PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 054363

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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

Open to Public Inspection

Α	For th	e 2020 calendar year, or tax year beginning	and ending		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		94-29114	17
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite 270	E Telephone numbe (510)845	
	termir ated			G Gross receipts \$	1,709,254.
Г	Amen	ded DEDKETEV CA 04704		H(a) Is this a group re	
F	return □Appli			7	
	tiòh pendi	SAME AS C ABOVE		for subordinates	
_			//\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( )	(1) or 527	┥,	list. See instructions
		te: WWW.ECOLITERACY.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1983 N	A State of legal domicile: CA
P	art I	Summary			
ë	1	Briefly describe the organization's mission or most significant activities: THI	E MISSIC	ON IS TO ADV	ANCE THE
Activities & Governance		TEACHING AND MODELING OF SUSTAINABLE PR			
Je.	2	Check this box  if the organization discontinued its operations or dis		<b>I</b> 1	ssets. 
é	3			3	6
∞	4	Number of independent voting members of the governing body (Part VI, line 1			-
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			12
₹	6	Total number of volunteers (estimate if necessary)			6
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		2,085,360.	
enc	9	Program service revenue (Part VIII, line 2g)		34,287.	9,921.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,558.	747.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		2,121,205.	1,709,254.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		1,254,215.	1,314,517.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	Ь	Total fundraising expenses (Part IX, column (D), line 25)	,957.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		840,061.	443,944.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,094,276.	
	19	Revenue less expenses. Subtract line 18 from line 12		26,929.	-49,207.
<u></u>	3	rievende less expenses. Subtract line 10 from line 12	R	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	<u>  -</u>	1,136,807.	1,263,367.
ASSI	3 20	Total liabilities (Part X, line 16)		103,693.	279,460.
let /	21	, , , , , , , , , , , , , , , , , , , ,		1,033,114.	983,907.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,000,114.	303,307.
		alties of perjury, I declare that I have examined this return, including accompanying sche	dulae and etaton	agente, and to the heet of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of			y kilowieuge allu bellel, it is
uu	5, 60116	Ly and complete. Declaration of preparer (other than officer) is based on an information of	n willon prepare	I ilas ally kilowieuge.	
۵.		Signature of officer		I Date	
Sig		ZENOBIA BARLOW, INTERIM EXECUTIVE D	греспор	Duto	
He	re	Type or print name and title	IRECTOR		
		1,	-	Date Check	II PTIN
D - '		Print/Type preparer's name  Preparer's signature		Date Check L	
Pai		ALEXIS H. WONG	· T D	self-employ	
	parer	Firm's name LINDQUIST, VON HUSEN & JOYCE 1	лПЪ	Firm's EIN	94-1250261
Use	Only	Firm's address 301 HOWARD STREET, SUITE 850		,.	15\ 055 0000
		SAN FRANCISCO, CA 94105		Phone no. (4	15) 957-9999
Ma	v the I	RS discuss this return with the preparer shown above? See instructions			X Ves No

Other program services (Describe on Schedule O.)

Total program service expenses ▶

including grants of \$

1,431,511.

# Form 990 (2020) CENTER FOR ECOLITERACY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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			X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
40	If "Yes," complete Schedule D, Part IV	9		Α.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V  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		22
••	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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		٦,	
	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	40	х	
<b>L</b>	Schedule D, Parts XI and XII	12a	Α.	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ <sub>32</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>v</sub>
00 -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		^ <u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	got of the first of the first object of the fi			

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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			
	Part V, line 1	34	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 	
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 18			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

# Form 990 (2020) CENTER FOR ECOLITERACY Part V Statements Regarding Other IRS Filings and Tax Compliance (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	12				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		<b>2</b> b	X		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	i)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		Х	
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 A	ccou	nts (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b		Х	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization 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 contribut	ions (	or gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	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		·				
	to file Form 8282?			7с		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontra	ct?	7e		X	
f	3 , 3 , 1 , 1						
g	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ie	_			
				8			
9	Sponsoring organizations maintaining donor advised funds.			_			
а				9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:	40-	1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	IUD					
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a	1				
	Gross income from other sources (Do not net amounts due or paid to other sources against	па					
D	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	j l	u			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120					
	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	1				
С	Enter the amount of reserves on hand	13c					
				14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?			15		Х	
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		Х	
	If "Yes," complete Form 4720, Schedule O.						
					200	(0000)	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٦,						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·						
			Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х							
40	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	21							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	Х							
a h			-25	х						
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b								
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
IUa		16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	100		<u> </u>						
17	List the states with which a copy of this Form 990 is required to be filed ►CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s onk	ı) avail	ahle						
.0	for public inspection. Indicate how you made these available. Check all that apply.	,5 0111)	, avail	حادث						
	Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd fina	ncial							
.5	statements available to the public during the tax year.	III (CI	.ciui							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	THE ORGANIZATION - (510)845-4595									
	2150 ALLSTON WAY, STE 270, BERKELEY, CA 94704-1377									

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

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

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

- 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.

