

## Form 990-PF Return Summary

For calendar year 2020, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

82-3487365

### FOUNDATION FOR CLIMATE RESTORATION

**Investment Income**

Interest	334
Dividends	
Gross rents	
Capital gain net income	
Other income	

**Total investment income** 334

**Expenses**

Officer compensation	
Salaries / employee benefits	
Other expenses	334

**Total expenses** 334

**Net investment income** 0

**Taxes / Credits**

Regular tax	
Section 511 tax	
Subtitle A tax	

**Total tax** \_\_\_\_\_

**Payments / Penalties / Application**

Estimated tax payments	
Tax withheld	
Other payments	
Estimated tax penalty	
Overpayment applied to next year's tax	

**Payments / penalty / application** \_\_\_\_\_

**Net tax due** \_\_\_\_\_

Interest on late payments	
Failure to file penalty	
Failure to pay penalty	

**Additions to tax** \_\_\_\_\_

**Balance due** \_\_\_\_\_

**Refund** \_\_\_\_\_

**Revenue / Expenses per Books Adjusted Net Income**

Total contributions	2,240,867		
Interest	334	334	
Dividends			
Capital gains / losses			
Income modifications			
Sale of inventory			
Other income	42,755	42,755	
<b>Total revenue</b>	<b>2,283,956</b>	<b>43,089</b>	
Total expenses	1,132,861		
<b>Excess / ANI</b>	<b>1,151,095</b>	<b>43,089</b>	

**Next Year's Estimates**

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total</b>	

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/21

**Balance Sheet**

	Beginning	Ending	Differences
Assets	30,116	71,211	
Liabilities	1,110,000		
<b>Net assets</b>	<b>-1,079,884</b>	<b>71,211</b>	<b>1,151,095</b>

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning . . . . . 2020, and ending . . . . . 20 . . . . .

**u Do not send to the IRS. Keep for your records.**

**u Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2020

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

Taxpayer identification number

**FOUNDATION FOR CLIMATE RESTORATION**

**82-3487365**

Name and title of officer or person subject to tax **ERICA DODDS**  
**COO**

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b <b>0</b>
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b _____

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization of  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize **RYAN & WETMORE, PC** to enter my PIN **87365** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } \_\_\_\_\_

Date } **11/15/21**

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**52525152525**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **PETER T. RYAN, CPA** Date } **11/15/21**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990-PF**

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

Open to Public Inspection

For calendar year **2020** or tax year beginning , and ending

Name of foundation <b>FOUNDATION FOR CLIMATE RESTORATION</b>		A Employer identification number <b>82-3487365</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>952 S SPRINGER ROAD</b>	Room/suite	B Telephone number (see instructions) <b>650-906-3016</b>
City or town, state or province, country, and ZIP or foreign postal code <b>LOS ALTOS CA 94024</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 71,211</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)	<b>2,240,867</b>			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	<b>334</b>	<b>334</b>	<b>334</b>	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		<b>0</b>		
	8 Net short-term capital gain			<b>0</b>	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule) <b>STMT 1</b>	<b>42,755</b>		<b>42,755</b>		
12 <b>Total.</b> Add lines 1 through 11	<b>2,283,956</b>	<b>334</b>	<b>43,089</b>		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	<b>415,826</b>			
	14 Other employee salaries and wages				<b>291,078</b>
	15 Pension plans, employee benefits	<b>45,487</b>			<b>45,487</b>
	16a Legal fees (attach schedule) <b>SEE STMT 2</b>	<b>32,937</b>			
	b Accounting fees (attach schedule) <b>STMT 3</b>	<b>11,472</b>	<b>334</b>		
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) <b>STMT 4</b>	<b>709</b>			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	<b>13,261</b>			<b>13,261</b>
	22 Printing and publications				
	23 Other expenses (att. sch.) <b>STMT 5</b>	<b>588,169</b>			<b>588,169</b>
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	<b>1,107,861</b>	<b>334</b>	<b>0</b>	<b>937,995</b>
	25 Contributions, gifts, grants paid	<b>25,000</b>			<b>25,000</b>
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	<b>1,132,861</b>	<b>334</b>	<b>0</b>	<b>962,995</b>	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<b>1,151,095</b>				
b <b>Net investment income</b> (if negative, enter -0-)		<b>0</b>			
c <b>Adjusted net income</b> (if negative, enter -0-)			<b>43,089</b>		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2020)

