Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	or the	2023 calendar year, or tax year beginning and	ending		
В	Check if	C Name of organization		D Employer identi	fication number
Γ	Addre	ECOTRUST			
	Name change			93-10501	44
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 1140 SE 7TH AVE STE 150	E Telephone numb		
L	∴return/ termin ated		G Gross receipts \$	8,466,994.	
	Amend			H(a) Is this a group	return
	return Applic tion			for subordinate	s? Yes X No
	pendin	1140 SE 7TH AVENUE, 150, PORTLAND, OR	97214		included? Yes No
1 7	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
	Vebsit	THE CONTRACT OF CO		H(c) Group exempti	
		organization: X Corporation Trust Association Other	L Year	of formation: 1991	M State of legal domicile: OR
	nrt I	Summary			
(3-1-00-0	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t II}$	NSPIRE	FRESH THIN	KING THAT
Ce		CREATES ECONOMIC OPPORTUNITY, SOCIAL EQUIT	Y,&ENV	VIRONMENTAL	WELLBEING.
Activities & Governance		Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Ver					
පි		Number of independent voting members of the governing body (Part VI, line 1b)		4	
•ర ഗ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
itie		Total number of volunteers (estimate if necessary)		6	
cţi		Total unrelated business revenue from Part VIII, column (C), line 12			
Š		Net unrelated business taxable income from Form 990-T, Part I, line 11			
			<u> </u>	Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		3,788,160.	
uge	1	Program service revenue (Part VIII, line 2g)		2,251,832.	
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		41,398.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,081,390.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		309,184.	
		Benefits paid to or for members (Part IX, column (A), line 4)	1	0.	
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,324,012.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber	b	Total fundraising expenses (Part IX, column (D), line 25) 625,9	73.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,731,864.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,365,060.	
		Revenue less expenses. Subtract line 18 from line 12		-3,283,670.	
56			Ве	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		35,982,239.	
ASS	21	Total liabilities (Part X, line 26)	1	3,608,700.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		32,373,539	33,017,192.
Pá	ırt II	Signature Block			
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of m	ny knowledge and belief, it is
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Naturalin-		10/15/	24
Sig	n	Signature of officer		Date	
Her		NATHAN KADISH, MANAGING DIR OF FINANCE &	ASSETS	3	
		Type or print name and title			FTT DELL
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		TODD D. MASSINGER TODD D. MASSING	3R	self-empi	
Prep	arer	Firm's name HOFFMAN, STEWART & SCHMIDT, PC		Firm's EIN	93-0743240
Use	Only	Firm's address 3 CENTERPOINTE DRIVE, SUITE 300			
		LAKE OSWEGO, OR 97035-8663		Phone no. 5 (03-220-5900
Mav	the IF	S discuss this return with the preparer shown above? See instructions		**************************	X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ECOTRUST WORKS ACROSS THE REGION FROM CALIFORNIA TO ALASKA AT THE
	INTERSECTION OF EQUITY, THE ECONOMY, & THE ENVIRONMENT. ACROSS MORE
	THAN 35 ACTIVE PROJECTS, WE COLLABORATE WITH PARTNERS TO ADVANCE
	STEWARDSHIP OF LANDS & WATERS IN WAYS THAT ARE ECOLOGICALLY AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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?
	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.
 4а	(Code:) (Expenses \$1,612,435. including grants of \$ 0. (Revenue \$ 679,860.
44	EVENTS - ECOTRUST EVENTS CREATES ENGAGEMENTS THAT BRING PEOPLE TOGETHER
	TO BUILD NEW CONNECTIONS AND SPARK BIG IDEAS. ECOTRUST EVENTS MANAGES
	FOUR VENUES IN THE NATURAL CAPITAL CENTER AND THE REDD ON SALMON
	STREET, OFFERS SAFE CONVENING OPPORTUNITIES FOR PARTNERS AND CLIENTS,
	AND GENERATES OPERATING REVENUE IN SUPPORT OF ECOTRUST'S MISSION.
	ECOTRUST EVENTS ALSO PRODUCES ECOTRUST ENGAGEMENTS TO TELL IMPORTANT
	STORIES, RAISE AWARENESS ON CRITICAL ISSUES, CELEBRATE CONNECTIONS, AND
	INSPIRE MEANINGFUL CHANGE WITHIN OUR REGION.
4b	(Code:) (Expenses \$1,685,883. including grants of \$0. (Revenue \$869,817.
	ECOTRUST INVESTMENTS - ECOTRUST HARNESSES THE POTENTIAL OF A WORKING
	ENDOWMENT IN CONCERT WITH PRIVATE INVESTMENTS TO CREATE ECONOMIC,
	SOCIAL, AND ENVIRONMENTAL WELL-BEING IN OUR REGION, AND BEYOND. ECOTRUST INVESTMENTS IS BOTH A VALUES-ALIGNED FUNDING SOURCE FOR
	ECOTRUST'S TRANSFORMATIVE WORK, AND A CATALYST THAT BRINGS
	TRIPLE-BOTTOM-LINE PROJECTS TO LIFE AT A SCALE OF BROADER IMPACT.
	THROUGH OUR OWN EXPERIENCES LEVERAGING CATALYTIC CAPITAL, WE ARE ABLE
	TO LEARN FROM THE CHALLENGES AND IDENTIFY OPPORTUNITIES TO PURSUE
	TRIPLE-BOTTOM-LINE OUTCOMES, INVITE NEW PARTNERS AND PARTNERSHIPS,
	BUILD FINANCIAL RESILIENCY, AND ENGAGE IN MISSION-PROPELLING PROJECTS.
	ECOTRUST INVESTMENTS CONTINUES TO TRANSFORM OUR PORTFOLIO TO FULLY
	EMBODY OUR VISION OF RESILIENCE, CREATIVITY, INTERGENERATIONAL WEALTH,
4c	(Code:) (Expenses \$1, 412, 438. including grants of \$112, 500.) (Revenue \$\$
	KNOWLEDGE SYSTEMS - OUR KNOWLEDGE SYSTEMS WORK DRAWS ON A DIVERSE
	TOOLKIT THAT WE USE TO SUPPORT ALL ECOTRUST'S PROGRAM AREAS. WE DEVELOP
	AND DELIVER DECISION-SUPPORT TOOLS, SPATIAL AND ECONOMIC ANALYSES,
	WORKFORCE DEVELOPMENT SERVICES, MEASUREMENT AND EVALUATION SERVICES,
	DATABASES OF BOTH INDIGENOUS AND WESTERN SCIENTIFIC KNOWLEDGE, AND
	SUPPORT PARTNERSHIPS FOR MORE RESILIENT COMMUNITIES, ECONOMIES, AND
	ECOSYSTEMS. WE APPLY A WIDE VARIETY OF APPROACHES AND TOOLS TO HELP OUR
	STAFF AND PARTNERS COLLECT, ANALYZE, VISUALIZE, AND APPLY
	COMMUNITY-BASED KNOWLEDGE OF ECOSYSTEMS IN SOCIAL AND ECONOMIC
	CONTEXTS. WE VALUE AND SUPPORT PARTICIPATORY APPROACHES TO CO-CREATING,
	RECORDING, AND INCORPORATING COMMUNITY KNOWLEDGE, WITH A CENTRAL ROLE FOR INDIGENOUS KNOWLEDGE AND LAND STEWARDSHIP IN SUPPORT OF TRIBAL
40	Other program services (Describe on Schedule O.) (Company 6 3 172 853 - including program of 6 404 371 -) (Describe on 122 691 -)
40	(Expenses \$ 3,172,853 • including grants of \$ 404,371 •) (Revenue \$ 122,691 •) Total program service expenses 7,883,609 •

Form 990 (2023) ECOTRUST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			3,7
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	· · · · · · · · · · · · · · · · · · ·		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		\
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_X_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
D	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	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
IJ		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		 ^
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢ "		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	"		
.5	,	19		x
202	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	, , , , ii roo, complete concade i, i arto i and ii mmmmmmmmmm			

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٦,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0Ea		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		-25
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٦,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Solidadic O contains a response of note to any line in this fact v		V00	N _C
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	
332004	1 12-21-23		990	(2023)

	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>	Р	age •
	etatemente riegaranig etner inte i inige and rax compilaries (continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	NO
Za	filed for the calendar year ending with or within the year covered by this return 2a 74			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the consideration become let all beginning and 64 000 consequences	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.5		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Bull the second of the second	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	, , , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter:			
а	/			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b			
		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		\vdash
.5	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

If "Yes," complete Form 6069.