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

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

hours per week (list any hours for related organizations below line)  (1) ADAM KESSELMAN  EXECUTIVE DIRECTOR  Condendate (not check more than one box, unless person is both an officer and a director/trustee)  (a) not check more than one box, unless person is both an officer and a director/trustee)  (b) thouses person is both an officer and a director/trustee)  (b) thouses person is both an officer and a director/trustee)  (b) thouses person is both an officer and a director/trustee)  (b) thouses person is both an officer and a director/trustee)  (b) thouses person is both an officer and a director/trustee)  (b) thouses person is both an officer and a director/trustee)  (b) thouses person is both an officer and a director/trustee)  (b) the box, unless person is both an officer and a director/trustee)  (b) the box, unless person is both an officer and a director/trustee)  (compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (I) ADAM KESSELMAN  EXECUTIVE DIRECTOR  1.00  X  X  X  192,703.  0.1	timated nount of other pensation om the anization d related
hours per week (list any hours for related organizations below line)  (1) ADAM KESSELMAN EXECUTIVE DIRECTOR    ADAM KESSELMAN EXECUTIVE DIRECTOR   Down of the property of the	other pensation om the anization d related
(list any hours for related organizations below line)  (1) ADAM KESSELMAN  EXECUTIVE DIRECTOR  (list any hours for related organizations below line)  (1) ADAM KESSELMAN  EXECUTIVE DIRECTOR  (list any hours for related organizations below line)  (1) ADAM KESSELMAN  EXECUTIVE DIRECTOR  (list any hours for related organizations below line)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pensation om the anization d related
(1) ADAM KESSELMAN       40.00       X       X       192,703.       0. 1	om the anization d related
(1) ADAM KESSELMAN       40.00       X       X       192,703.       0. 1	anization d related
(1) ADAM KESSELMAN       40.00       X       X       192,703.       0. 1	d related
(1) ADAM KESSELMAN       40.00       X       X       192,703.       0. 1	
(1) ADAM KESSELMAN       40.00       X       X       192,703.       0. 1	anizations
EXECUTIVE DIRECTOR	
	0 010
	8,918.
(2) KAREN BROWN 40.00	0 010
	0,918.
(3) JAMES P KOULIAS 40.00	0 700
	8,720.
(4) ALEXA NORSTAD 40.00	0 010
	8,819.
	^
	0.
	0.
(7) WENDY WILLIAMS BOARD CHAIR    2.00   X   X   X   0.	0.
(8) NANCY SKINNER 1.00	
DIRECTOR $0.50 \times 0.00 $	0.
(9) FRITJOF CAPRA 0.10	
DIRECTOR X 0.	0.
(10) MALO HUTSON 2.00	
DIRECTOR X 0.	0.

032007 12-23-20 Form **990** (2020)

94-2911417

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	tees, Key Em (B) Average hours per week (list any hours for related organizations below line)	tee or director oppoor opposition	not c	Pos heck	ition more erson lirecto		one th an stee)	( <b>D</b> )  Reportable  compensation  from  the	es (continued)  (E)  Reportable compensation from related organization (W-2/1099-MI	on d is	com fr org: and	(F) timate nount o other pensa om the anizati d relate anizatio	of tion e on ed
			-											
С	1b Subtotal  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportab								0. 0. 0.		7,3	0.		
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the suand related organizations greater than \$15. Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest complete this table for your five highest complete the organization. Penett componential for	uch individual um of reportab 0,000? If "Yes, accrue compet plete Schedul mpensated ind	ole co ," co. nsat le J f	omp omple ion f ior se	ensa ete S from uch	atior Sche any pers	n and edule y uni son racte	d ot e J r relat	her compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of cor	 S	3 4 5 eation f	X	No X
	the organization. Report compensation for (A)  Name and business			ONI		with	or w	rithii i	n the organization's tax (B) Description of s		C	(C	c) nsation	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho (	se li:	stec	d above) who received n	nore than			000 46	