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing .....	30,116	71,211	71,211
	<b>2</b> Savings and temporary cash investments .....			
	<b>3</b> Accounts receivable <b>u</b> .....			
	Less: allowance for doubtful accounts <b>u</b> .....			
	<b>4</b> Pledges receivable <b>u</b> .....			
	Less: allowance for doubtful accounts <b>u</b> .....			
	<b>5</b> Grants receivable .....			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) .....			
	<b>7</b> Other notes and loans receivable (att. schedule) <b>u</b> .....			
	Less: allowance for doubtful accounts <b>u</b> .....	0		
	<b>8</b> Inventories for sale or use .....			
	<b>9</b> Prepaid expenses and deferred charges .....			
	<b>10a</b> Investments – U.S. and state government obligations (attach schedule) .....			
	<b>b</b> Investments – corporate stock (attach schedule) .....			
	<b>c</b> Investments – corporate bonds (attach schedule) .....			
	<b>11</b> Investments – land, buildings, and equipment: basis <b>u</b> .....			
Less: accumulated depreciation (attach sch.) <b>u</b> .....				
<b>12</b> Investments – mortgage loans .....				
<b>13</b> Investments – other (attach schedule) .....				
<b>14</b> Land, buildings, and equipment: basis <b>u</b> .....				
Less: accumulated depreciation (attach sch.) <b>u</b> .....				
<b>15</b> Other assets (describe <b>u</b> ) .....				
<b>16 Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I) .....	30,116	71,211	71,211	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....			
	<b>18</b> Grants payable .....			
	<b>19</b> Deferred revenue .....			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons .....	1,110,000		
	<b>21</b> Mortgages and other notes payable (attach schedule) .....			
	<b>22</b> Other liabilities (describe <b>u</b> ) .....			
	<b>23 Total liabilities</b> (add lines 17 through 22) .....	1,110,000	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> <b>u</b> <input checked="" type="checkbox"/>			
	<b>24</b> Net assets without donor restrictions .....	-1,084,884	66,211	
	<b>25</b> Net assets with donor restrictions .....	5,000	5,000	
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> <b>u</b> <input type="checkbox"/>			
	<b>26</b> Capital stock, trust principal, or current funds .....			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds .....			
<b>29 Total net assets or fund balances</b> (see instructions) .....	-1,079,884	71,211		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .....	30,116	71,211		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	<b>1</b>	-1,079,884
<b>2</b> Enter amount from Part I, line 27a .....	<b>2</b>	1,151,095
<b>3</b> Other increases not included in line 2 (itemize) <b>u</b> .....	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 .....	<b>4</b>	71,211
<b>5</b> Decreases not included in line 2 (itemize) <b>u</b> .....	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29 .....	<b>6</b>	71,211

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a N/A</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss) <span style="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>				<b>2</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8				<b>3</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 – DO NOT COMPLETE.**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			
<b>2</b> Reserved .....			<b>2</b>
<b>3</b> Reserved .....			<b>3</b>
<b>4</b> Reserved .....			<b>4</b>
<b>5</b> Reserved .....			<b>5</b>
<b>6</b> Reserved .....			<b>6</b>
<b>7</b> Reserved .....			<b>7</b>
<b>8</b> Reserved .....			<b>8</b>

<b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)</b>			
<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: ..... (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved	<b>1</b>	
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>	<b>0</b>
<b>3</b>	Add lines 1 and 2	<b>3</b>	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	<b>0</b>
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	<b>0</b>
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	
<b>b</b>	Exempt foreign organizations – tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> <b>u</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> <b>u</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax u</b> <b>Refunded u</b>	<b>11</b>	

<b>Part VII-A Statements Regarding Activities</b>			Yes	No
<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<b>1a</b>		<b>X</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	<b>1b</b>		<b>X</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1c</b>		<b>X</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>u</b> \$ _____ <b>(2)</b> On foundation managers. <b>u</b> \$ _____			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>u</b> \$ _____			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	<b>2</b>		<b>X</b>
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<b>3</b>		<b>X</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>		<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <b>N/A</b>	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	<b>5</b>		<b>X</b>
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<b>6</b>	<b>X</b>	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	<b>7</b>	<b>X</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered. See instructions. <b>u</b> <b>MA, CA, DC</b>			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	<b>8b</b>	<b>X</b>	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See instructions for Part XIV. If "Yes," complete Part XIV	<b>9</b>	<b>X</b>	
<b>10</b>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses <b>STMT 6</b>	<b>10</b>	<b>X</b>	

