

Form **990**

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

OMB No. 1545-0047

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ECOTRUST</b>		<b>D</b> Employer identification number <b>93-1050144</b>
	Doing business as		<b>E</b> Telephone number <b>(503) 227-6225</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>721 NW 9TH AVENUE</b>		<b>G</b> Gross receipts \$ <b>13,721,259.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>PORTLAND, OR 97209-3448</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>ADAM LANE</b> <b>721 NW 9TH AVENUE, PORTLAND, OR 97209-3448</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: ▶ <b>HTTP://WWW.ECOTRUST.ORG/</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1991</b>	<b>M</b> State of legal domicile: <b>OR</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ECOTRUST'S MISSION IS INSPIRE FRESH THINKING THAT CREATES ECONOMIC OPPORTUNITY, SOCIAL EQUITY, AND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>57</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>259,526.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-7,668.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>3,066,863.</b>	<b>11,326,830.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,391,301.</b>	<b>1,949,993.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>305,276.</b>	<b>196,876.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>197,376.</b>	<b>83,793.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,960,816.</b>	<b>13,557,492.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>704,066.</b>	<b>458,075.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,726,986.</b>	<b>3,930,709.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>426,484.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,464,026.</b>	<b>1,886,100.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,895,078.</b>	<b>6,274,884.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>65,738.</b>	<b>7,282,608.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>27,516,249.</b>	<b>End of Year</b> <b>35,164,402.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,505,487.</b>	<b>2,329,528.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>24,010,762.</b>	<b>32,834,874.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>ADAM LANE, CFO/COO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TODD D. MASSINGER</b>	Preparer's signature <b>TODD D. MASSINGER</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00075883</b>
	Firm's name ▶ <b>HOFFMAN, STEWART &amp; SCHMIDT, PC</b>	Firm's EIN ▶ <b>93-0743240</b>	Phone no. <b>503-220-5900</b>		
Firm's address ▶ <b>3 CENTERPOINTE DRIVE, SUITE 300</b>		<b>LAKE OSWEGO, OR 97035-3295</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: HEADQUARTERED IN PORTLAND, OREGON, ECOTRUST IS A UNIQUE HYBRID ORGANIZATION, SERVING AS: AN INCUBATOR FOR SOCIAL ENTERPRISE, DESIGNED TO IDENTIFY AND TEST DEEP INNOVATION;

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,991,649. including grants of \$ 250,500.) (Revenue \$ 598,362.) ECOTRUST INVESTMENTS - NATURAL CAPITAL HOLDINGS (NCH) IS THE HOLDING COMPANY FOR ECOTRUST'S COMMERCIAL ACTIVITIES. THESE ACTIVITIES INCLUDE BUSINESSES CREATED BY ECOTRUST, AS WELL AS INVESTMENTS IN OTHER VEHICLES. NCH INVESTS IN KEY INDUSTRIES, BUSINESSES, AND PROJECTS THAT HOLD THE PROMISE OF CREATING MORE RESILIENT COMMUNITIES, ECONOMIES, AND ECOSYSTEMS. ASSETS INCLUDE THE JEAN VOLLUM NATURAL CAPITAL CENTER, INC., A HISTORIC WAREHOUSE IN NORTHWEST PORTLAND THAT HAS BEEN REDEVELOPED FOR OCCUPANCY BY ECOTRUST, ITS AFFILIATES, AND A COMBINATION OF RETAIL AND COMMERCIAL OFFICE TENANTS WITH CONSERVATION-BASED MISSIONS; AND THE REDD ON SALMON STREET, A TWO-BLOCK CAMPUS UNDER DEVELOPMENT IN SOUTHEAST PORTLAND TO SUPPORT REGIONAL FOOD ENTERPRISE. NCH IS A POWERFUL FINANCIAL INSTRUMENT THAT SUPPORTS THE

4b (Code: ) (Expenses \$ 786,113. including grants of \$ ) (Revenue \$ 545,572.) KNOWLEDGE SYSTEMS - KNOWLEDGE SYSTEMS INITIATIVES FOCUS ON THE COMPLEX INTERACTIONS BETWEEN SOCIAL, ECONOMIC, AND ECOLOGICAL SYSTEMS. KNOWLEDGE SYSTEMS DELIVERS DECISION-SUPPORT TOOLS, ANALYSES, MAPS, AND DATA VISUALIZATIONS THAT SUPPORT MORE RESILIENT COMMUNITIES, ECONOMIES, AND ECOSYSTEMS. ECOTRUST'S APPROACH IS DESIGNED TO HELP PARTNERS AND CLIENTS VISUALIZE THE ECOSYSTEM IN A SOCIAL AND ECONOMIC CONTEXT, CREATE A PARTICIPATORY APPROACH TO INCORPORATING STAKEHOLDER KNOWLEDGE, AND IMPLEMENT MANAGEMENT DECISIONS AT APPROPRIATE SCALES.