Form 990 (2020) CENTER :
Part VIII Statement of Revenue

		Check if Schedule O contains a respor	see or note to any li	no in this Bart VIII			
		Check if Schedule O contains a respon	ise of flote to arry in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
				Total Toveride		business revenue	
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns <b>1a</b>					
ir al	b	Membership dues 1b					
Ę,		Fundraising events 1c					
i ii		Related organizations 1d					
ا الله			143,720.	-			
Siz		ÿ \ /	145,720.	-			
iğ jə	Т	All other contributions, gifts, grants, and	1 554 066				
흔히		· · · · · · · · · · · · · · · · · · ·	1,554,866 <b>.</b>				
da	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>ğ</u> <u>ğ</u>	h	Total. Add lines 1a-1f	<b>)</b>	1,698,586.			
			Business Code				
Program Service Revenue	2 a	PROGRAM SERVICE INCOM	E 531110	8,000.	8,000.		
	b	MICCOULT ANDOLIG THOOMS	531110	1,921.	1,921.		
Ser	c				_,		
E E	_		_				
gra Re	d						
Š	е		_				
<u>-</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<b>)</b>	9,921.			
	3	Investment income (including dividends, in	terest, and				
		other similar amounts)	<b>&gt;</b>	747.			747.
	4	Income from investment of tax-exempt bor					
	5	Royalties	•				
	J	(i) Real	(ii) Personal				
	_		(ii) i croonar	-			
	6 a						
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<b>)</b>				
	7 a	Gross amount from sales of (i) Securities	es (ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
e l	~	and sales expenses 7b					
eur	_	h					
Revenue		, , , , , , , , , , , , , , , , , , , ,					
F		Net gain or (loss)	·····				
ther	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a				
	b		8b				
	С	Net income or (loss) from fundraising event	s				
		Gross income from gaming activities. See					
	o u	• •	00				
		The state of the s	9a	-			
			9b				
		Net income or (loss) from gaming activities	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
	b	Less: cost of goods sold	10b				
		Net income or (loss) from sales of inventory	/ <b>&gt;</b>				
		(,	Business Code				
Snc	11 a						
nec iue	_		_	1			
le la	b		-				
Miscellaneous Revenue	С		_				
Ĕ¯		All other revenue					
	е	Total. Add lines 11a-11d	<u> </u>			_	
	12	Total revenue See instructions	_	11.709.254.	9.921.	. 0.	ı 747.

## Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	this Part IX	(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				
	and domestic governments. See Part IV, line 21				
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				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	211,621.	176,570.	23,817.	11,234
6	Compensation not included above to disqualified	211,021.	170,370	25,017	11,234
O	persons (as defined under section 4958(f)(1)) and				
	paragna described in section 40E0(a)(2)(D)				
7	Other salaries and wages	858,223.	716,073.	96,590.	45,560
8	Pension plan accruals and contributions (include	000,220	0 , 0 , 5 •	20,000	13,330
-	section 401(k) and 403(b) employer contributions)	55,125.	45,995.	6,204.	2,926
9	Other employee benefits	109,252.	91,156.	12,296.	5,800
10	Payroll taxes	80,296.	66,996.	9,037.	4,263
11	Fees for services (nonemployees):	, ,	, , , , , ,	,	,
b		22,822.	4,200.	18,622.	
c		•	,	•	
	Lobbying				
e	D ( ' 1( 1 ' ' ' ' O D ' N ' ' ' 47				
f	Investment management fees				
g	// (II)				
_	column (A) amount, list line 11g expenses on Sch O.)	164,345.	126,117.	38,228.	
12	Advertising and promotion	29,903.	25,903.		4,000
13	Office expenses				
14	Information technology	6,227.		6,227.	
15	Royalties				
16	Occupancy	115,200.	96,119.	12,965.	6,116
17	Travel	7,545.	7,388.		157
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,679.	7,541.		138
20	Interest	1,289.		1,289.	
21	Payments to affiliates	46.00=			
22	Depreciation, depletion, and amortization	10,027.	8,366.	1,129.	532
23	Insurance	5,451.	2,647.	2,636.	168
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	47 010	41 200	4 024	1 706
а	SUPPLIES	47,212.	41,392.	4,034.	1,786
b	EQUIPMENT RENTAL	10,912.	9,105.	1,228.	579
С	MISCELLANEOUS	8,665.	131.	7,035.	1,499
d	REPAIR AND MAINTENANCE	3,741.	3,121.	421.	199
	All other expenses	2,926.	2,691.	235.	0/ 057
25	Total functional expenses. Add lines 1 through 24e	1,758,461.	1,431,511.	241,993.	84,957
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (2020

