

| Schedule O (Form 990 or 990-EZ) (2019)<br>Name of the organization<br>Occidenta | l Arts and Ecology Center      | Pa<br>Employer identification num<br>68-0359676 |
|---------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|
| the Executive Director                                                          | and the Finance and Operations | Director and                                    |
| three other staff elect                                                         | ed by the entire staff.        |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
|                                                                                 |                                |                                                 |
| 332212 09-06-19                                                                 | 51                             | Schedule O (Form 990 or 990-EZ) (               |
| 20113 134701 67103                                                              | 2019.05020 Occidental Art      | s and Ecology 67103_                            |