4c (Code: ) (Expenses \$ 610,390. including grants of \$ ) (Revenue \$ 328,948.) FOOD AND FARMS - ECOTRUST'S FOOD AND FARMS HELPS ENTITIES THAT SPEND MILLIONS OF DOLLARS ON FOOD - INCLUDING SCHOOL CAFETERIAS, UNIVERSITY DINING HALLS, CORPORATE CAFES, AND REGIONAL RESTAURANT CHAINS - BUY LOCAL. ECOTRUST ACCOMPLISHES THIS BY COORDINATING THE DEVELOPMENT OF SCALE-APPROPRIATE AGGREGATION, PROCESSING, AND DISTRIBUTION INFRASTRUCTURE TO MOVE FOOD WITHIN REGIONS. ECOTRUST ALSO SUPPORTS FAMILY-SCALE FARMERS, RANCHERS, FISHERMEN, AND FOOD PROCESSORS TO ACCESS LAND, CAPITAL, AND TECHNICAL ASSISTANCE NEEDED TO FEED THEIR COMMUNITIES AND STEWARD THEIR LAND.

4d Other program services (Describe in Schedule O.) (Expenses \$ 925,072. including grants of \$ 207,575.) (Revenue \$ 299,821.)

4e Total program service expenses 4,313,224.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields (e.g., 55, 0, 57).

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **ADAM LANE - (503) 227-6225**  
**721 NW 9TH AVENUE, SUITE 200, PORTLAND, OR 97209**