Form 990 (2023) ECOTRUST 93-1050144 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

Section A. Governing Body and Management 1	
The Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedulie 0. If there are material differences in voting rights among members of the governing body, delegated broad authority to an executive committee or similar committee, explain on Schedulie 0. If the operation of voting members included on line 1a, above, who are independent If the operation of the operation of control of the committee of the control of the cont	
Ither are material differences in voting members of the governing body, or if the governing body delegated broad authority to an exceutive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 1	
If there are material differences in voting rights among members of the governing body, of if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b. Enter the number of voting members included on line 14, above, who are independent 10 b. Enter the number of voting members included on line 14, above, who are independent 10 conficer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? 11 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 12 Did the organization bave members or stockholders? 13 Did the organization become aware during the year of a significant diversion of the organization's assets? 14 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? 15 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 16 Each committee with authority to act on behalf of the governing body? 17 Did the organization therefore, 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 on Schedule O 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Has the organization have a 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? 11 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purpos	
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b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
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a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	, , , ,
77	
taxable entity during the year?	77
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?	7
Section C. Disclosure	
17 List the states with which a copy of this Form 990 is required to be filed CA	~-
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available	
for public inspection. Indicate how you made these available. Check all that apply.	
X Own website Another's website X Upon request Other (explain on Schedule O)	
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	(5.4-1 5 5 5)
Statements available to the public during the tax year.	·
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	
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 MEUY SAETERN - (503) 227-6225	

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	I	mza	((ірсі	Jacc	(D)	(E)	(F)
Name and title	Average	/-I.		Pos	ition			Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	son is	than o	an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		99	n pe ns		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtio na	_	nploy	st cor	_	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5. gaa
(1) OLIVIA REBANAL	40.00									
CHIEF IMPACT OFFICIER & INTERIM ED				Х				210,621.	0.	8,872.
(2) NATHAN KADISH	40.00									
MANAGING DIRECTOR				Х				175,789.	0.	28,006.
(3) LILY ABOOD	40.00									
VP OF DEVELOPMENT & ENGAGEMENT				Х				137,457.	0.	26,856.
(4) NEAL SACON	40.00									
INTERIM CFO AND ASST TREASURER				Х				142,502.	0.	9,810.
(5) JAMESE KWELE	40.00									
VP OF ORGANIZATIONAL & FOOD SYSTEMS				Х				134,672.	0.	7,107.
(6) DAVID POLLARD	40.00								_	
SENIOR SOFTWARE DEVELOPER						Х		126,731.	0.	9,317.
(7) RONDA RUTLEDGE	40.00									
EXECUTIVE DIRECTOR & PRESIDENT				Х				116,108.	0.	14,679.
(8) MEUY SAETERN	40.00									
CONTROLLER						Х		122,923.	0.	6,200.
(9) SARA PIETKA	40.00									
DIRECTOR OF COMMUNITY INVESTMENTS						Х		105,054.	0.	24,040.
(10) DAVID DIAZ	40.00									
DIRECTOR OF FORESTRY TECHNOLOGY & AN						Х		115,851.	0.	12,073.
(11) JON BONKOSKI	40.00									
SENIOR DIRECTOR OF COASTAL COMMUNITI						Х		100,202.	0.	12,285.
(12) SPENCER BEEBE	0.00									
FORMER EXECUTIVE DIRECTOR	1 00						X	110,706.	0.	0.
(13) JASMINE CUNNINGHAM	1.00									
SECRETARY	1 00			Х				70,658.	0.	20,344.
(14) AFTON WALSH	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) ALEXANDRIA MCBRIDE	1.00								•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) ANTONE MINTHORN	1.00							_	_	^
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) ROBERTA CONNER	1.00	,,							•	^
BOARD MEMBER		X						0.	0.	0 . Form 990 (2023)

Part VII Section A. Officers, Directors, Trus		pioy	ees,			ynes	ot C					(E)	
(A)	(B) (C) Average Position					1		(D)	(E)		Га	(F) Estimate	
Name and title	hours per	(do not check more than one						Reportable Reportable compensation compensatio				nount	
	week		cer ar					from	from related			other	
	(list any	ctor						the	organizations		com	pensa	
	hours for	r director				ted		organization	(W-2/1099-MIS	C/	fr	om th	е
	related	stee o	ruste			eusa		(W-2/1099-MISC/	1099-NEC)			anizat	
organizations st t e e e e e e e e											d relat		
related organizations below line) li												anizati	ons
(18) GUN DENHART	1.00	드	트	ō	포	王吉	고						
BOARD MEMBER	1.00	X						0.		0.			0.
(19) JAMIE ARREDONDO 1.00										•			•
								0.			0.		
(20) JEAN JOHNSON	1.00							† · · · · · · · ·		•			
BOARD MEMBER, CO-CHAIR TIL 3.23	1100	х		x				0.		0.			0.
(21) LISA MENSAH	1.00									•			
BOARD MEMBER		х						0.		0.			0.
(22) ROBERT E. FRIEDMAN	1.00	1											
TREASURER		х		х				0.		0.			0.
(23) RONALD GRZYWINSKI	1.00												
BOARD MEMBER		Х						0.		0.			0.
(24) CAT GOUGHNOUR	1.00							-					
CHAIR		Х		х				0.		0.			0.
(25) MEGAN COLWELL 1.00													
BOARD MEMBER		Х						0.		0.			0.
A U. U. U.													
1b Subtotal								1,669,274.		0.	17	9,5	89.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								1,669,274.		0.	17	9,5	89.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													14
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, ł	кеу є	empl	loye	e, or	hig	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3	X	
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	," co	mple	ete S	Sche	edule	J t	for such individual			4	Х	
5 Did any person listed on line 1a receive or					•			•					
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch į	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	-	-								ensat	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thir		ear.				
(A) Name and business	address							(B) Description of s	envices	C)) ompe		n
PORTLAND INTERNETWORKS, 4		ΛШ	ш	7 7 7				IT MANAGED S			ompe	iisalio	11
PORTLAND, PORTLAND, OR 9		UI	п.	AV	c			PROVIDER	EKVICE		15	7 /	0.0
PORTLAND, PORTLAND, OR 9	1232							FKOVIDEK	+		т Э	/ , 4	98.
								I					