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			150,427.	1	343,091.
	2	Savings and temporary cash investments			782,741.	2	557,532.
	3	Pledges and grants receivable, net	124,744.	3	291,473.		
	4	Accounts receivable, net	6,013.	4	6,034.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
ts		under section 4958(f)(1)), and persons describ	ed in sec	etion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,441.	8	0.
Ä	9	Prepaid expenses and deferred charges			26,139.	9	21,976.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	124,257.	22,813.	10c	22,726.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	15,774.	14	13,820.		
	15	Other assets. See Part IV, line 11	6,715.	15	6,715.		
	16	Total assets. Add lines 1 through 15 (must eq			1,136,807.	16	1,263,367.
	17	Accounts payable and accrued expenses			103,693.	17	70,661.
	18	Grants payable		18			
	19	Deferred revenue				19	715.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
jab		controlled entity or family member of any of th	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third	parties		24	208,084.
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			400 600	25	0.50 460
	26	Total liabilities. Add lines 17 through 25			103,693.	26	279,460.
ű		Organizations that follow FASB ASC 958, ch	neck her	e ▶ X			
nce		and complete lines 27, 28, 32, and 33.			005 054		700 012
ala	27	Net assets without donor restrictions			805,254.	27	790,213.
dВ	28	Net assets with donor restrictions			227,860.	28	193,694.
Ë		Organizations that do not follow FASB ASC	958, che	eck here			
o.		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		_	1 022 114	31	002 007
ž	32	Total net assets or fund balances			1,033,114.	32	983,907.
	33	Total liabilities and net assets/fund balances			1,136,807.	33	1,263,367.

Form **990** (2020)

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	1,70	9,2	54.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,75	8,4	61.
3	Revenue less expenses. Subtract line 2 from line 1	3		9,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,03	3,1	<u>14.</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	98	3,9	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	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 required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2020)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization

CENTER FOR ECOLITERACY

Employer identification number

94-2911417 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1977355.	2564536.	1999654.	2085360.	1698586.	10325491.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	10==0==		10005		1.600	
4	Total. Add lines 1 through 3	1977355.	2564536.	1999654.	2085360.	1698586.	10325491.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3800749.
6	Public support. Subtract line 5 from line 4.						6524742.
	ction B. Total Support	1	<u> </u>		г	1	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1977355.	2564536.	1999654.	2085360.	1698586.	10325491.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 507	1 556	1 010	1 550	747	C C71
	and income from similar sources	1,597.	1,556.	1,213.	1,558.	747.	6,671.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						10332162.
11	<b>Total support.</b> Add lines 7 through 10		`				263,740.
12	Gross receipts from related activities,			f		12	203,740.
13	First 5 years. If the Form 990 is for the				-		. □
500	organization, check this box and stopetion C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2020 (			oolumn (f))		14	63.15 %
15	Public support percentage from 2019					15	63.44 %
	33 1/3% support test - 2020. If the o						
102	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2019. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
.,,	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		•				▶ □
h	10% -facts-and-circumstances tes	-		*	-		
	more, and if the organization meets the	-					.570 01
	organization meets the facts-and-circ		•				ightharpoonup
18	<b>Private foundation.</b> If the organization						ns

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

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

Galledar year (or fiscal year septiming in)    Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?)  2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization is transpared to or expended on its behalf  5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
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## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	14		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	3		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	, r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	-		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	·	∠a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ols		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	iizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

, a.	t i pe in Non i anodonany integrated eee	(u)(o) Supporting Sign	arrizationo (contint	uea)	
Sect	ion D - Distributions		•	,	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	ıs	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

## Schedule B

(Form 990, 990-EZ, or 990-PF)

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

2020

Name of the organization

CENTER FOR ECOLITERACY

94-2911417

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't cor	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \frac{1}{2} \f					
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 B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization **Employer identification number** 

### 94-2911417 CENTER FOR ECOLITERACY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person **Payroll** 514,035. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 80,159. Noncash (Complete Part II for

Name of organization

Employer identification number

## CENTER FOR ECOLITERACY 94-2911417

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$65,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

## CENTER FOR ECOLITERACY

94-2911417

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** 94-2911417 CENTER FOR ECOLITERACY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