**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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GERALD AMOS BOARD MEMBER	1.00	X					0.	0.	0.	
(2) CORY CARMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(3) MARK EDLEN BOARD MEMBER	1.00	X					0.	0.	0.	
(4) ELISE LUFKIN BOARD MEMBER	1.00	X					0.	0.	0.	
(5) ANTONE MINTHORN BOARD MEMBER	1.00	X					0.	0.	0.	
(6) WILLIAM NEUKOM BOARD MEMBER	1.00	X					0.	0.	0.	
(7) NELL NEWMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(8) KARIE THOMSON BOARD MEMBER	1.00	X					0.	0.	0.	
(9) ROBERT WARREN BOARD MEMBER	1.00	X					0.	0.	0.	
(10) DAN WIEDEN BOARD MEMBER	1.00	X					0.	0.	0.	
(11) SPENCER BEEBE EXECUTIVE CHAIR	50.00	X		X			288,333.	0.	36,872.	
(12) GUN DENHART VICE CHAIR	1.00	X		X			0.	0.	0.	
(13) ROBERT FRIEDMAN VICE CHAIR	1.00	X		X			0.	0.	0.	
(14) RON GRZYWINSKI TREASURER	1.00	X		X			0.	0.	0.	
(15) KATHRYN TAYLOR VICE CHAIR	1.00	X		X			0.	0.	0.	
(16) JEREMY BARNICLE CEO	50.00			X			155,750.	0.	17,358.	
(17) BRENT DAVIES VICE PRESIDENT	50.00			X			109,667.	0.	7,304.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROLYN HOLLAND VICE PRESIDENT	50.00			X				109,667.	0.	10,799.
(19) ADAM LANE CFO / COO	50.00			X				156,750.	0.	21,254.
(20) AMANDA OBORNE VICE PRESIDENT	50.00			X				118,417.	0.	9,974.
(21) LILY ABOOD VICE PRESIDENT	50.00			X				116,792.	0.	21,039.
(22) MIKE MERTENS VICE PRESIDENT	50.00			X				100,750.	0.	11,606.
(23) KATHERINE WILEY SECRETARY	50.00			X				54,958.	0.	4,931.
(24) NATHAN KADISH ADVENTURE CAPITALIST	50.00					X		123,542.	0.	18,963.
(25) BETTINA VON HAGEN CEO, EFMI	50.00 50.00					X		0.	186,919.	24,986.
(26) AMRITA (VIJAY KUMAR) VATSAL DIRECTOR, EFMI	50.00 50.00					X		0.	148,384.	9,667.
<b>1b Sub-total</b>								1,334,626.	335,303.	194,753.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,334,626.	335,303.	194,753.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NOVOGRADAC & CO., 111 SW FIFTH AVENUE, #1100, PORTLAND, OR 97204	AUDIT SERVICES	168,607.
HOFFMAN, STEWART & SCHMIDT, 3 CENTERPOINTE DRIVE, SUITE 300, LAKE OSWEGO, OR 97035	AUDIT SERVICES	115,327.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	204,945.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,121,885.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		8,217,852.					
	<b>h Total.</b> Add lines 1a-1f			11,326,830.				
<b>Program Service Revenue</b>	<b>2 a</b> CONSULTING INITIATIVES	<b>Business Code</b>	900099	1,275,762.	1,275,762.			
	<b>b</b> PROGRAM SERVICE EVENTS		900099	366,867.	189,577.	177,290.		
	<b>c</b> GOVERNMENT GRANTS		900099	307,364.	307,364.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			1,949,993.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			137,519.		82,236.	55,283.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties			511.			511.	
	<b>6 a</b> Gross rents	(i) Real		38,377.				
		(ii) Personal						
		Less: rental expenses		0.				
	<b>c</b> Rental income or (loss)		38,377.					
	<b>d</b> Net rental income or (loss)			38,377.			38,377.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities		163,876.				
		(ii) Other		19,000.				
		Less: cost or other basis and sales expenses		123,519.	0.			
		<b>c</b> Gain or (loss)		40,357.	19,000.			
	<b>d</b> Net gain or (loss)			59,357.			59,357.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 204,945. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		29,956.				
		<b>b</b> Less: direct expenses		40,248.				
<b>c</b> Net income or (loss) from fundraising events				-10,292.			-10,292.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>							
	<b>b</b> Less: direct expenses							
	<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold							
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> OTHER REVENUE			900099	55,197.			55,197.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d				55,197.				
<b>12 Total revenue.</b> See instructions.				13,557,492.	1,772,703.	259,526.	198,433.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	458,075.	458,075.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,352,221.	1,097,972.	92,405.	161,844.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,674,010.	951,641.	599,475.	122,894.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	95,959.		95,959.	
9 Other employee benefits	583,006.	507,162.		75,844.
10 Payroll taxes	225,513.		225,513.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,168.	693.	475.	
c Accounting	70,755.	37,345.	33,410.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,068.	1,962.	304.	802.
13 Office expenses	167,863.	50,805.	112,142.	4,916.
14 Information technology	39,863.	140,823.	-123,724.	22,764.
15 Royalties				
16 Occupancy	235,648.	225,398.	10,250.	
17 Travel	226,398.	171,837.	45,169.	9,392.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	70,478.	28,691.	36,362.	5,425.
20 Interest	89,163.	89,163.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,817.	20,649.	33,168.	
23 Insurance	81,123.	44,478.	36,645.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONTRACTS AND CONSULTAN</b>	722,126.	403,329.	300,493.	18,304.
b <b>TAXES AND FEES</b>	98,682.	81,330.	13,053.	4,299.
c <b>BAD DEBT EXPENSE</b>	25,948.	1,871.	24,077.	
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>6,274,884.</b>	<b>4,313,224.</b>	<b>1,535,176.</b>	<b>426,484.</b>
<b>26 Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	899,883.	<b>1</b>	729,802.
	<b>2</b> Savings and temporary cash investments .....	1,192.	<b>2</b>	5,848,154.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	507,042.	<b>4</b>	260,232.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	2,770,168.	<b>7</b>	1,667,973.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	128,494.	<b>9</b>	156,013.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,899,053.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 918,513.		
	<b>11</b> Investments - publicly traded securities .....	1,374,897.	<b>10c</b>	1,980,540.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	315,131.	<b>11</b>	396,988.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	21,519,442.	<b>12</b>	24,124,700.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	27,516,249.	<b>15</b>		
		<b>16</b>	35,164,402.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	564,268.	<b>17</b>	1,506,640.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	84,702.	<b>19</b>	72,888.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,856,517.	<b>23</b>	750,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	3,505,487.	<b>26</b>	2,329,528.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	16,522,806.	<b>27</b>	24,388,284.
	<b>28</b> Temporarily restricted net assets .....	2,332,674.	<b>28</b>	3,291,308.
	<b>29</b> Permanently restricted net assets .....	5,155,282.	<b>29</b>	5,155,282.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	24,010,762.	<b>33</b>	32,834,874.
	<b>34</b> Total liabilities and net assets/fund balances .....	27,516,249.	<b>34</b>	35,164,402.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,557,492.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,274,884.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,282,608.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	24,010,762.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	355,256.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,186,248.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	32,834,874.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization <b>ECOTRUST</b>	Employer identification number <b>93-1050144</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  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.
  - a  **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.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5979924.	5551040.	4888793.	3066863.	3065028.	22551648.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5979924.	5551040.	4888793.	3066863.	3065028.	22551648.
<b>5</b> 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) .....						1839662.
<b>6 Public support.</b> Subtract line 5 from line 4.						20711986.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	5979924.	5551040.	4888793.	3066863.	3065028.	22551648.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	173,131.	186,082.	242,680.	344,380.	225,472.	1171745.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	30,268.	26,937.	22,596.	244,086.	177,290.	501,177.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	69,311.	80,418.	558,736.	158,272.	55,197.	921,934.
<b>11 Total support.</b> Add lines 7 through 10						25146504.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,849,716.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	82.37 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	87.81 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.		
<b>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 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 must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

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

**SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:**

**DESCRIPTION: RAYMOND JAMES FINANCIAL STOCK**

**DATE: 12/09/17                      AMOUNT: 8011802.**

**DESCRIPTION: CASH CONTRIBUTION**

**DATE: 06/13/17                      AMOUNT: 250000.**

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

2017

Open to Public Inspection

Name of the organization ECOTRUST Employer identification number 93-1050144

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and questions about monitoring and expenses.