**Part VII-A Statements Regarding Activities (continued)**

	Yes	No
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		<input checked="" type="checkbox"/>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		<input checked="" type="checkbox"/>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>FOUNDATIONFORCLIMATERESTORATION.ORG</b>	<input checked="" type="checkbox"/>	
<b>14</b> The books are in care of <b>ERICA DODDS</b> Telephone no. <b>650-906-3016</b> <b>952 S SPRINGER RD</b> Located at <b>LOS ALTOS</b> CA ZIP+4 <b>94024-4832</b>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>15</b>		
<b>16</b> At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <b>u</b>		<input checked="" type="checkbox"/>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>	<b>1b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	<b>1c</b>	<input checked="" type="checkbox"/>
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): <b>a</b> At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>u</b> 20 , 20 , 20 , 20 <b>b</b> Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.) <b>N/A</b>	<b>2b</b>	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <b>u</b> 20 , 20 , 20 , 20		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>b</b> If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) <b>N/A</b>	<b>3b</b>	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	<b>4b</b>	<input checked="" type="checkbox"/>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b> During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions			<b>N/A</b>
Organizations relying on a current notice regarding disaster assistance, check here			<b>u</b> <input type="checkbox"/>
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?			<b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.			<b>X</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			<b>N/A</b>
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7				

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 ▶ **0**



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
DIANE WALKER 1907 GROVE ST. DENVER CO 80204	CONSULTING	144,000
SOCIAL IMPACT PARTNERS LLC 300 DELAWARE AVE, SUITE 210-A WILMINGTON DE 19801	CONSULTING	50,038
<b>Total</b> number of others receiving over \$50,000 for professional services		<b>u</b> 0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 8	274,726
2 SEE STATEMENT 9	137,737
3 SEE STATEMENT 10	120,041
4 SEE STATEMENT 11	66,625

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	<b>0</b>
<b>b</b>	Average of monthly cash balances	<b>1b</b>	<b>76,671</b>
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	<b>0</b>
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	<b>76,671</b>
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	<b>0</b>
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	<b>0</b>
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	<b>76,671</b>
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	<b>4</b>	<b>1,150</b>
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	<b>75,521</b>
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	<b>3,776</b>

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5	<b>2a</b>	
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	<b>1a</b>	<b>962,995</b>
<b>b</b>	Program-related investments – total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	<b>4</b>	<b>962,995</b>
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	<b>5</b>	<b>0</b>
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	<b>962,995</b>

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only .....				
<b>b</b> Total for prior years: 20____, 20____, 20____ .....				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015 .....				
<b>b</b> From 2016 .....				
<b>c</b> From 2017 .....				
<b>d</b> From 2018 .....				
<b>e</b> From 2019 .....				
<b>f</b> <b>Total</b> of lines 3a through e .....				
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: <b>u</b> \$ <u>962,995</u>				
<b>a</b> Applied to 2019, but not more than line 2a .....				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions) .....				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions) .....				
<b>d</b> Applied to 2020 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus .....	962,995			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) .....				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	962,995			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....				
<b>d</b> Subtract line 6c from line 6b. Taxable amount – see instructions .....				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount – see instructions .....				
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 .....				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) .....				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) .....				
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016 .....				
<b>b</b> Excess from 2017 .....				
<b>c</b> Excess from 2018 .....				
<b>d</b> Excess from 2019 .....				
<b>e</b> Excess from 2020 .....				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling **u** **10/10/19**

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	3,776				3,776
<b>b</b> 85% of line 2a	3,210				3,210
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed	962,995	992,401			1,955,396
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	962,995	992,401			1,955,396
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter:					
<b>(1)</b> Value of all assets			-88,663	41,780	-46,883
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed	2,517	3,714			6,231
<b>c</b> "Support" alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
**SEE STATEMENT 12**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
**N/A**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:  
**N/A**

**b** The form in which applications should be submitted and information and materials they should include:  
**N/A**

**c** Any submission deadlines:  
**N/A**

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**N/A**

**Part XV Supplementary Information** *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><b>a</b> <i>Paid during the year</i>  <b>CAMBRIDGE IN AMERICA</b>  <b>1120 6TH AVE</b>  <b>NEW YORK NY 10036</b></p>		<p><b>CHARITABLE</b></p>	<p><b>CONTRIBUTION</b></p>	<p><b>25,000</b></p>
<p><b>Total</b> .....</p>			<p><b>u 3a</b></p>	<p><b>25,000</b></p>
<p><b>b</b> <i>Approved for future payment</i>  <b>N/A</b></p>				
<p><b>Total</b> .....</p>			<p><b>u 3b</b></p>	