- Section	11 30 1(c)(4), (3), 01 (0) 01ga1112a	tions. Complete Fart III.			
Name of o	rganization			Emp	loyer identification number
	CENTER	FOR ECOLITERACY			94-2911417
Part I-A	Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 of	organization.
2 Politic	cal campaign activity expendit	zation's direct and indirect polit ures ign activities		▶\$	S
Part I-E	Complete if the ord	ganization is exempt un	der section 501(c)	(3).	
		incurred by the organization ur		• •	<u> </u>
2 Enter	the amount of any excise tax	incurred by organization manage	gers under section 495	5	3
3 If the	organization incurred a section	n 4955 tax, did it file Form 4720	o for this year?		Yes No
	s," describe in Part IV.				
Part I-0	Complete if the org	ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
<b>1</b> Enter	the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities ► \$	3
2 Enter	the amount of the filing organ	ization's funds contributed to d	other organizations for s		
exem	pt function activities			<b>&gt;</b> \$	
		s. Add lines 1 and 2. Enter here		•	
line 1	7b			▶\$	S
		1120-POL for this year?			
made contr	payments. For each organiza ibutions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi o a separate political org	zation's funds. Also enter to ganization, such as a separa	ne amount of political
	(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

Schedule C (Form 990 or 990-EZ) 2020					911417 Page 2	
Part II-A Complete if the org	janization is exei	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under	
section 501(h)).						
A Check ► ☐ if the filing organiza	tion belongs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,	
expenses, and sha	re of excess lobbying	expenditures).				
B Check ▶ ☐ if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.			
	ts on Lobbying Expe ditures" means amou	nditures ints paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	uence public opinion (	grassroots lobbying)		2,082.		
<b>b</b> Total lobbying expenditures to influ	25,809.					
c Total lobbying expenditures (add li				27,891.		
d Other exempt purpose expenditure				1,730,570.		
e Total exempt purpose expenditure	es (add lines 1c and 1c	d)		1,758,461.		
f Lobbying nontaxable amount. Enter	er the amount from the	e following table in bot	h columns.	237,923.		
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:			
Not over \$500,000	20% of	the amount on line 1e.				
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.			
Over \$17,000,000	\$1,000,0	000.				
g Grassroots nontaxable amount (er	nter 25% of line 1f)			59,481.		
h Subtract line 1g from line 1a. If zer				0.		
i Subtract line 1f from line 1c. If zero			· · · · · · · · · · · · · · · · · · ·	0.		
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiz	ation file Form 4720	_		
reporting section 4911 tax for this	year?			L	Yes No	
(Some organizations the	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 Exper	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) Total	
2a Lobbying nontaxable amount	269,320.	247,130.	254,714.	237,923.	1,009,087.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,513,631.	

172.

61,783.

11,121.

63,679.

15,580.

67,330.

2,082. 2,082. Schedule C (Form 990 or 990-EZ) 2020

27,891.

59,481.

54,764.

252,273.

378,410.

c Total lobbying expenditures

**d** Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912				
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912				
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e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912				
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Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912		$\overline{}$		
c. If "Yes " enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Complete if the organization is exempt under section 501(c)(4), section	501(c)(5),	or se	ction	
501(c)(6).			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
B Did the organization agree to carry over lobbying and political campaign activity expenditures from the p		3		
answered "Yes."  1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		•		
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditure next year?	licai	4		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)		4 5		

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR ECOLITERACY

Employer identification number 94-2911417

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (	Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximplicity, cadeation, or recognitivities	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	reasures,	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at make sigi	nificant use of	its
	collection items (check all that apply):							
а	Public exhibition	d	ı 🔲	Loan or exc	change progr	am		
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizati	ion's exemp	ot purpose in	Part XIII.
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar a	ssets	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?			Yes No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	ssets not in	cluded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII							
								Amount
С	Beginning balance						1c	
d	Additions during the year		1d					
е	Distributions during the year						1e	
f	Ending balance	1f						
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liability	?	└── Yes
b	If "Yes," explain the arrangement in Part XIII.							<u></u>
Pai	t V Endowment Funds. Complete it	the organization ar	swered	"Yes" on F	orm 990, Par	t IV, line 10.		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d)	Three years ba	ick <b>(e)</b> Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (	a)) held as:			
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	organization	
	by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?	?			3b
4	Describe in Part XIII the intended uses of the		owment	funds.				
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a.	See Form 990	0, Part X, lir	ie 10.	
	Description of property	(a) Cost or obasis (investr			t or other (other)		umulated ciation	(d) Book value
1a	Land							
	Buildings							
	Leasehold improvements				22,440.		0,729.	11,711
d	Equipment			11	8,663.	11	1,078.	7,585
<u>e</u>	Other				5,880.		2,450.	3,430
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)			22,726

Schedule D (Form 990) 2020 CENTER FOR	ECOLITERACY	94	-2911417 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	on Form 990. Part IV. line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			•
(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			d af a a a a l a
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(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. (Column (b) must equal Form 990, Part X, col. (B) lin	 าe 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	j.
1. (a) Description of liability		2 . 2	(b) Book value
(1) Federal income taxes			, ,
(2)			
(3)			
(4)			
(5)			
(6)			