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

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including amounts for revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,868,356.	5,584,874.	5,335,212.	5,192,543.	4,256,732.
b Contributions		204,005.	408,518.	200,000.	400,000.
c Net investment earnings, gains, and losses	1,113,755.	343,531.	104,835.	215,765.	736,673.
d Grants or scholarships					
e Other expenditures for facilities and programs	270,952.	264,054.	263,691.	273,096.	200,862.
f Administrative expenses					
g End of year balance	6,711,159.	5,868,356.	5,584,874.	5,335,212.	5,192,543.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  76.80 %
- c Temporarily restricted endowment  23.20 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		999,892.		999,892.
b Buildings				
c Leasehold improvements		228,839.	78,764.	150,075.
d Equipment		1,670,322.	839,749.	830,573.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,980,540.

**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-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....	18,193,723.	COST
(3) Other		
(A) INVESTMENT HELD AT OREGON		
(B) COMMUNITY FOUNDATION	5,930,977.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	24,124,700.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>		
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

FIN 48 - ECOTRUST DOES NOT HAVE ANY ENTITY LEVEL UNCERTAIN TAX POSITIONS.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

ECOTRUST

Employer identification number

93-1050144

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	1	5	BUSINESS DEVELOPMENT	BUSINESS DEVELOPMENT, CONFERENCES	18,784.
<b>3 a</b> Sub-total .....	1	5			18,784.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	5			18,784.

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

Schedule F (Form 990) 2017





**Part IV Foreign Forms**

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





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LIGHT UP THE REDD (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	234,901.			234,901.
	<b>2</b> Less: Contributions .....	204,945.			204,945.
	<b>3</b> Gross income (line 1 minus line 2) .....	29,956.			29,956.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	10,000.			10,000.
	<b>8</b> Entertainment .....	3,500.			3,500.
	<b>9</b> Other direct expenses .....	26,748.			26,748.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				40,248.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-10,292.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
Revenue	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **ECOTRUST** Employer identification number **93-1050144**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH UMPQUA RURAL COMMUNITY PARTNERSHIP - 34620 TILLER TRAIL HIGHWAY - TILLER, OR 97484	33-1131242	501(C)(3)	11,220.	0.			WATERSHED RESTORATION
SIUSLAW WATERSHED COUNCIL PO BOX 422 MAPLETON, OR 97453-0422	93-1234456	501(C)(3)	37,682.	0.			WATERSHED RESTORATION
SWINOMISH INDIAN TRIBAL COMMUNITY 11404 MOORAGE WAY LACONNER, WA 98257			46,708.	0.			FORESTRY
MCKENZIE RIVER TRUST 120 SHELTON MCMURPHEY BLVD STE 270 EUGENE, OR 97401	93-1029808	501(C)(3)	5,265.	0.			WATERSHED RESTORATION
AHTNA HERITAGE FOUNDATION PO BOX 213 GLENNALLEN, AK 99588	92-0042242	501(C)(3)	20,000.	0.			SCHOLARSHIP
AMERICAN INDIAN SCHLORSHIP 8333 GREENWOOD BLVD. DENVER, CO 80221	52-1573446	501(C)(3)	20,000.	0.			SCHOLARSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2017)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT AREA FOUNDATION 363 INDIANOLA RD BAYSIDE, CA 95524	23-7310660	501(C)(3)	20,000.	0.			SCHOLARSHIP
ECOTRUST FORESTS II, LLC 721 NW 9TH AVENUE, 200 PORTLAND, OR 97209	90-0942883		250,000.	0.			FORESTRY
NORTHWEST INDIAN COLLEGE 2522 KWINA RD BELLINGHAM, WA 98226	94-3057654	501(C)(3)	20,000.	0.			SCHOLARSHIP
SALISH KOOTENAI COLLEGE FOUNDATION PO BOX 70 PABLO, MT 59855	81-0378823	501(C)(3)	20,000.	0.			SCHOLARSHIP
TILLAMOOK ESTUARIES PARTNERSHIP PO BOX 493 GARIBALDI, OR 97118	02-0584357	501(C)(3)	6,700.	0.			WATERSHED RESTORATION