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

93-1050144

Form 990 (2023) ECOTRUST
Part VIII Statement of Revenue

		Check if Schedule O	contains a	response (or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
င်္ခ ဗြ		Fundraising events		1c					
ffs,		Related organizations		1d					
ية إق					516,252.				
Sir		Government grants (contri			<u>J10,252.</u>				
utio	ī	All other contributions, gifts,			930 356				
들 된		similar amounts not included			830,356. 20,862.				
on	g		lines 1a-1f	1g \$		E 246 600			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f	<u></u>			5,346,608.			
		DD00D314 GED11T	an n.		Business Code	1 672 040	670 000	004 051	
Se	2 a				900099	1,673,049.	678,998.	994,051.	22.626
Program Service Revenue	b	CONTRACTS AND	SERV	ICE	900099	1,356,245.	1,262,609.		93,636.
S	С								
ar eve	d								
og B	е								
Ā	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				3,029,294.			
	3	Investment income (includ	ling divide	nds, intere	st, and				
		other similar amounts)				91,092.			91,092.
	4	Income from investment of							
	5	Royalties		•					
		,) Real	(ii) Personal				
	6 a	Gross rents	6a						
	h	Less: rental expenses	6b						
	c	Rental income or (loss)	6c						
	4	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	ecurities	(ii) Other				
	ı a		"	Countios	(ii) Other				
		assets other than inventory	7a						
•	D	Less: cost or other basis							
Revenue		and sales expenses							
e e		Gain or (loss)	7c						
ığ.		Net gain or (loss)			 T				
ther	8 a	Gross income from fundraising	ng events (r	not					
Ö		including \$							
		contributions reported on							
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from							
	9 a	Gross income from gamin	-						
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming ac	tivities					
	10 a	Gross sales of inventory, I	ess return	s					
		and allowances		10a					
	b	Less: cost of goods sold		I					
		Net income or (loss) from							
		,,		,	Business Code				
Snc	11 a								
ne The	b								
Miscellaneous Revenue	c			_					
ŠĆ		All other revenue							
Σ		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				8,466,994.	1,941,607.	994,051.	184,728.

Form 990 (2023) ECOTRUST Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).						
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, Bb, 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	429,371.	429,371.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	87,500.	87,500.							
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	1,214,187.	678,235.	507,596.	28,356.					
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	4,224,960.	3,401,093.	383,361.	440,506.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	254,818.		254,818.						
9	Other employee benefits	547,159.	426,666.		120,493.					
10	Payroll taxes	444,669.		444,669.						
11	Fees for services (nonemployees):	10.501	4 00=		_					
а	Management	10,691.	4,295.	6,389.	7. 28.					
b	Legal	39,319.	15,796.	23,495.	28.					
С	Accounting	117,263.	47,110.	70,071.	82.					
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A), amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion	00 645	44 452	E2 1E2	2 040					
13	Office expenses	99,645. 163,579.	44,453. 8,040.	53,152. 151,067.	2,040. 4,472.					
14	Information technology	103,579.	0,040.	131,007.	4,4/2.					
15	Royalties	969,183.	724,229.	244,910.	44.					
16	Occupancy	909,103.	124,223.	244,910•	44.					
17	Travel									
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials	313,834.	245,754.	59,442.	8,638.					
19 20	Conferences, conventions, and meetings Interest	15,419.	14,631.	788.	0,030.					
21	Payments to affiliates	±0; ±±0•	11,0010	700•						
22	Depreciation, depletion, and amortization	520,259.	504,895.	15,364.						
23	Insurance	187,557.	89,259.	98,298.						
24	Other expenses. Itemize expenses not covered		00 / = 00 1	20,200						
	above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
а	CONTRACTS AND CONSULTAN	932,759.	633,261.	288,042.	11,456.					
b	BAD DEBT EXPENSE	184,217.	184,217.		•					
С	MISCELLANEOUS	111,652.	344,804.	-243,003.	9,851.					
d										
	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	10,868,041.	7,883,609.	2,358,459.	625,973.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Form 990 (2023) Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			121,330.	1	144,563.
	2	Savings and temporary cash investments			2,067,872.	2	1,739,323.
	3	Pledges and grants receivable, net				3	621,692.
	4	Accounts receivable, net			1,183,247.	4	1,195,485.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described i		6			
ß	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges		306,015.	9	264,282.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	16,611,886.			
	b	Less: accumulated depreciation	10b	8,535,233.	8,520,494.	10c	
	11	Investments - publicly traded securities	2,831,326.	11	3,040,973.		
	12	Investments - other securities. See Part IV, line 11	20,893,546.	12	21,965,841.		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets	58,409.	14	30,809.		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	35,982,239.	16	37,079,621.		
	17	Accounts payable and accrued expenses	1,747,120.	17	1,867,697.		
	18	Grants payable	4 444 500	18	4 4 4 4 500		
	19	Deferred revenue	1,111,580.	19	1,444,732.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Pa			21		
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substan					
iab.		controlled entity or family member of any of these	750 000	22	750 000		
_	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·	750,000.	23	750,000.
	24	Unsecured notes and loans payable to unrelated to				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1		·			
		of Schedule D			3,608,700.	25	4,062,429.
	26			e X	3,000,700.	26	4,002,429.
ű		Organizations that follow FASB ASC 958, check	k ner				
nce	07	and complete lines 27, 28, 32, and 33.			21,751,229.	07	22,053,028.
ala	27	Net assets without donor restrictions	10,622,310.	27 28	10,964,164.		
d B	28	Net assets with donor restrictions			10,022,510.	20	10,704,104.
Ë		Organizations that do not follow FASB ASC 958	s, cne	eck nere			
o.	20	and complete lines 29 through 33.				20	
əts	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ				29 30	
SS	30	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	31 32				32,373,539.	32	33,017,192.
ž	33	Total liabilities and net assets/fund balances			35,982,239.	33	37,079,621.
	აა	Total liabilities and net assets/fund balances		L	33,304,433.	აა	57,079,021•

Form **990** (2023)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,46</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,86	8,0	<u>41.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,40	1,0	47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32	,37	3,5	39.
5	Net unrealized gains (losses) on investments	5	1	,79	8,2	28.
6	Donated services and use of facilities	6			6	42.
7	Investment expenses	7				
8	Prior period adjustments	8		5	8,2	86.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	,18	7,5	44.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	33	,01	7,1	92.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	it			
	an audite annelie urbu en Celeadule Canal describe anneten telear te un dema ande audite			0 L	v	l

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

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.

Open to Public

Employer identification number

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

Name of the organization

Inspection

OMB No. 1545-0047

93-1050144 **ECOTRUST** 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	5102175.	4892338.	5035809.	3788160.	5346608.	24165090 .		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	5102175.	4892338.	5035809.	3788160.	5346608.	24165090.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						796,384.		
6	Public support. Subtract line 5 from line 4.						23368706.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	5102175.	4892338.	5035809.	3788160.	5346608.	24165090.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	229,888.	199,326.	-132,532.	41,398.	91,092.	429,172.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on	68,918.					68,918.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	15,828.	53,677.				69,505.		
11	Total support. Add lines 7 through 10						24732685 .		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 14	<u>,730,120.</u>		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3)			
	organization, check this box and stop								
	tion C. Computation of Publi								
	Public support percentage for 2023 (li					14	94.49 %		
	Public support percentage from 2022					15	88.40 %		
16a	33 1/3% support test - 2023. If the c								
	stop here. The organization qualifies								
b	33 1/3% support test - 2022. If the c								
47-	and stop here. The organization qualifies as a publicly supported organization								
1/a	a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
						_			
L	meets the facts-and-circumstances te	•	•			7a, and line 15 is			
O	10% -facts-and-circumstances test	-					1070 UI		
	more, and if the organization meets the				-				
10	organization meets the facts-and-circu								
10	Private foundation. If the organization	n did not check a l	oux un line 13, 168	a, 100, 17a, 0r 17b	, check this dox at	iu see iristructions	<u></u>		

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,	` '	` '			,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
				•			
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2023. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2022. If the						nd
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Vaa	No
	Yes	NO
4		
1		
2		
3a		
Oh		
3b		
0-		
3c		
4-		
4a		
4b		
40		
4c		
10		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
401		
10b		