Form <b>990-PF</b>	<b>Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons</b>	<b>2020</b>
For calendar year 2020, or tax year beginning _____, and ending _____		

Name <b>FOUNDATION FOR CLIMATE RESTORATION</b>	Employer Identification Number <b>82-3487365</b>
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**FORM 990-PF, PART II, LINE 20 - ADDITIONAL INFORMATION**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Name of lender	Title
										<b>LOAN FROM BOARD MEMBER</b>	

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
										<b>1,100,000</b>	<b>03/29/19</b>	<b>12/31/22</b>	<b>LOAN FORGIVEN IN FEB 2020</b>	<b>0.000</b>

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Security provided by borrower	Purpose of loan
										<b>NO COLLATERAL</b>	<b>SUPPORT MISSION OF THE FOUNDATION</b>

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
										<b>CASH</b>	<b>1,110,000</b>	<b>0</b>
<b>Totals</b>											<b>1,110,000</b>	



**Federal Statements**

**Statement 1 - Form 990-PF, Part I, Line 11 - Other Income**

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
SPECIAL EVENT INC	\$ 42,755	\$	\$ 42,755
TOTAL	<u>\$ 42,755</u>	<u>\$ 0</u>	<u>\$ 42,755</u>

**Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL SERVICES	\$ 32,937	\$	\$	\$
TOTAL	<u>\$ 32,937</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BOOKKEEPING, ACCOUNTING, AND BAN	\$ 11,472	\$ 334	\$	\$
TOTAL	<u>\$ 11,472</u>	<u>\$ 334</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Statement 4 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
TAXES & LICENSES	\$ 709	\$	\$	\$
TOTAL	<u>\$ 709</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Federal Statements**

**Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
EXPENSES				
BANK FEES	1,985			1,985
MEALS & ENTERTAINMENT	3,706			3,706
OUTREACH	110,000			110,000
CONFERENCE & EVENTS	42,931			42,931
FUNDRAISING	97,032			97,032
PUBLIC RELATIONS	156,492			156,492
GRAPHIC DESIGN	6,160			6,160
IT & PLATFORMS	6,850			6,850
ADVERTISING EXPENSES	4,806			4,806
OFFICE EXPENSE	529			529
COALITIONS AND PARTNERSHIPS	144,000			144,000
WEB DEVELOPMENT	3,897			3,897
ONLINE SERVICES	9,524			9,524
PAYROLL ADMINISTRATION	257			257
TOTAL	<u>\$ 588,169</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 588,169</u>

**Statement 6 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors**

Name	Address	City, State, Zip
PETER AND SHARON FIEKOWSKY	952 S SPRINGER ROAD	LOS ALTOS CA 94024
TOM BARUCH	87 GRAHAM STREET	SAN FRANCISCO CA 94129

**Federal Statements**

**Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
PETE RYAN 952 S SPRINGER RD LOS ALTOS CA 94024	TREASURER	3.00	0	0	0
RICHARD PARNELL 952 S SPRINGER RD LOS ALTOS CA 94024	CEO	50.00	325,000	0	0
TERRY MOLLNER 952 S SPRINGER RD LOS ALTOS CA 94024	CLERK	1.00	0	0	0
ERICA DODDS 952 S SPRINGER RD LOS ALTOS CA 94024	COO	45.00	90,826	0	0
ALAN HYMAN 952 S SPRINGER RD LOS ALTOS CA 94024	DIRECTOR	1.00	0	0	0
SANDRA KWAK 952 S SPRINGER RD LOS ALTOS CA 94024	DIRECTOR	1.00	0	0	0
NICOLE GARDNER 952 S SPRINGER RD LOS ALTOS CA 94024	DIRECTOR	5.00	0	0	0
SHARON FIEKOWSKY 952 S SPRINGER RD LOS ALTOS CA 94024	DIRECTOR	1.00	0	0	0
ASHLEY MEEKY 952 S SPRINGER RD LOS ALTOS CA 94024	DIRECTOR	3.00	0	0	0
PETER FIEKOWSKY	DIRECTOR	1.00	0	0	0

## Federal Statements

### Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
952 S SPRINGER RD LOS ALTOS CA 94024					
PRIYA VORA 952 S SPRINGER RD LOS ALTOS CA 94024	DIRECTOR	1.00	0	0	0
MELINDA KIMBLE 952 S SPRINGER RD LOS ALTOS CA 94024	DIRECTOR	1.00	0	0	0