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE VICE PRESIDENT IN CHARGE OF THE PROJECT WORKS WITH THE GRANT RECIPIENT TO PREPARE AN AGREEMENT ON HOW THE GRANT FUNDS WILL BE USED. AS THE PROGRAM PROGRESSES THE GRANTEE REPORTS THE PROGRESS TO OUR VICE PRESIDENT. BOTH PARTIES REVIEW THE FINAL REPORT TO ENSURE THE PROGRAM MET THE ORIGINAL PLAN. ADDITIONAL EFFORTS MAY BE REQUIRED BY THE GRANTEE TO MEET THEIR OBLIGATION.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

ECOTRUST

Employer identification number

93-1050144

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)       |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b	X	
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SPENCER BEEBE EXECUTIVE CHAIR	(i)	228,333.	5,000.	55,000.	24,000.	12,872.	325,205.	215,699.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEREMY BARNICLE CEO	(i)	155,750.	0.	0.	7,788.	9,570.	173,108.	96,089.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ADAM LANE CFO / COO	(i)	156,750.	0.	0.	9,405.	11,849.	178,004.	138,662.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BETTINA VON HAGEN CEO, EFMI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	180,353.	6,566.	0.	11,215.	13,771.	211,905.	167,405.
(5) AMRITA (VIJAY KUMAR) VATSAL DIRECTOR, EFMI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	133,230.	15,154.	0.	8,903.	764.	158,051.	132,948.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PART I, LINE 5:

BONUS IS CONTINGENT ON THE REVENUE OF EFMI FOR ONE EMPLOYEE

PART I, LINE 7:

RETROACTIVE PAY FOR SPENCER BEEBEE, FOR BOARD-AGREED RAISES THAT DID NOT  
GET INTO THE SYSTEM

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **ECOTRUST** Employer identification number **93-1050144**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	8,137,980.	QUOTED MARKET PRICES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( MISC ITEMS )	X	32	65,640.	FAIR VALUE
26 Other ▶ ( SOFTWARE )	X	1	14,232.	FAIR VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **33**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

ECOTRUST

Employer identification number

93-1050144

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIRONMENTAL WELL-BEING. OUR GOAL IS TO FOSTER A NATURAL MODEL OF  
DEVELOPMENT THAT CREATES MORE RESILIENT COMMUNITIES, ECONOMIES, AND  
ECOSYSTEMS HERE AND AROUND THE WORLD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

A VEHICLE FOR ACCESS TO INVESTMENT CAPITAL FOR PROMISING INNOVATIONS  
AS PROOF OF CONCEPT AND SCALABILITY; AND  
A GROWING CONSTELLATION OF PUBLIC, PRIVATE, FOR-PROFIT AND NONPROFIT  
ORGANIZATIONS DESIGNED TO INSPIRE CHANGE AROUND THE WORLD.

INTEGRATING PUBLIC AND PRIVATE PURPOSE, ECOTRUST'S MANY INNOVATIONS  
INCLUDE CO-FOUNDING THE COUNTRY'S FIRST ENVIRONMENTAL BANK, STARTING  
THE NATION'S FIRST ECOSYSTEM INVESTMENT FUND, CREATING A RANGE OF  
PROGRAMS IN FISHERIES, FORESTRY, FOOD AND FARMS, AND DEVELOPING NEW  
SCIENTIFIC AND INFORMATION TOOLS TO IMPROVE SOCIAL, ECONOMIC, AND  
ENVIRONMENTAL DECISION-MAKING.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EVENTS - ECOTRUST EVENTS IS CHARGED WITH CREATING EVENTS AND  
ENGAGEMENTS THAT SUPPORT OUR MISSION TO CREATE SOCIAL, ECONOMIC, AND  
ENVIRONMENTAL WELL-BEING. ECOTRUST EVENTS USES THE NATURAL CAPITAL  
CENTER AND THE REDD ON SALMON STREET TO OFFER CONVENING OPPORTUNITIES  
THAT ACCOMMODATE A WIDE RANGE OF PARTNERS AND CLIENTS, WITH SPECIFIC  
INTEREST IN SUPPORTING MISSION-ALIGNED INITIATIVES. ECOTRUST EVENTS  
ALSO PRODUCES INTERNAL ENGAGEMENTS THAT ARE USED TO TELL IMPORTANT