Par	t IV Supp	porting Organizations _(continued)			
				Yes	No
11	Has the orga	nization accepted a gift or contribution from any of the following persons?			
а	A person who	o directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, th	ne governing body of a supported organization?	11a		
b	A family men	ober of a person described on line 11a above?	11b		
С	A 35% contro	olled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part		11c		
Sect	ion B. Typ	e I Supporting Organizations			
				Yes	No
	•	rning body, members of the governing body, officers acting in their official capacity, or membership of one or ted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		100	110
	directors, or	trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	, ,	erated, supervised, or controlled the organization's activities. If the organization had more than one supported describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		ganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		nization operate for the benefit of any supported organization other than the supported			
	-	s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Typ	e II Supporting Organizations			
				Yes	No
1	Were a maio	ity of the organization's directors or trustees during the tax year also a majority of the directors			
	=	f each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		ent of the supporting organization was vested in the same persons that controlled or managed			
		d organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations	•		
		······································		Yes	No
1	Did the organ	nization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	-	s tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		by of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		s governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		ion maintained a close and continuous working relationship with the supported organization(s).	2		
	_	the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ice in the organization's investment policies and in directing the use of the organization's			
	-				
		sets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sect	ion E. Tvp	ganizations played in this regard. e III Functionally Integrated Supporting Organizations	<u> </u>		
' a		ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) Ganization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b		ganization is the parent of each of its supported organizations. Complete line 3 below.			
c		ganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	c)	
2		et. Answer lines 2a and 2b below.	struction	Yes	No
		ially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
		d organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		rted organizations and explain how these activities directly furthered their exempt purposes,			
	•	nization was responsive to those supported organizations, and how the organization determined	2a		
		tivities constituted substantially all of its activities. ties described on line 2a, above, constitute activities that, but for the organization's involvement,	Zd		
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		easons for the organization's position that its supported organization(s) would have engaged in	2b		
		es but for the organization's involvement.	ZU		
		oported Organizations. Answer lines 3a and 3b below.			
	_	nization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
		ach of the supported organizations? If "Yes" or "No" provide details in Part VI.	Jd		
b	_	nization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

93-1050144 Page 6 **ECOTRUST** Schedule A (Form 990) 2023 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

3

4

5

6

Schedule A (Form 990) 2023

3

4

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ر (مور	3 1030144 Page 7
	on D - Distributions	<u>/(-)pp99</u>	COMMIT	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Ourrent rear
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	- 11 - 3		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

93-1050144

2023

Department of the Treasury Internal Revenue Service

Name of the organization

ECOTRUST

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

Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization Employer identification number

ECOTRUST

93-1050144

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WAVERLEY STREET FOUNDATION 2475 HANOVER ST STE 100 PALO ALTO, CA 94304	\$ 707,047.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BUILDERS INITIATIVE PO BOX 1860 BENTONVILLE, AR 72712	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	USDA NATURAL RESOURCES CONSERVATION SERVICE 1201 NE LLOYD BLVD, STE 900 PORTLAND, OR 97232	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4_	Name, address, and ZIP + 4 THE NORTHWEST AREA FOUNDATION 60 PLATO BLVD E STE 400 SAINT PAUL, MN 55107-1832	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No5_	Name, address, and ZIP + 4 USDA NATIONAL INSTITUTE OF FOOD AND AGRICULTURE AWARDS MANAGEMENT DIVISION, 805 PENNSYLVANIA AVE KANSAS CITY, MO 64105	\$ 228,392.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	STATE OF OREGON DEPARTMENT OF EDUCATION 255 CAPITOL ST NE SALEM, OR 97310-1206	\$ 200,989.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ECOTRUST 93-1050144

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EARTH AND HUMANITY FOUNDATION PO BOX 23559 SAINT PETERSBURG, FL 33742-3559	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4 MEYER MEMORIAL TRUST 2045 N. VANCOUVER AVE. PORTLAND, OR 97227	\$ 194,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MONTANA STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS PO BOX 172470 BOZEMAN, MT 59717-2470	\$193,240.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 USDA AGRICULTURAL MARKETING SERVICE 1400 INDEPENDENCE AVE, SW ROOM 4543-S STOP 0264 WASHINGTON, DC 20250-0264	\$ 135,044.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, audi v33, and Zif T T	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

93-1050144

Name of organization Employer identification number

ECOTRUST

Part II	Noncasn Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	 -	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		l ¢	1

Name of organization **Employer identification number ECOTRUST** 93-1050144 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** 93-1050144 ECOTRUST Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$______\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Sche	edule C (Form 990) 2023	ECOTR	UST			93-1	050144 Page 2
	rt II-A Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).						
4 (•	•	Part IV each affiliated	group member's name	, address, EIN,
	expenses, and shar		, ,		. data a a a a a b		
3 (Check if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.	(a) Filip a	(b) Affiliated and on
	Limit (The term "expend	(a) Filing organization's totals	(b) Affiliated group totals				
1a	Total lobbying expenditures to influ	ence pub	lic opinion (c	grassroots lobbying)		0.	
b	Total lobbying expenditures to influ	ience a leg	gislative bod	y (direct lobbying)		0.	
С	Total lobbying expenditures (add lin	nes 1a and	d 1b)			0.	
	Other exempt purpose expenditure					0.	
е	Total exempt purpose expenditures	s (add line	s 1c and 1d))		0.	
f	Lobbying nontaxable amount. Ente	r the amo	unt from the	following table in both	n columns.	0.	
	If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
	not over \$500,000,		20% of t	the amount on line 1e.			
	over \$500,000 but not over \$1,000	,000,	\$100,00	00 plus 15% of the exce	ess over \$500,000.		
	over \$1,000,000 but not over \$1,50	00,000,	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,0	000,000,	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	over \$17,000,000,		\$1,000,0	000.			
g	Grassroots nontaxable amount (en	ter 25% of	line 1f)			0.	
h	Subtract line 1g from line 1a. If zero	or less, e	enter -0				
i	Subtract line 1f from line 1c. If zero	or less, e	nter -0				
j	If there is an amount other than zer	o on eithe	r line 1h or l	ine 1i, did the organiza	tion file Form 4720		
	reporting section 4911 tax for this	year?					Yes No
			4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organizations th			01(h) election do not la ate instructions for lin	•	f the five columns be	low.
		Lobi	oying Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount					0.	
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures					0.	
				ı	1		

Schedule C (Form 990) 2023

0.

d Grassroots nontaxable amounte Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

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

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	response on lines 1a through 1i below, provide in Part IV a detailed description		(b)	
f the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c)(5), or sec	tion	
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_		
ב בייס ווים סוקמווע במוסדו make סווץ ווידוסטאפ וסטטץוווץ experiolitures סו קב,ססט סו וופאז?		2		
Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	prior year? 501(c)(5	3), or sec		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	prior year? 1 501(c)(5 No" OR (3), or sec b) Part I		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members	prior year? n 501(c)(5 No" OR (3), or sec b) Part I		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members	prior year? n 501(c)(5 No" OR (3), or sec b) Part I		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5 No" OR (), or sec b) Part I		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year	prior year? n 501(c)(5 No" OR (i), or sec b) Part I		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	p prior year? n 501(c)(5 No" OR (i	3), or sec b) Part I		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	prior year? n 501(c)(5 No" OR (i	3), or sec b) Part I		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	p prior year? n 501(c)(5 No" OR (3), or sec b) Part I		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	p prior year? n 501(c)(5 No" OR (3), or sec b) Part I		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	e prior year? n 501(c)(5 No" OR (l	3), or sec b) Part I		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyperiod expenditures next year?	e prior year? n 501(c)(5 No" OR (l	3), or sec b) Part I 1 2a 2b 2c 3		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions	e prior year? n 501(c)(5 No" OR (l	3), or sec b) Part I 2a 2b 2c 3		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedages the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information	p prior year? n 501(c)(5 No" OR (3), or sec b) Part I 2a 2b 2c 3	II-A, line	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexient expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 2 Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group love)	p prior year? n 501(c)(5 No" OR (3), or sec b) Part I 2a 2b 2c 3	II-A, line	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group line)	p prior year? n 501(c)(5 No" OR (3), or sec b) Part I 2a 2b 2c 3	II-A, line	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyperioditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group love)	p prior year? n 501(c)(5 No" OR (3), or sec b) Part I 2a 2b 2c 3	II-A, line	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexient expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 2 Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group love)	p prior year? n 501(c)(5 No" OR (3), or sec b) Part I 2a 2b 2c 3	II-A, line	3, is
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Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions	p prior year? n 501(c)(5 No" OR (3), or sec b) Part I 2a 2b 2c 3	II-A, line	3, is
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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 Inspection