**Federal Statements**

**Statement 8 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities**

Description

CO-CHAIRING THE GLOBAL CARBON REMOVAL TASK FORCE IN PARTNERSHIP WITH THE THUNDERBIRD SCHOOL OF GLOBAL MANAGEMENT IN ORDER TO BRING TOGETHER KEY STAKEHOLDERS TO ADVANCE CARBON REMOVAL FOR THE PURPOSE OF CLIMATE RESTORATION. MEMBERS INCLUDE XPRIZE FOUNDATION, THE PRESIDENCY OF KENYA, NEXUS GLOBAL, EARTHDAY.ORG, TALL TREES CAPITAL, THE MAYOR OF L.A., AND MORE.

**Statement 9 - Form 990-PF, Part IX-A, Line 2 - Summary of Direct Charitable Activities**

Description

HOSTED A VIRTUAL CONFERENCE, THE SECOND IN OUR ANNUAL SERIES OF CLIMATE RESTORATION FORUMS. SHOWCASED COMPANIES AND NONPROFITS WORKING ON CLIMATE RESTORATION SOLUTIONS, ENGINEERS AND SCIENTISTS WORKING IN CARBON DIOXIDE REMOVAL, AND MOVEMENT-BUILDERS BRINGING TOGETHER ACTIVISTS TO ADVANCE CLIMATE ACTION.

**Statement 10 - Form 990-PF, Part IX-A, Line 3 - Summary of Direct Charitable Activities**

Description

PLANNED CONVENING OF FAITH LEADERS REPRESENTING 85% OF THE WORLD'S POPULATION TO CALL FOR CLIMATE RESTORATION. EVENT WAS PLANNED IN COLLABORATION WITH THE UNIVERSITY OF AMSTERDAM, OUR PLANET OUR FUTURE, THE VATICAN, RIGHT NOW! FOUNDATION AND OTHERS. EVENT WAS POSTPONED TO 2021 DUE TO COVID SAFETY CONCERNS. LOCAL CHAPTER PROGRAM

**Statement 11 - Form 990-PF, Part IX-A, Line 4 - Summary of Direct Charitable Activities**

Description

PILOTED A LOCAL CHAPTER PROGRAM TO BUILD GRASSROOTS ADVOCACY FOR CLIMATE RESTORATION ISSUES. TRAINED CHAPTER LEADERS FROM THE U.S. AND AUSTRALIA IN THE SCIENCE AND SOLUTIONS OF CLIMATE RESTORATION, DEVELOPED RESOURCES FOR FUTURE CHAPTERS, AND DETERMINED A STRUCTURE FOR THE PROGRAM TO ALLOW IT TO SCALE.

**Statement 12 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000**

Name of Manager

ALAN HYMAN  
PETER AND SHARON FIEKOWSKY

**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  <b>FOUNDATION FOR CLIMATE RESTORATION</b>	Employer identification number  <b>82-3487365</b>
---------------------------------------------------------------------------	---------------------------------------------------------

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

Name of organization

Employer identification number

**FOUNDATION FOR CLIMATE RESTORATION**

**82-3487365**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALAN HYMAN 952 S SPRINGER RD LOS ALTOS CA 94024	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PETER FIEKOWSKY SHARON FIEKOWSKY 952 S SPRINGER RD LOS ALTOS CA 94024	\$ 1,955,993	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	TOM BARUCH 952 S SPRINGER RD LOS ALTOS CA 94024	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**FOUNDATION FOR CLIMATE RESTORATION**

**82-3487365**

**Part II Noncash Property** (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
2	ABBA STOCK	\$ 24,993	02/01/20



Form <b>990PF</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning _____, ending _____		