Name of the organization

ECOTRUST

Employer identification number

93-1050144

STORIES, RAISE AWARENESS ON CRITICAL ISSUES, AND INSPIRE MEANINGFUL CHANGE WITHIN OUR REGION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEVELOPMENT OF AN ECOLOGICALLY RESTORATIVE, SOCIALLY JUST, AND ECONOMICALLY VIBRANT SOCIETY IN THE NORTHWEST BIOREGION. THE SECONDARY OBJECTIVE OF NCH IS TO PROVIDE ORGANIZATIONAL AND PROGRAM SUPPORT FOR ECOTRUST.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FORESTS AND ECOSYSTEM SERVICES - THE GOAL OF ECOTRUST'S FORESTS AND ECOSYSTEM SERVICES PROGRAM IS TO TRANSFORM THE DOMINANT FOREST MANAGEMENT PARADIGM TO ONE THAT MORE CLOSELY MIMICS NATURAL FOREST PROCESSES, WHILE PROVIDING SOCIETY WITH SIGNIFICANT AND MEASURABLE BENEFITS. THE PURPOSE OF THIS WORK IS TO BUILD ENDURING SOCIAL, ECONOMIC, AND ENVIRONMENTAL VALUE FOR THIS REGION, WHILE SERVING AS A MODEL FOR OTHER REGIONS OF THE WORLD. ECOTRUST ACCOMPLISHES THIS BY SHOWING THAT OUR FORESTS CAN STORE MORE CARBON, PROVIDE HIGH QUALITY HABITAT FOR NATIVE FISH AND WILDLIFE, OFFER RECREATIONAL AND ECONOMIC DEVELOPMENT OPPORTUNITIES, AND PRODUCE CLEAN AND ABUNDANT WATER, ALL WHILE SUPPORTING A MORE ROBUST AND RELIABLE FOREST PRODUCTS INDUSTRY.

FISHERIES - ECOTRUST'S FISHERIES PROGRAM WORKS TO STRENGTHEN THE CONSERVATION OF REGIONAL MARINE AND FRESHWATER ECOSYSTEMS, RECOGNIZE AND IMPROVE COMMUNITY STEWARDSHIP, SUPPORT THE LIVELIHOODS OF FISHERMEN, GROW COLLABORATIVE BUSINESSES, CREATE FINANCING MECHANISMS FOR COMMUNITY-BASED FISHERIES, AND EVOLVE FISHERIES MANAGEMENT POLICIES.

Name of the organization ECOTRUST	Employer identification number 93-1050144
--------------------------------------	--

INDIGENOUS LEADERSHIP - SINCE 1991, ECOTRUST HAS BEEN WORKING WITH TRIBES AND FIRST NATIONS FROM ALASKA TO CALIFORNIA. ECOTRUST SUPPORTS A GROWING NETWORK OF LEADERS, INCREASING EDUCATION OPPORTUNITIES FOR NATIVE YOUTH AND BROKERING RESOURCES FOR REPATRIATION AND IMPROVED MANAGEMENT OF TRADITIONAL LANDS. ECOTRUST WORKS DIRECTLY WITH TRIBES TO COLLABORATE TO FIND TECHNICAL SOLUTIONS IN THE AREAS OF FISHERIES AND MARINE PLANNING, FOREST AND WATERSHED RESTORATION, AND FOOD SYSTEMS TO HELP RESTORE AND SUPPORT NATIVE COMMUNITIES, ECONOMIES, AND NATURAL ENVIRONMENTS.

EXPENSES \$ 925,072. INCLUDING GRANTS OF \$ 207,575. REVENUE \$ 299,821.

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

THE ORGANIZATION'S FORM 990 WILL BE MADE AVAILABLE TO THE BOARD AND REVIEWED BY THE FINANCIAL STAFF, INCLUDING THE CFO/COO BEFORE IT IS FILED.

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

THE BOARD OF DIRECTORS IS REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY. THESE FORMS ARE THEN REVIEWED BY THE PRESIDENT, CEO/ED, CFO/COO, AND SECRETARY. ALL NEW EMPLOYEES MUST FILL OUT CONFLICT FORM ON HIRE AND MUST UPDATE IF AFFILIATIONS CHANGE.

FORM 990, PART VI, SECTION B, LINE 15:

THE OVERALL RAISE BUDGET FOR THE ORGANIZATION IS DEVELOPED USING COMPARABLE INDUSTRY DATA AND SURVEYS. INDIVIDUAL RAISES ARE DETERMINED BASED ON EVALUATIONS AND WITHIN THE CONTEXT OF A MATRIX BASED ON SALARY RANGES AND OVERALL RAISE BUDGET. MANAGEMENT TEAM REVIEWS ALL RAISES EXCEPT FOR THEIR OWN. THE PRESIDENT, CEO/ED, AND CFO/COO REVIEW ALL RAISES FOR SENIOR

Name of the organization ECOTRUST	Employer identification number 93-1050144
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STAFF. THE PRESIDENT AND CEO/ED REVIEW THE CFO/COO'S SALARY. THE GOVERNANCE COMMITTEE REVIEWS THE PRESIDENT'S AND CEO/ED'S SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DISTRIBUTION FROM ECOTRUST CDE, LLC	425,000.
DISTRIBUTION FROM NATURAL CAPITAL CENTER, INC	125,000.
ADDITIONAL INVESTMENT IN NATURAL CAPITAL CENTER, INC	636,248.
TOTAL TO FORM 990, PART XI, LINE 9	1,186,248.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE AUDITOR. THE AUDIT COMMITTEE MEETS WITH THE AUDIT FIRM TO REVIEW THE RESULTS OF THE AUDIT.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization **ECOTRUST** Employer identification number **93-1050144**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NATURAL CAPITAL HOLDINGS, LLC - 47-3202228 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	HOLDING COMPANY FOR PROPERTY AND INVESTMENTS	OREGON	9,109,689.	31,735,655.	ECOTRUST
THE REDD MANAGER - 47-3202499 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	HOLDING COMPANY FOR PROPERTY AND INVESTMENTS	OREGON	247,478.	132,840.	ECOTRUST
ECOTRUST CAPITAL PARTNERS, LLC - 47-3202349 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	HOLDING COMPANY FOR PROPERTY AND INVESTMENTS	OREGON	100,000.	0.	ECOTRUST