Name of the organization

ECOTRUST

Employer identification number 93-1050144

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	T II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	
9	In Part XIII, describe how the organization reports conservation	'	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
I al	Complete if the organization answered "Yes" on Form		inei Olilliai Assets.
			and belones absolution
та	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance of public service,
	provide the following amounts relating to these items.		¢.
	(i) Revenue included on Form 990, Part VIII, line 1		
^			
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP A		ıı gairi, provide
_	the following amounts required to be reported under FASB A	3	¢.
a	Revenue included on Form 990, Part VIII, line 1		\$

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		1,888,316.		1,888,316.
b Buildings				
c Leasehold improvements		13,441,303.	7,668,717.	5,772,586.
d Equipment		1,282,267.	866,516.	415,751.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	8,076,653.			

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 ECOTRUST		9	3-1050144 _{Page} ;
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 e	nd-of-year market value
(1) Financial derivatives			·
(O) Olasak kalaka awaita kintawanta	15,140,538.	END-OF-YEAR MARKE	r value
(2) Closely held equity interests (3) Other	23/210/3301		· · · · · · · · · · · · · · · · · · ·
(A) INVESTMENT HELD AT OREGON			
(B) COMMUNITY FOUNDATION	6,825,303.	END-OF-YEAR MARKE	ר אז.ווד
	0,025,505	END OF THAN FIMILE.	I VALOLI
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	01 065 041		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	21,965,841.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	, ,		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
			.,
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co. Part X Other Liabilities	<u>l. (B)) </u>		
	F 000 B+ IV I' 4	14 146 O Farm 200 Back V line 6	.F
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

93-1050144 Page 4 **ECOTRUST** Schedule D (Form 990) 2023 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. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5 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. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 X, 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.

332054 09-28-23

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ECOTRUST							93-1050144
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro-	ocedures for monito	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to					anization answered "	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	1		ional space is need	ed.	(f) Method of	_	_
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BLUEPRINT FOUNDATION							GREEN WORKFORCE
19 NW 5TH AVE, STE 203							COLLABORATIVE MEMBERSHIP
PORTLAND, OR 97209	47-2091648		18,200.	0.			AND COLLABORATION
CONFEDERATED TRIBES OF THE							
UMATILLA INDIAN RESERVATION -							
46411 TIMINE WAY - PENDLETON, OR							INDIGENOUS LEADERSHIP
97801	93-0624734		12,500.	0.			AWARDS HONORARIUM
HERITAGE UNIVERSITY							
3240 FORT RD	04 4460505						TRIBAL FORESTRY WORKFORCE
TOPPENISH, WA 98948	91-1160585		7,920.	0.			DEVELOPMENT
LAND TO PLATE							
354 NE GREENWOOD AVE, #205							
BEND, OR 97701	87-4202503		25,822.	0.			GENERAL OPERATING
			,				
NATIVE AMERICAN YOUTH AND FAMILY							GREEN WORKFORCE
CENTER - 5135 NE COLUMBIA BLVD -							COLLABORATIVE MEMBERSHIP
PORTLAND, OR 97218	93-1141536		71,300.	0.			AND COLLABORATION
NORTHWEST INDIAN COLLEGE							
FOUNDATION - 2522 KWINA RD -							
BELLINGHAM, WA 98226	94-3057654		50,000.	0.			SCHOLARSHIPS
2 Enter total number of section 501(c)(3) a	and government org	anizations listed in th	ne line 1 table				
3 Enter total number of other organization	s listed in the line 1	table					

Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	eaule I (Form 990), Pai	π II.) Τ	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST NATURAL RESOURCE GROUP							
2701 1ST AVE, STE 240							
SEATTLE, WA 98121	94-3172720		17,207.	0.			FOREST MAPPING
SALISH KOOTENAI							
58138 HWY 93, BOX 70	81-0378823		E0 000	0.			aguot angutna
PABLO, MT 59855	81-0378823		50,000.	0.			SCHOLARSHIPS
SELF ENHANCEMENT, INC.							GREEN WORKFORCE
3920 N KERBY AVE							COLLABORATIVE MEMBERSHI
PORTLAND, OR 97227	93-1086629		14,000.	0.			AND COLLABORATION
UNIVERSITY OF ALASKA FOUNDATION PO BOX 755080							
FAIRBANKS, AK 99775-5080	23-7394620		50,000.	0.			SCHOLARSHIPS
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE, STE 410							
EUGENE, OR 97403-2253	93-6015767		50,000.	0.			SCHOLARSHIPS
WISDOM OF THE ELDERS, INC. 3917 NE SHAVER ST PORTLAND, OR 97212	93-1164114		11,500.	0.			GREEN WORKFORCE COLLABORATIVE MEMBERSHI AND COLLABORATION

Schedule I (Form 990) 2023 ECOTRUST 93-1050144

(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
INDIGENOUS LEADERSHIP AWARD HONORARIUM	7	87,500.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	
PART I, LINE 2:					
ECOTRUST STAFF FROM ITS PROGRAM,		ייי אורה דיואס	MCE DEDART	MENTS WORK	
-					
WITH GRANT SUBRECIPIENTS TO PREI	PARE A SUBRE	CIPIENT AG	REEMENT IN	FORM AND	
CONTRACT APPROPRIATE TO THE UNDE	ERLYING GRAN	T AGREEMEN	T. THE SUB	GRANTEE	
PROVIDES PROGRESS UPDATE REPORTS	S AT REGULAR	INTERVALS	S AS STIPUL	ATED IN THE	
SCOPE OF SERVICES ATTACHED TO TH	HE SUBRECIPI	ENT AGREEM	MENT. ECOT	RUST HAS THE	
DISCRETION TO REQUEST ADDITIONAL					

Page 2

MEET THEIR OBLIGATION.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Exercise organization Employer identification number 93-1050144

Questions Regarding Compensation

			Yes	No	
1 a	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.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account 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	1b			
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?	2			
3	Indicate which, if any, of the following the 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.				
	Compensation committee X Written employment contract				
	X Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X 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:				
а	Receive a severance payment or change-of-control payment?	4a		X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?				
С	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:				
а	The organization?	5a		X	
	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:				
а	The organization?	6a		X	
	Any related organization?	6b		X	
	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	7		Х	
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)?	9			

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 ECOTRUST 93-1050144 Page 2

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-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) OLIVIA REBANAL	(i)	210,621.	0.	0.	8,746.	126.	219,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NATHAN KADISH	(i)	175,789.	0.	0.	8,001.	20,005.	203,795.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LILY ABOOD	(i)	137,457.	0.	0.	6,851.	20,005.	164,313.	0.
VP OF DEVELOPMENT & ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NEAL SACON	(i)	142,502.	0.	0.	6,616.	3,194.	152,312.	0.
INTERIM CFO AND ASST TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SPENCER BEEBE	(i)	0.	0.	110,706.	0.	0.	110,706.	0.
FORMER EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023 ECOTRUST	93-1050144	Page 3
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 4B:		
FORMER OFFICER SPENCER BEEBE, FORMER OFFICER AND FOUNDER, RECE	IVED \$118,847	
IN COMPENSATION AS DADE OF A MON OHALTETED SECUTION (57/D) DIAN	ī	
IN COMPENSATION AS PART OF A NON-QUALIFIED SECTION 457(B) PLAN	1.	