Name \_\_\_\_\_ Taxpayer Identification Number **82-3487365**

**FOUNDATION FOR CLIMATE RESTORATION**

		2019		2020		Differences	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	102,169		2,240,867		2,138,698	
	2. Interest on savings and temporary cash investments			334	334	334	334
	3. Dividends and interest from securities						
	4. Gross rents						
	5. Net gain or (loss) from sale of assets						
	6. Capital gain net income						
	7. Gross profit or (loss)						
	8. Other income			42,755		42,755	
	<b>9. Total. Add lines 1 through 8</b>		102,169	0	2,283,956	334	2,181,787
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	421,000		415,826		-5,174	
	11. Other employee salaries and wages	41,600				-41,600	
	12. Pension plans, employee benefits	16,484		45,487		29,003	
	13. Professional fees	20,382		44,409	334	24,027	334
	14. Interest						
	15. Taxes	395		709		314	
	16. Depreciation and depletion						
	17. Occupancy	210				-210	
	18. Other expenses	639,407		601,430		-37,977	
	19. Contributions, gifts, grants paid	0		25,000		25,000	
	<b>20. Total expenses and disbursements. Add lines 10 through 19</b>	1,139,478		1,132,861	334	-6,617	334
<b>21. Net income (if negative investment activity, enter -)</b>	-1,037,309	0	1,151,095	0	2,188,404		
<b>Taxes</b>	22. Excise Tax						
	23. Section 511 Tax						
	24. Subtitle A income tax						
	<b>25. Total Taxes</b>						
	<b>Due / Refund</b>	26. Estimates and overpayments credited					
27. Foreign tax withheld							
28. Other Payments							
<b>29. Total payments and credits</b>							
<b>30. Balance due / (Overpayment)</b>			0		0		
31. Overpayment credited to next year							
32. Penalty							
<b>33. Net due / (Refund)</b>			0		0		
<b>Other</b>	34. Total assets	30,116		71,211		0	
	35. Total liabilities	1,110,000		0		0	
	<b>36. Net assets</b>	-1,079,884		71,211		0	

**Federal Statements**

**Direct Public Support**

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
DONATIONS	94,041	
TOTAL	<u>94,041</u>	<u>0</u>

**Government Contributions or Grants**

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
GOVERNMENT GRANTS	40,833	
TOTAL	<u>40,833</u>	<u>0</u>

**Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000**

<u>Name of Manager</u>	<u>Amount</u>
ALAN HYMAN	\$ 100,000
PETER AND SHARON FIEKOWSKY	845,993
TOTAL	<u>\$ 945,993</u>

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 334		18		
TOTAL	<u>\$ 334</u>				

## Form 199 Return Summary

For calendar year 2020, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**82-3487365**

### FOUNDATION FOR CLIMATE RESTORATION

Gross sales / receipts	<u>43,089</u>	
Dues from members		
Contributions / grants	<u>2,240,867</u>	
Total costs		
Expenses	<u>1,132,861</u>	
<b>Excess / (deficit)</b>		<u><u>1,151,095</u></u>
Total payments		_____
Penalties and interest		_____
Use tax		_____
<b>Balance due</b>		_____
<b>Refund</b>		<u>_____</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>30,116</u>	<u>71,211</u>	
Liabilities	<u>1,110,000</u>	<u>71,211</u>	
Net assets	<u><u>-1,079,884</u></u>	<u><u>71,211</u></u>	<u><u>1,151,095</u></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/21

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 STREET ADDRESS:  
 1300 I Street  
 Sacramento, CA 95814  
 (916) 210-6400  
 WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

**Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><b>FOUNDATION FOR CLIMATE RESTORATION</b>                  Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used  <b>952 S SPRINGER ROAD</b>                  Address (Number and Street)</p> <p><b>LOS ALTOS CA 94024</b>                  City or Town, State, and ZIP Code</p> <p><b>650-906-3016</b>                  Telephone Number</p> <p><b>ERICA@F4CR.ORG</b>                  E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. <b>4252122</b></p> <p>Federal Employer ID No. <b>82-3487365</b></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/20 ending 12/31/20) list:

Gross Annual Revenue \$ 2,283,956 Noncash Contributions \$ 24,993 Total Assets \$ 71,211  
 Program Expenses \$ 1,107,861 Total Expenses \$ 1,132,861

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <span style="float: right;"><b>STMT 1</b></span>	<b>X</b>	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<b>X</b>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		<b>X</b>
5. During this reporting period, did the organization receive any governmental funding?		<b>X</b>
6. During this reporting period, did the organization hold a raffle for charitable purposes?		<b>X</b>
7. Does the organization conduct a vehicle donation program?		<b>X</b>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		<b>X</b>
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<b>X</b>

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

\_\_\_\_\_ ERICA DODDS \_\_\_\_\_ COO \_\_\_\_\_  
 Signature of Authorized Agent      Printed Name      Title      Date

**Statement 1 - Form RRF-1, Part B, Line 1 - Financial Transactions**

Description

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LOAN PAYABLE ON THE BOOKS TO BOARD MEMBER PETER FIEKOWSKY WAS FULLY FORGIVEN IN FEBURARY OF 2020.