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2017

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ECOTRUST CDE LLC - 30-0271536 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST	RELATED	1,359,989.	3,345,825.		X	N/A	X		99.90%
ECOTRUST SUB-CDE V, LLC - 20-4578220, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	19.	0.		X	N/A	X		.01%
ECOTRUST SUB-CDE VI, LLC - 20-4578343, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	-4.	0.		X	N/A	X		.00%
ECOTRUST SUB-CDE VII, LLC - 20-4578469, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	-7.	0.		X	N/A	X		.01%

**Part IV 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) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NATURAL CAPITAL CENTER - 91-2173400 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	COMMERCIAL RENTAL	OR	ECOTRUST	C CORP	992,370.	9,188,731.	100%	X	
ECOTRUST FOREST MANAGEMENT, INC. - 20-2422979, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	MANAGE ECOTRUST FORESTS, LLC	OR	ECOTRUST	C CORP	1,039,720.	717,486.	69.40%		X
ECOTRUST SUB-CDE VIII, LLC - 20-4578550 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.	DE	ECOTRUST CDE, LLC	C CORP	17.	1,311.	.01%		X

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ECOTRUST FORESTS, LLC - 84-1634653, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	INVESTMENT IN FOREST LAND	OR	ECOTRUST	RELATED	-136,212.	5,084,762.		X	N/A		X	19.61%
SIXES & DICKEY RIVER, LLC - 20-5968900, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	INVESTMENT IN FOREST LAND	OR	ECOTRUST FORESTS, LLC	RELATED	-3.	-327.		X	N/A		X	.01%
SOOES LLC - 20-3829968 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	INVESTMENT IN FOREST LAND	OR	ECOTRUST FORESTS, LLC	RELATED	-2.	0.		X	N/A		X	.00%
GARIBALDI FOREST MANAGEMENT LLC - 27-1668086, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	MANAGEMENT OF FOREST LAND	OR	ECOTRUST FOREST MANAGEMENT, INC.	RELATED	0.	0.		X	N/A		X	.10%
ECOTRUST SUB-CDE IX, LLC - 45-0665502, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	3.	675.		X	N/A		X	.01%
ECOTRUST SUB-CDE X, LLC - 45-0666612, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	25.	1,157.		X	N/A		X	.01%
ECOTRUST FORESTS II, LLC - 90-0942883, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	INVESTMENT IN FOREST LAND	OR	ECOTRUST	RELATED	-28,587.	502,085.		X	N/A		X	1.78%
ECOTRUST SUB-CDE XI, LLC - 45-0666847, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	-1.	986.		X	N/A		X	.01%
ECOTRUST SUB-CDE XII, LLC - 45-0666942, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	-1.	1,231.		X	N/A		X	.01%



**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OLYMPIC PENINSULA, LLC - 32-0414581, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	INVESTMENT IN FOREST LAND	OR	ECOTRUST FOREST MANAGEMENT, INC.	RELATED	-170.	-611.		X	N/A	X		.10%
WASSON CREEK, LLC - 90-0997191, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	INVESTMENT IN FOREST LAND	OR	ECOTRUST FOREST MANAGEMENT, INC.	RELATED	-194.	-397.		X	N/A	X		.10%
THE REDD, LLC - 47-1489265 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	INVESTMENT IN BUILDING	OR	ECOTRUST	RELATED	25,748.	3,619,107.		X	N/A	X		30.52%
ECOTRUST SUB-CDE XIII, LLC - 45-0667051, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	0.	700.		X	N/A	X		.01%
ECOTRUST SUB-CDE XIV, LLC - 45-0667392, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	1.	45.		X	N/A	X		.01%
ECOTRUST SUB-CDE XV, LLC - 46-2787019, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	0.	741.		X	N/A	X		.01%
DESOLATION CREEK, LLC - 30-0825014, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	INVESTMENT IN FOREST LAND	OR	ECOTRUST FOREST MANAGEMENT, INC.	RELATED	-309.	-715.		X	N/A	X		.10%
ECOTRUST SUB-CDE XVI, LLC - 46-2821882, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	1.	494.		X	N/A	X		.01%
ECOTRUST SUB-CDE XVII, LLC - 46-2829749, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	2.	494.		X	N/A	X		.01%