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ECOTRUST

Employer identification number 93-1050144

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CULTURALLY RESTORATIVE & RACIALLY & ECONOMICALLY JUST; BUILD BROADLY
SHARED, INTERGENERATIONAL WEALTH FOR OUR REGION'S COMMUNITIES; &
SUPPORT REGIONAL CLIMATE RESILIENCE WHILE CENTERING THE NEEDS OF &
LEARNING FROM FRONTLINE COMMUNITIES. WE ARE CONTINUING OUR JOURNEY TO
BECOME AN ANTI-RACIST ORGANIZATION WITH A CULTURE OF BELONGING &
RESILIENT BUSINESS MODEL, SUPPORTING WORK THAT IS SELF-DETERMINED &
COMMUNITY-LED. OUR PROJECTS HAVE INCLUDED: CO-FOUNDING THE COUNTRY'S
1ST ENVIRONMENTAL BANK; STARTING THE NATION'S 1ST ECOSYSTEM INVESTMENT
FUND; DEVELOPING 2 CAMPUSES FOR ECONOMIC & SOCIAL EXCHANGE; CO-CREATING
A RANGE OF PROGRAMS & ORIGINAL RESEARCH IN FISHERIES, FORESTRY, & FOOD
SYSTEMS; & DEVELOPING NEW SCIENTIFIC & INFO TOOLS

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

AND COMMUNITY WELL-BEING.

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

SOVEREIGNTY. WE USE OUR TOOLKIT TO SUPPORT THE IMPLEMENTATION OF

MANAGEMENT DECISIONS, INCLUDING TRIBAL CO-MANAGEMENT OF COASTAL AND

TERRESTRIAL ECOSYSTEMS, AT APPROPRIATE SCALES. THROUGH OUR WORKFORCE

DEVELOPMENT AND CAREER EDUCATION SERVICES, WE APPLY CULTURALLY SPECIFIC

APPROACHES TO GROWING BLACK, INDIGENOUS, AND COMMUNITIES OF COLOR'S

LEADERSHIP IN LAND AND WATER STEWARDSHIP. AND THROUGH OUR MEASUREMENT

AND EVALUATION SERVICES, WE ANALYZE AND PRESENT EVIDENCE OF THE IMPACT

OF ECOTRUST AND PARTNERS' PROGRAMS AND INVESTMENTS.

Schedule O (Form 990) 2023 Page 2

Name of the organization Employer identification number

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

ECOTRUST

FOOD SYSTEMS - ECOTRUST'S FOOD SYSTEMS TEAM WORKS IN PARTNERSHIP TO
BUILD A CLIMATE-SMART FOOD SYSTEM THAT IS RACIALLY AND ECONOMICALLY

JUST. OUR WORK TAKES AN EQUITY-CENTERED APPROACH, GUIDED BY OUR VALUE

OF HUMBLE, RESPECTFUL COLLABORATION. WE ARE FOCUSED ON SUPPORTING

CONNECTIONS AND SHARED LEARNING AMONG A GROWING NETWORK OF FOOD SYSTEM

LEADERS COMMITTED TO TRANSFORMATION AND HEALING. IN PARTNERSHIP, WE

WORK TOWARDS: BUILDING POWER TO ADVANCE EQUITABLE OUTCOMES IN AND WITH

BLACK, INDIGENOUS, AND COMMUNITIES OF COLOR; ENRICHING THE CONNECTIONS

COMMUNITIES HAVE WITH FRESH, CULTURALLY RELEVANT FOODS; ENCOURAGING

CLIMATE-SMART LAND AND FISHERIES MANAGEMENT THROUGH LEADERSHIP

DEVELOPMENT, NETWORK BUILDING, TECHNICAL ASSISTANCE, AND ELIMINATING

BARRIERS TO LAND STEWARDSHIP AND FISHERIES ACCESS OF BLACK, INDIGENOUS,

AND COMMUNITIES OF COLOR THROUGHOUT OUR BIOREGION.

FORESTS AND ECOSYSTEM SERVICES - THE FORESTS AND ECOSYSTEM SERVICES

WORK ADVANCES CLIMATESMART FORESTRY BY CENTERING TRIBAL STEWARDSHIP AND

INDIGENOUS WAYS OF KNOWING. ECOTRUST CREATES THE TOOLS, THE STRUCTURES,

AND THE RESEARCH TO SUPPORT CLIMATE-SMART FOREST MANAGEMENT,

DEMONSTRATING THAT 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 ROBUST AND RELIABLE FOREST PRODUCTS INDUSTRY. WE

WORK WITH PARTNERS TO ELEVATE THEIR PERSPECTIVES ABOUT FORESTS AND THE

ROLE THEY PLAY IN MAINTAINING THE HEALTH AND WELLNESS OF OUR

COMMUNITIES AND ECONOMIES.

93-1050144

Schedule O (Form 990) 2023 Page 2

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

FROM ALASKA TO CALIFORNIA HAVE BEEN INVOLVED WITH ECOTRUST, AS MEMBERS OF OUR BOARD AND STAFF, AND AS PARTNERS TO ADVANCE THE ENVIRONMENTAL, CULTURAL, ECONOMIC, AND SOCIAL CONDITIONS OF THEIR COMMUNITIES. WE CONTINUE TO SUPPORT INDIGENOUS PEOPLES' STEADFAST EFFORTS TO EXERCISE THEIR RIGHT OF SELFDETERMINATION AND TO PROTECT THEIR HOMELANDS AND WATERS. WE SUPPORT AND CELEBRATE INDIGENOUS LEADERSHIP, INCREASE EDUCATION OPPORTUNITIES FOR NATIVE PEOPLE THROUGH SCHOLARSHIPS AND FELLOWSHIPS, AND PROVIDE A PLATFORM FOR NATIVE PEOPLE TO SHARE THEIR STORIES AND ISSUES. WE ALSO SHARE OUR KNOWLEDGE IN FORESTS AND ECOSYSTEMS, FISHERIES AND MARINE PLANNING, SALMON AND WATERSHED RESTORATION, AND FOOD SYSTEMS TO RESTORE AND STRENGTHEN NATIVE COMMUNITIES. AND WE PROVIDE OUR TECHNICAL EXPERTISE IN GIS ANALYSIS, MAPPING AND CARTOGRAPHY, ECONOMIC IMPACT ASSESSMENTS, SOFTWARE AND TOOL DEVELOPMENT, AND DATA COLLECTION AND MANAGEMENT TO HELP INDIGENOUS LEADERS AND COMMUNITIES MAKE INFORMED DECISIONS.

EXPENSES \$ 3,172,853. INCLUDING GRANTS OF \$ 404,371. REVENUE \$ 122,691.

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

ECOTRUST

THE ORGANIZATION'S FORM 990 WILL BE MADE AVAILABLE TO THE BOARD AND REVIEWED BY THE FINANCIAL STAFF AND THE FINANCE AND AUDIT COMMITTEE 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 ED, CFO, AND SECRETARY. ALL NEW EMPLOYEES MUST FILL OUT CONFLICT FORM ON HIRE AND MUST UPDATE IF AFFILIATIONS CHANGE.