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

(7) (8)

Sche	edule D (Form 990) 2020 CENTER FOR ECOLITERACY		94-	2911417 Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,709,254
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	5			
С	Recoveries of prior year grants			
d	(			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,709,254
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,709,254
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	-	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			4 550 464
1	Total expenses and losses per audited financial statements		1	1,758,461
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		0
	Add lines 2a through 2d			1 750 461
3	Subtract line 2e from line 1		3	1,758,461
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	······		
	Other (Describe in Part XIII.)	4b		0
	Add lines 4a and 4b			1 750 /61
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5	1,758,461
	rt XIII Supplemental Information.	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D 11/1: 4 D 1	V " 0 D 1 VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		Part V, line 4; Part	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		
рΔΙ	RT X, LINE 2:			
L 231	NI A, DIND Z.			
CEI	L BELIEVES THAT IT HAS APPROPRIATE SUPPO	ORT FOR ANY T	AX POSTTI	ONS TAKEN
	d bulliaved imit it imid mithoritime boilt	JICI 1 OK 1111 1	7121 IODIII	OND TIMELY,
ANI	D AS SUCH, DOES NOT HAVE ANY UNCERTAIN	TAX POSTTIONS	THAT ARE	MATERTAL
го	THE FINANCIAL STATEMENTS. CEL'S FEDERAL	AND STATE I	NFORMATIO	N RETURNS
				.,
FOI	R THE YEARS ENDED 2016 THROUGH 2019 ARE	SUBJECT TO E	XAMINATIO	N BY
		2020202		.,
REC	GULATORY AGENCIES, GENERALLY FOR THREE	YEARS AND FOU	R YEARS A	FTER THEY
WEI	RE FILED FOR FEDERAL AND STATE, RESPECT:	IVELY.		

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CENTER FOR ECOLITERACY

Employer identification number 94-2911417

			Yes	No
	heck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Pa	art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
L	First-class or charter travel Housing allowance or residence for personal use			
Ļ	Travel for companions Payments for business use of personal residence			
L	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
L	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
<b>b</b> If	any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
re	imbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
. Di	id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trı	ustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
ln	dicate which, if any, of the following the organization used to establish the compensation of the organization's			
	EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	stablish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   Written employment contract			
	Independent compensation consultant			
2	X Form 990 of other organizations X Approval by the board or compensation committee			
	— · · · · · · · · · · · · · · · · · · ·			
Dı	uring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	ganization or a related organization:			
	eceive a severance payment or change-of-control payment?	4a		Х
	articipate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	articipate in or receive payment from an equity-based compensation arrangement?	4c		X
	"Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
0	nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	ontingent on the revenues of:			
	ne organization?	5a		Х
	ny related organization?	5b		X
	"Yes" on line 5a or 5b, describe in Part III.			
	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	ontingent on the net earnings of:			
		6a		Х
	ne organization?	6b		X
	, ,	OD		
	"Yes" on line 6a or 6b, describe in Part III.			
	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
	ot described on lines 5 and 6? If "Yes," describe in Part III	7		Λ
	/ere any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
	itial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
	"Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
R	egulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990
(1) ADAM KESSELMAN	(i)	192,703.	0.	0.	17,673.	1,245.	211,621.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN BROWN	(i)	138,847.	0.	0.	13,885.	17,033.		0.
CREATIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES P KOULIAS	(i)	127,454.	0.	0.	14,320.	14,400.		0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CENTER FOR ECOLITERACY

Employer identification number 94-2911417

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE COVID-19 PANDEMIC, RESULTING JOB LOSSES, RECESSION, AND HISTORIC WILDFIRES CHALLENGED CALIFORNIA'S COMMUNITIES THIS YEAR. THESE DISASTERS ALSO THREATENED DECADES OF FARM TO SCHOOL PROGRESS IN SERVING FRESH, LOCAL SCHOOL MEALS AND TEACHING FOOD LITERACY. THE CENTER FOR ECOLITERACY RESPONDED BY EXPANDING OUR SYSTEM OF SUPPORT FOR SCHOOL COMMUNITIES, PROVIDING LEADERSHIP, RESOURCES, AND CRITICAL TECHNICAL EXPERTISE. WE PROVIDED A SERIES OF COMMUNITY OF PRACTICE CALLS ON EMERGENCY SCHOOL FOOD SERVICE, CO-HOSTED WITH OUR PARTNERS AT LUNCHASSIST. WE REACHED 881 UNIQUE PARTICIPANTS FROM 553 ORGANIZATIONS IN 42 STATES, INCLUDING DEPARTMENT OF EDUCATION REPRESENTATIVES FROM 16 STATES THAT REPRESENT MILLIONS OF STUDENTS. OUR COMMUNITY RESPONSE TO THE COVID-19 PANDEMIC WAS AUGMENTED BY A TASK FORCE OF 10 SCHOOL FOOD SERVICE LEADERS WHO INFORMED OUR DEVELOPMENT OF TIMELY PUBLICATIONS ON COVID-19 SCHOOL FOOD SAFETY, RETURN TO SCHOOL PLANNING, AND MENU PLANNING.