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ECOTRUST SUB-CDE XVIII, LLC - 46-5011683, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	4.	890.		X	N/A	X		.01%
ECOTRUST SUB-CDE XIX - 46-5027444, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	0.	675.		X	N/A	X		.01%
THE MARBLE, LLC - 47-3194795 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	INVESTMENT IN BUILDING	OR	THE REDD, LLC	RELATED	83,724.	9,702,200.		X	N/A	X		91.15%
ECOTRUST SUB-CDE XX, LLC - 47-1309590, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	1.	596.		X	N/A	X		.01%
ECOTRUST SUB-CDE XXI, LLC - 47-1330244, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	1.	597.		X	N/A	X		.01%
ECOTRUST SUB-CDE XXII, LLC - 47-1339178, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	-1.	697.		X	N/A	X		.01%
ECOTRUST SUB-CDE XXIII, LLC - 47-1346863, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	0.	1,200.		X	N/A	X		.01%
ECOTRUST SUB-CDE XXIV, LLC - 47-1512233, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	1.	1,248.		X	N/A	X		.01%
CR LEVERAGE LENDER, LLC - 81-3011153, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	LEVERAGE LENDER, PART OF INVESTMENT IN FOREST LAND	OR	ECOTRUST FOREST MANAGEMENT, INC.	RELATED	1,982.	3,835.		X	N/A	X		5.00%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

Table with 11 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership. Rows include OP LEVERAGE LENDER, LLC, WW LEVERAGE LENDER, LLC, and ECOTRUST SUB-CDE XXV, LLC.

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATURAL CAPITAL CENTER, INC.	O	109,257.	COST
(2) ECOTRUST PROPERTIES LLC	A	82,236.	COST
(3) ECOTRUST CDE, LLC	A	6,518.	COST
(4) ECOTRUST CDE, LLC	C	50,000.	COST
(5) ECOTRUST CDE, LLC	D	93,455.	COST
(6) ECOTRUST CDE, LLC	O	141,029.	COST

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) THE REDD, LLC	J	112,800.	COST
(8) THE REDD, LLC	L	32,752.	COST
(9) THE MARBLE, LLC	L	285,529.	COST
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
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**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME OF RELATED ORGANIZATION:**

ECOTRUST CDE LLC

**PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.**

**NAME OF RELATED ORGANIZATION:**

ECOTRUST SUB-CDE V, LLC

**PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.**

**NAME OF RELATED ORGANIZATION:**

ECOTRUST SUB-CDE VI, LLC

**PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.**

**NAME OF RELATED ORGANIZATION:**

ECOTRUST SUB-CDE VII, LLC

**PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.**

**NAME OF RELATED ORGANIZATION:**

GARIBALDI FOREST MANAGEMENT LLC

**DIRECT CONTROLLING ENTITY: ECOTRUST FOREST MANAGEMENT, INC.**

**NAME OF RELATED ORGANIZATION:**

ECOTRUST SUB-CDE IX, LLC

**PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.**

**NAME OF RELATED ORGANIZATION:**

ECOTRUST SUB-CDE X, LLC

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XI, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

OLYMPIC PENINSULA, LLC

DIRECT CONTROLLING ENTITY: ECOTRUST FOREST MANAGEMENT, INC.

NAME OF RELATED ORGANIZATION:

WASSON CREEK, LLC

DIRECT CONTROLLING ENTITY: ECOTRUST FOREST MANAGEMENT, INC.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XIII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XIV, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XV, LLC



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

DESOLATION CREEK, LLC

DIRECT CONTROLLING ENTITY: ECOTRUST FOREST MANAGEMENT, INC.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XVI, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XVII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XVIII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XIX

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XX, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XXI, LLC

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XXII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XXIII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XXIV, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

CR LEVERAGE LENDER, LLC

DIRECT CONTROLLING ENTITY: ECOTRUST FOREST MANAGEMENT, INC.

NAME OF RELATED ORGANIZATION:

OP LEVERAGE LENDER, LLC

DIRECT CONTROLLING ENTITY: ECOTRUST FOREST MANAGEMENT, INC.

NAME OF RELATED ORGANIZATION:

WW LEVERAGE LENDER, LLC

DIRECT CONTROLLING ENTITY: ECOTRUST FOREST MANAGEMENT, INC.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XXV, LLC

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.**

[This area contains multiple horizontal lines for providing supplemental information.]

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>ECOTRUST</b>	Employer identification number (EIN) or <b>93-1050144</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>721 NW 9TH AVENUE, NO. 200</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PORTLAND, OR 97209-3448</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ADAM LANE**

• The books are in the care of ▶ **721 NW 9TH AVENUE, SUITE 200 - PORTLAND, OR 97209**  
Telephone No. ▶ **(503) 227-6225** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**