Schedule O (Form 990) 2023 Page **2**

Name of the organization ECOTRUST	Employer identification number 93-1050144
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 DETERMINE	D BASED ON
EVALUATIONS AND WITHIN THE CONTEXT OF A MATRIX BASED ON SA	LARY RANGES AND
OVERALL RAISE BUDGET. MANAGEMENT TEAM REVIEWS ALL RAISES E	XCEPT FOR THEIR
OWN. THE ED AND CFO REVIEW ALL RAISES FOR SENIOR STAFF.	THE ED REVIEWS
THE CFO'S SALARY. THE GOVERNANCE COMMITTEE REVIEWS THE 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	1,187,500.
DISTRIBUTION FROM THE REDD, LLC	44.
TOTAL TO FORM 990, PART XI, LINE 9	1,187,544.
FORM 990, PART XII, LINE 2C	
THE FINANCE AND AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVE	
AUDIT AND THE SELECTION OF THE AUDITOR. THE FINANCE AND A	UDIT
COMMITTEE MEETS WITH THE AUDIT FIRM TO REVIEW THE RESULTS	OF THE AUDIT.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ECOTRUST Employer identification number 93-1050144

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
NATURAL CAPITAL HOLDINGS, LLC - 47-3202228					
1140 SE 7TH AVE, SUITE 150	HOLDING COMPANY FOR				
PORTLAND, OR 97214	PROPERTY AND INVESTMENTS	OREGON	1,091,936.	27,261,285.	ECOTRUST
THE REDD MANAGER, LLC - 47-3202499					
1140 SE 7TH AVE, SUITE 150	HOLDING COMPANY FOR				
PORTLAND, OR 97214	PROPERTY AND INVESTMENTS	OREGON	-58,835.	634,633.	ECOTRUST
ECOTRUST PROPERTIES, LLC					
1140 SE 7TH AVE, SUITE 150	HOLDING COMPANY FOR				
PORTLAND, OR 97214	PROPERTY AND INVESTMENTS	OREGON	-253,962.	8,485,716.	ECOTRUST
ECOTRUST PROPERTIES II, LLC					
1140 SE 7TH AVE, SUITE 150	HOLDING COMPANY FOR				
PORTLAND, OR 97214	PROPERTY AND INVESTMENTS	OREGON	0.	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	(f) Direct controlling entity	1	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

93-1050144

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)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
ECOTRUST CDE, LLC -	PROVIDE										
30-0271536, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW										
97214	INCOME	DE	ECOTRUST	RELATED	726,115.	3,577,907.		X	N/A	X	99.90%
ECOTRUST SUB-CDE 26, LLC -	PROVIDE										
81-5047764, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	2.	974.		X	N/A	X	.01%
ECOTRUST SUB-CDE 28, LLC -	PROVIDE										
81-5087080, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	-1.	730.		x	N/A	X	.01%
ECOTRUST SUB-CDE 29, LLC -	PROVIDE										
81-5109470, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	-1.	638.		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	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr ent	tion b)(13) rolled tity?
70077747 077777 07 770 04 F0F1106		country)						Yes	No
ECOTRUST SUBCDE 27, LLC - 81-5071196	PROVIDE INVESTMENT								İ
1140 SE 7TH AVE, SUITE 150	CAPITAL FOR LOW		ECOTRUST CDE,						İ
PORTLAND, OR 97214	INCOME COMMUNITIES.	DE	ГГС	C CORP	8.	1,725.	.01%		X
ECOTRUST CDE MEMBER INC 87-2899298									
1140 SE 7TH AVE, SUITE 150									
PORTLAND, OR 97214	COMMUNITY DEVELOPMENT	OR	ECOTRUST	C CORP	-3,341.	0.	100%		X
									<u> </u>
									<u> </u>

<u>Schedule R (Form 990)</u> <u>ECOTRUST</u> 93-1050144

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)		n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal	Direct controlling	Predominant income	Share of total	Share of	Disprop	•	Code V-UBI		r Percentage
of related organization	1 milary dotivity	domicile (state or	entity	(related, unrelated,	income	end-of-year	ate alloc		amount in box	managin	ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes No	7
ECOTRUST SUB-CDE 30, LLC -	PROVIDE			,							
30-0271536, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	1.	674.		x	N/A	X	.01%
ECOTRUST SUB-CDE 31, LLC -	PROVIDE										
85-3211122, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	2.	540.		X	N/A	X	.01%
ECOTRUST SUB-CDE 32, LLC -	PROVIDE										
87-2633931, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	4.	992.		X	N/A	X	.01%
ECOTRUST SUB-CDE XIX, LLC -	PROVIDE										
46-5027444, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	20.	0.		X	N/A	X	.01%
ECOTRUST SUB-CDE XX, LLC -	PROVIDE										
47-1309590, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	21.	0.		X	N/A	X	.01%
ECOTRUST SUB-CDE XXI, LLC -	PROVIDE										
47-1330244, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	21.	0.		X	N/A	X	.01%
ECOTRUST SUB-CDE XXII, LLC -	PROVIDE										
47-1339178, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	-1.	679.		X	N/A	X	.01%
ECOTRUST SUB-CDE XXIII, LLC -	PROVIDE										
47-1346863, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	2.	1,171.		X	N/A	X	.01%
ECOTRUST SUB-CDE XXIV, LLC -	PROVIDE										
47-1512233, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	3.	1,218.		X	N/A	X	.01%

<u>Schedule R (Form 990)</u> <u>ECOTRUST</u> 93-1050144

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

	T	I	T				_			Т	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Dispro		Code V-UBI amount in box	General o managing	Percentage ownership
or related organization		(state or foreign	entity	excluded from tax under	lilcome	assets	ate allo		20 of Schedule	partner?	Jownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
ECOTRUST SUB-CDE XXV, LLC -	PROVIDE										
47-1518577, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	1.	458.		X	N/A	X	.01%
THE MARBLE, LLC - 47-3194795											
1140 SE 7TH AVE, SUITE 150	INVESTMENT IN										
PORTLAND, OR 97214	BUILDING	OR	THE REDD, LLC	RELATED	2,801,259.	10,444,228.		X	N/A	X	91.15%
THE REDD FOUNDRY, LLC -											
36-4826826, 1140 SE 7TH AVE,											
SUITE 150, PORTLAND, OR	INVESTMENT IN										
97214	BUILDING	OR	THE REDD, LLC	RELATED	-341,613.	12,225,075.		X	N/A	X	94.00%
THE REDD, LLC - 47-1489265											
1140 SE 7TH AVE, SUITE 150	INVESTMENT IN										
PORTLAND, OR 97214	BUILDING	OR	ECOTRUST	RELATED	1,050,121.	7,038,443.		X	N/A	x	42.67%
ECOTRUST SUB-CDE 34, LLC -	PROVIDE										
87-2587408, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	3.	844.		X	N/A	x	.01%
ECOTRUST SUB-CDE 33, LLC -	PROVIDE										
87-2607686, 1140 SE 7TH AVE.	INVESTMENT										
SUITE 150, PORTLAND , OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	0.	897.		X	N/A	X	.01%
ECOTRUST SUB-CDE 35, LLC -	PROVIDE										
87-2554438, 1140 SE 7TH AVE.	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	1.	400.		X	N/A	X	.01%
ECOTRUST SUB-CDE 36 LLC -	PROVIDE								- · ·		
87-2547590, 1140 SE 7TH AVE.	INVESTMENT										
SUITE 150, PORTLAND , OR	CAPITAL FOR LOW		ECOTRUST CDE								
97214	INCOME	DE	LLC	RELATED	0.	897.		X	N/A	x	.01%
-								<u> </u>	,		, , , , ,
	1										
	1										
	1										
-	1	l	1	l				L			