DURING THE COVID-19 PANDEMIC, THE CENTER FOR ECOLITERACY PIVOTED OUR

ADVOCACY AND POLICY EFFORTS TO RESPOND TO THE CRITICAL EMERGING NEEDS

OF DISTRICTS, LEVERAGING THE POWER OF OUR NETWORK TO DELIVER IMPORTANT

DATA ON SCHOOL MEALS TO LAWMAKERS. TOGETHER WITH A COALITION OF ALLIED

ORGANIZATIONS, SCHOOL DISTRICTS, AND CLOSE PARTNERS, OUR COLLECTIVE

EFFORTS RESULTED IN A TOTAL OF \$202 MILLION FOR SCHOOL FOOD IN THE

CALIFORNIA STATE BUDGET. THIS FUNDING INCLUDED \$192 MILLION FOR

EMERGENCY SCHOOL FOOD AND \$10 MILLION FOR A FARM TO SCHOOL INCUBATOR

Name of the organization CENTER FOR ECOLITERACY

Employer identification number 94-2911417

THE CENTER FOR ECOLITERACY DEVELOPED A ROBUST SET OF FARM TO SCHOOL EDUCATIONAL RESOURCES, EXTENDING CONTENT FOR DISTANCE LEARNING ENVIRONMENTS. WE CONVENED A FOCUS GROUP WITH EDUCATION ADVISORS REPRESENTING CLASSROOM, GARDEN, AND AFTERSCHOOL TO GUIDE CONTENT DEVELOPMENT ON A COLLECTION OF FOOD SYSTEMS LESSONS AS PART OF OUR USDA FARM TO SCHOOL GRANT PROJECT THAT FOCUSES ON HOW FARMERS ARE ADAPTING TO CLIMATE CHANGE IN DIFFERENT REGIONS OF THE STATE. WE CO-DESIGNED AND CO-FACILITATED THE FOOD SYSTEMS UNIT AT THE SAN MATEO COUNTY OFFICE OF EDUCATION'S SUMMER INSTITUTE, A WEEK-LONG VIRTUAL PROFESSIONAL DEVELOPMENT WORKSHOP FOR ENVIRONMENTAL LITERACY FELLOWS THAT FEATURED OUR EDUCATIONAL RESOURCES. TO MEET THE NEW CHALLENGES OF ENGAGING STUDENTS DURING DISTANCE LEARNING AND TO PROVIDE NUTRITION EDUCATION TO PARTICIPANTS IN CERTAIN MEAL PROGRAMS, WE PUBLISHED FRUIT AND VEGETABLE COLORING PAGES THAT CAN BE SENT HOME WITH GRAB-AND-GO MEALS. IN COLLABORATION WITH THE OFFICE OF KAT TAYLOR, WE DEVELOPED A NUTRITION EDUCATION BROCHURE FOR THE GROWING THE TABLE INITIATIVE, FEATURING CULINARY TECHNIQUES FOR PREPARING FRESH VEGETABLES IN HOME KITCHENS. THESE BROCHURES WILL REACH 10,000 FAMILIES AS PART OF FOOD BOXES THAT THEY RECEIVE AS PART OF THE INITIATIVE.

THE CENTER FOR ECOLITERACY SERVES AS AN ANCHOR TENANT AT THE DAVID

BROWER CENTER, A HOME FOR ENVIRONMENTAL AND SOCIAL ACTION AND ONE OF

THE BAY AREA'S MOST ADVANCED GREEN BUILDINGS. BEING LOCATED AT THE

DAVID BROWER CENTER ENABLES US TO EXPAND OUR SERVICES WHILE PROVIDING

OPPORTUNITIES FOR COLLABORATION WITH DOZENS OF OTHER LEADING

NOT-FOR-PROFIT ORGANIZATIONS.

Name of the organization

CENTER FOR ECOLITERACY

CENTER FOR ECOLITERACY

Employer identification number 94-2911417

FORM 990, PART VI, SECTION A, LINE 4:

THE TERM LIMITS OF BOARD OF DIRECTOR WERE AMMENDED TO BYLAWS IN APRIL 2020.