034

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2020

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

FOUNDATION FOR CLIMATE RESTORATION

Identifying number

82-3487365

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: Total gross receipts (2,283,956), Total gross income (2,283,956), Total expenses and disbursements (1,132,861)

Part II Settle Your Account Electronically for Taxable Year 2020

4 [ ] Electronic funds withdrawal 4a Amount \_\_\_\_\_ 4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_ 6 Account number \_\_\_\_\_ 7 Type of account: [ ] Checking [ ] Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return.

Sign Here U Signature of officer 11/15/21 Date COO Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return.)

ERO Must Sign ERO's signature U PETER T. RYAN, CPA Date Check if also paid preparer [X] Check if self-employed [ ] ERO's PTIN P00347443 Firm's name (or yours if self-employed) and address U RYAN & WETMORE, PC 3 BETHESDA METRO CENTER RD STE 320 BETHESDA MD Firm's FEIN 52-1753100 ZIP code 20814

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign Paid preparer's signature U Date Check if self-employed [ ] Firm's FEIN ZIP code

TAXABLE YEAR **2020** **California Exempt Organization**  
**Annual Information Return**

FORM

**199**

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name <b>FOUNDATION FOR CLIMATE RESTORATION</b>		California corporation number <b>4252122</b>
Additional information. See instructions.		FEIN <b>82-3487365</b>
Street address (suite or room) <b>952 S SPRINGER ROAD</b>		PMB no.
City <b>LOS ALTOS</b>	State <b>CA</b>	Zip code <b>94024</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First return ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy) ● _____</p> <p><b>E</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input checked="" type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990)                  (4) <input type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," what is the parent's name?                  _____</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <b>N/A</b> ● <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the gross receipts from nonmember sources ..... \$ _____</p> <p><b>L</b> Is the organization a limited liability company? .. ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? ..... ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 .....	● 1	43,089	00
	2 Gross dues and assessments from members and affiliates .....	● 2		00
	3 Gross contributions, gifts, grants, and similar amounts received .....	● 3	2,240,867	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	● 4	2,283,956	00
	5 Cost of goods sold .....	● 5		00
	6 Cost or other basis, and sales expenses of assets sold .....	● 6		00
	7 Total costs. Add line 5 and line 6 .....	● 7		00
	8 Total gross income. Subtract line 7 from line 4 .....	● 8	2,283,956	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18 .....	● 9	1,132,861	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 .....	● 10	1,151,095	00
<b>Filing Fee</b>	11 Total payments .....	● 11		00
	12 Use tax. See General Information K .....	● 12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 .....	● 13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 .....	● 14		00
	15 Penalties and Interest. See General Information J .....	● 15		00
16 <b>Balance due.</b> Add line 12, and line 15. Then subtract line 11 from the result .....	● 16		00	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
<b>Paid Preparer's Use Only</b>	Signature of officer <b>u</b> _____ Title <b>COO</b> Date _____ Telephone <b>650-906-3016</b>			
	Preparer's signature <b>u PETER T. RYAN, CPA</b> Date <b>11/15/2021</b> Check if self-employed <input type="checkbox"/> PTIN <b>P00347443</b>			
	Firm's name <b>u RYAN &amp; WETMORE, PC</b> Firm's FEIN <b>52-1753100</b> (or yours, if self-employed) <b>3 BETHESDA METRO CENTER RD STE 320</b> Telephone <b>301-585-0506</b> and address <b>BETHESDA, MD 20814</b>			
May the FTB discuss this return with the preparer shown above? See instructions ..... ● <input type="checkbox"/> Yes <input type="checkbox"/> No				

**FOUNDATION FOR CLIMATE RESTORATION**  
**82-3487365**

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1		00	
	2	Interest	●	2	334	00	
	3	Dividends	●	3		00	
	4	Gross rents	●	4		00	
	5	Gross royalties	●	5		00	
	6	Gross amount received from sale of assets (See Instructions)	●	6		00	
	7	Other income. Attach schedule	●	7	42,755	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	43,089	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 1</b>	●	9	25,000	00	
	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 2</b>	●	11	415,826	00	
	12	Other salaries and wages	●	12		00	
	<b>Expenses and Disbursements</b>	13	Interest	●	13		00
		14	Taxes	●	14	709	00
		15	Rents	●	15		00
		16	Depreciation and depletion (See instructions)	●	16		00
		17	Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 3</b>	●	17	691,326	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,132,861	00