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

FORM 990 IS PREPARED BY AN OUTSIDE AGENCY. FINANCE MANAGER PROVIDES ALL SCHEDULES. DEPUTY DIRECTOR OF FINANCE AND OPERATIONS AND EXECUTIVE DIRECTOR REVIEW THE 990 DRAFTS. EXECUTIVE DIRECTOR SIGNS THE FINAL 990.

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

BOD BYLAWS: SECTION 3. CONFLICT OF INTEREST AVOIDANCE PROCEDURES

(A) DUTY TO DISCLOSE.

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

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THEIR FINANCIAL INTEREST

AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE

DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING

THE PROPOSED TRANSACTION OR ARRANGEMENT.

(B) DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON

SHALL LEAVE THE BOARD MEETING WHILE THE REMAINING DIRECTORS DISCUSS, VOTE

AND DECIDE WHETHER A CONFLICT OF INTEREST EXISTS.

(C) PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST.

ONCE A MAJORITY OF DISINTERESTED DIRECTORS OF THE BOARD HAVE DETERMINED A

CONFLICT OF INTEREST EXISTS, AN INTERESTED PERSON MAY MAKE A PRESENTATION

AT THE BOARD OR COMMITTEE MEETING. AFTER THE PRESENTATION, THE INTERESTED

PERSON SHALL LEAVE THE MEETING DURING THE DISCUSSION AND VOTE ON THE

TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE

Name of the organization **Employer identification number** CENTER FOR ECOLITERACY 94-2911417 DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CENTER'S BEST INTEREST, FOR THE CENTER'S OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. (D) VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION, THE BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE ACTION. FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY A WRITTEN EMPLOYMENT AGREEMENT, COMPENSATION SURVEY INCLUDING REVIEW OF OTHER ORGANIZATIONS' FORMS 990'S, AND APPROVAL BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE KEPT IN THE ADMINISTRATIVE OFFICE AND ARE AVAILABLE UPON REQUEST. FORM 990, PART XII LINE 2C THERE IS NO CHANGE IN THE OVERSIGHT AND SELECTION PROCESS.

### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

Attach to Form 990.

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

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

CENTER FOR ECOLITERACY

Employer identification number 94-2911417

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Primary activity  Legal domicile (state or foreign country)		eme End-of-yea				g
Part II Identification of Related Tax-Exempt Corganizations during the tax year.	Organizations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
DAVID BROWER CENTER - 94-3385643								
2150 ALLSTON WAY, SUITE 100 BERKELEY, CA 94704	OFFICE RENTAL TO NPO AND OTHER COMPANIES	CALIFORNIA	501(C)(3)	LINE 12B, II	N/A			Х

Page 2

Identification of Related Orgonizations treated as a pa		rship. Complete if	the organization answe	ered "Yes" on Forr	m 990, Part IV, line	34, becaus	e it had one or mo	re related	t
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										<del></del>		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Legal	egal Direct controlling Predominant incon	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	or Percentage
of related organization		(state or	entity	(related, unrelated,	income end-of-year		allocations?		amount in box	partne	ownership	
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	<u></u>	
	1											
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	ti) ction b)(13) rolled tity?
		country)	country)					Yes	No
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Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1	During the tax year, did the organization engage in any of the following transactions with one or	r more i	related organizations listed	I in Parts II-IV?			X	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)							
	d Loans or loan guarantees to or for related organization(s)				1d		X	
е	e Loans or loan guarantees by related organization(s)				1e		X	
f	f Dividends from related organization(s)				1f		X	
	Sale of assets to related organization(s)							
h	Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
						х		
k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	Performance of services or membership or fundraising solicitations for related organization(s)							
	m Performance of services or membership or fundraising solicitations by related organization(s)							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10		X	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		X	
	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)				1r		X	
	S Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	nplete 1	this line, including covered	relationships and transaction thresholds.				
	(a) (b)  Name of related organization Transact type (a-		(c) Amount involved	(d) Method of determining amount invo	olved			
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2)								
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3)			+					
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E)								
5)			+					
6)								
6) 3216	I 163 10-28-20			Schedule F	l (Forr	n 9901	2020	
10 ک	00 10-20-20			Scriedule F	ווטון:	<i>33</i> 0)	2020	

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ŀ	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispri	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentago
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownership
		Country)	Sections 5 (2-5 (4)	Yes N	o Income	assets	Yes	No	(F01111 1065)	Yes I	10
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