<b>Schedule L Balance Sheet</b>	<b>Beginning of taxable year</b>			<b>End of taxable year</b>	
	(a)	(b)	(c)	(d)	
<b>Assets</b>					
1 Cash		30,116		●	71,211
2 Net accounts receivable				●	
3 Net notes receivable				●	
4 Inventories				●	
5 Federal and state government obligations				●	
6 Investments in other bonds				●	
7 Investments in stock				●	
8 Mortgage loans				●	
9 Other investments. Attach schedule				●	
10 a Depreciable assets					
b Less accumulated depreciation					
11 Land				●	
12 Other assets. Attach schedule				●	
13 <b>Total assets</b>		30,116			71,211
<b>Liabilities and net worth</b>					
14 Accounts payable				●	
15 Contributions, gifts, or grants payable				●	
16 Bonds and notes payable <b>STMT 4</b>		1,110,000		●	
17 Mortgages payable				●	
18 Other liabilities. Attach schedule				●	
19 Capital stock or principal fund				●	
20 Paid-in or capital surplus. Attach reconciliation				●	
21 Retained earnings or income fund		-1,079,884		●	71,211
22 <b>Total liabilities and net worth</b>		30,116			71,211

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	●	1,151,095
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5		1,151,095
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		1,151,095



**California Statements**

**Form 199, Part II, Line 7 - Other Income**

<u>Description</u>	<u>Amount</u>
SPECIAL EVENT INC	\$ <u>42,755</u>
TOTAL	\$ <u><u>42,755</u></u>

## California Statements

### Statement 1 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
		CAMBRIDGE IN AMERICA CHARITABLE CONTRIBUT	1120 6TH AVE 25,000	NEW YORK	NY	10036		

**California Statements**

**Statement 2 - Form 199, Part II, Line 11 - Officer Compensation**

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
PETE RYAN	LOS ALTOS	CA	952 S SPRINGER RD 94024	TREASURER	3.00	
RICHARD PARNELL	LOS ALTOS	CA	952 S SPRINGER RD 94024	CEO	50.00	325,000
TERRY MOLLNER	LOS ALTOS	CA	952 S SPRINGER RD 94024	CLERK	1.00	
ERICA DODDS	LOS ALTOS	CA	952 S SPRINGER RD 94024	COO	45.00	90,826
ALAN HYMAN	LOS ALTOS	CA	952 S SPRINGER RD 94024	DIRECTOR	1.00	
SANDRA KWAK	LOS ALTOS	CA	952 S SPRINGER RD 94024	DIRECTOR	1.00	
NICOLE GARDNER	LOS ALTOS	CA	952 S SPRINGER RD 94024	DIRECTOR	5.00	
SHARON FIEKOWSKY	LOS ALTOS	CA	952 S SPRINGER RD 94024	DIRECTOR	1.00	
ASHLEY MEEKY	LOS ALTOS	CA	952 S SPRINGER RD 94024	DIRECTOR	3.00	
PETER FIEKOWSKY	LOS ALTOS	CA	952 S SPRINGER RD 94024	DIRECTOR	1.00	
PRIYA VORA	LOS ALTOS	CA	952 S SPRINGER RD 94024	DIRECTOR	1.00	
MELINDA KIMBLE	LOS ALTOS	CA	952 S SPRINGER RD 94024	DIRECTOR	1.00	
TOTAL						<u>415,826</u>

**California Statements****Statement 3 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
LEGAL SERVICES	\$ 32,937
BOOKKEEPING, ACCOUNTING, AND BANKIN	11,472
BANK FEES	1,985
MEALS & ENTERTAINMENT	3,706
OUTREACH	110,000
CONFERENCE & EVENTS	42,931
FUNDRAISING	97,032
PUBLIC RELATIONS	156,492
GRAPHIC DESIGN	6,160
IT & PLATFORMS	6,850
ADVERTISING EXPENSES	4,806
OFFICE EXPENSE	529
OTHER EMPLOYEE BENEFITS	18,846
PAYROLL TAXES	26,641
TRAVEL, CONFERENCES, MEETINGS	13,261
COALITIONS AND PARTNERSHIPS	144,000
WEB DEVELOPMENT	3,897
ONLINE SERVICES	9,524
PAYROLL ADMINISTRATION	257
TOTAL	<u>\$ 691,326</u>

**Statement 4 - Form 199, Schedule L, Line 16 - Bonds and Notes Payable**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
LOAN FROM BOARD MEMBER	\$ 1,110,000	\$ _____
TOTAL	<u>\$ 1,110,000</u>	<u>\$ _____ 0</u>