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No				
1	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?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X				
	Gift, grant, or capital contribution to related organization(s)	1b		X				
	Gift, grant, or capital contribution from related organization(s)	1c		Х				
	Loans or loan guarantees to or for related organization(s)	1d		X				
	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		Х				
	Sale of assets to related organization(s)	1g		X				
	Purchase of assets from related organization(s)	1h		X				
i	Exchange of assets with related organization(s)	1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х					
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X					
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X				
	Sharing of paid employees with related organization(s)	10	X					
р	Reimbursement paid to related organization(s) for expenses	1p		Х				
	Reimbursement paid by related organization(s) for expenses	1q		X				
r	Other transfer of cash or property to related organization(s)	1r		X				
s	Other transfer of cash or property from related organization(s)	1s	Х					
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) ECOTRUST CDE, LLC	0	482,830.	COST
(2) THE REDD FOUNDRY, LLC	L	80,120.	COST
(3) THE MARBLE, LLC	L	95,600.	COST
(4) THE REDD FOUNDRY, LLC	K	312,637.	COST
(5) THE MARBLE, LLC	К	171,833.	COST
(6) ECOTRUST CDE, LLC	S	1,187,500.	COST

Schedule R (Form 990) 2023 ECOTRUST 93-1050144 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

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 26, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 28, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 29, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 30, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 31, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 32, LLC

ECOTRUST Schedule R (Form 990) 2023 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 XIX, LLC

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

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:

ECOTRUST SUB-CDE XXV, LLC

Name: ECOTRUST	FEIN:	93-1050144
----------------	-------	------------

	and Entity: EVE	NT SPACE RENTA	AL POST-2017 NO Section 382 Carryover	L FE	DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2020 B 2021 C 2022	211,361. 230 587.										
D 2023 E F	107,429. 183,051.										
G H I											
J K L											
M N O											
P Q R											
S T U V											
W	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Type											
ВС											
D E F G											
H I J											
K L M											
N O P Q											
R S T											
V W											

Name: ECOTRUST FEIN	N: 93-1050	0144
---------------------	------------	------

		and Entity: PRE	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/16	Amount Used for 12/31/18	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2015	3,800. 7,668.	3,800. 7,668.	3,800.	7.660							
A B C	2017	7,668.	7,668.		7,668.							
D												
E F												
G H												
1												
J K												
L M												
Ν												
O P												
Q												
R S												
S T												
U V												
W		E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
	Detail	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
	Type	S Used for B C									<u> </u>	
Α												
B C												
D E F												
F												
G H												
1												
J K												
L												
M N												
О Р												
Q												
R S												
Т												
U V												
W												

Name: ECOTRUST	FEIN:	93-1050144

	oe and En	ntity: NOL ual Limitation	CA	Section 382 Carryover		DETAIL CA	ARRYOVER SCH	EDULE				
Ye Or nat	ar (Original arryover	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 20 B 20 C 20)15)17)18	3,800. 11,468. 34,120. 208,998.										
E 20 F 20	020 021 022 023	208,998. 230,587. 107,429. 183,051.										
I J												
K L M N												
O P Q												
R S T U												
V W	E	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
De Ty A		Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
B C												
D E F G												
J K												
L M N O												
P Q R												
S T U V												
W												

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

ECOTRUST

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

93-1050144

C Unrelated business activity code (see instructions) 90000	3		D Sequence:	1 of 3
E Describe the unrelated trade or business INTEREST INCO	OME	FROM CONTROL	LED PARTY DI	EBT
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form				
1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach				
statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled				
organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17)				
organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	0.		<u> </u>
Part II Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business income and the connected with the co	come)		ns must be
1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance			4	
4 Bad debts				
5 Interest (attach statement). See instructions				
Taxes and licenses 7 Paragolation (attach Form 4560) See instructions		_		
7 Depreciation (attach Form 4562). See instructions			Oh	
Less depreciation claimed in Part III and elsewhere on return Depletion			8b	
Depletion Contributions to deferred compensation plans				
. ,				
, , , , , , , , , , , , , , , , , ,				
				1
14 Other deductions (attach statement) 15 Total deductions. Add lines 1 through 14				0.
16 Unrelated business income before net operating loss deduction. Su				† ·
column (C)		•	•	0.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				
For Paperwork Reduction Act Notice, see instructions.				ule A (Form 990-T) 2023

⊃ao	е	

Part	III Cost of Goods Sold Enter met	hod of inventory valuati	on		Page Z
1	Little mot	nod of lifveritory valuati		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter			_	
9	Do the rules of section 263A (with respect to property				Yes No
Part				U	
1	Description of property (property street address, city, s		-	· · · · · · · · · · · · · · · · · · ·	_
	A	,,			
	В				
	С				
	D				
		Α	В	С	
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns a	A through D. Enter here	and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. E	nter here and on Part I,	line 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			_
1	Description of debt-financed property (street address,	city, state, ZIP code). C	neck if a dual-use. See	instructions.	
	A				
	В				
	c				
	D	T			
		A	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)). Enter here and on Par	t I, line 7, column (A)		0.
				Γ	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	טר פ			0.

	t VI Interes			oyalties, and Re	nts Fro	m Contro	lled O	rganization	S (se	ee instruct	ions)		r uge c
							E	xempt Contro	lled Org	ganization	ıs		
	1. Name of organi			2. Employer identification number	incon	unrelated ne (loss) structions)	l	al of specified nents made	that is	ort of coluic included olling orga gross inc	in the aniza-	C	eductions directly connected with come in column 5
(1) E	COTRUST	CDE,	LLC	30-0271536		0.		0.			0.		0.
(2)													
(3)													
<u>(4)</u>							<u> </u>						
	= T					Controlled Or	-		-61	0	- 44	D1	Landina alla alla
	7. Taxable Inco	ome		Net unrelated		otal of specif		10. Part of that is income.			11.		luctions directly
			1	ncome (loss) e instructions)	ра	yments mad	е	controlling	organiz	zation's	l in		nected with e in column 10
<u></u>			(50					gross	incom	<u>e </u>			3 II
(1) (2)													
(3)													
(4)													
<u> ,</u>								Add colum	nns 5 ar	nd 10.	Add	d col	umns 6 and 11.
								Enter here		,			re and on Part I,
								line 8, c	olumn	(A).	'	line 8	s, column (B).
Total										0.			0.
Par	t VII Inves			of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee insti	ructions)			
		1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st	asides tateme	nt)	and set-asides (add cols 3 and 4)
(1)													
(2)													
(3)													
(4)						A -1-1							A dala and a make the
						Add amou							Add amounts in column 5. Enter
						here and or	n Part I,						here and on Part I,
T	1-					line 9, colu							line 9, column (B).
Total		oited E	vomnt /	Activity Income,	Other 1	Than Adve	0.	Income	/ i				0.
1	Description of				Julei I	man Auve	ı uəli l		see ins	structions)			
2				e from trade or busir	acc Enta	r here and o	n Dart I	line 10. colum	n (A)		2		
3				th production of unre				•					
J											3		
4				I trade or business. S									
-	lines 5 throu							-			4		
5				is not unrelated busi							5		
6				entered on line 5							6		-
7				act line 5 from line 6									
	4. Enter here	and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2023

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a con	solidated basis.		
	A 🔲	·			
	в 🗆				
	c 🗆				
	D				
C					
Enter a	amounts for each periodical listed above in the c	_			
		A	В	С	D
2	Gross advertising income	•			
	Add columns A through D. Enter here and on F	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or				
	line 4, enter the lesser of line 4 or line 7	·			
а	Add line 8, columns A through D. Enter the gre	eater of the line 8a columns total o	r -0- here and or	n	_
	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ectors, and Trustees _{(see i}	nstructions)		
				3. Percentage	4. Compensation
				of time devoted	attributable to
	1. Name	2. Title	I		attributable to
	1. Name	2. Title		to business	unrelated business
(1)	1. Name	2. Title		to business %	
	1. Name	2. Title			
(2)	1. Name	2. Title		%	
(2) (3)	1. Name	2. Title		% %	
(2)	1. Name	2. Title		% % %	
(2) (3) (4)		2. Title		% % %	unrelated business
(2) (3) (4)	Enter here and on Part II, line 1			% % %	
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			% % %	unrelated business

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

	ECOTRUST	93-1050	93-1050144			
		_			•	•
C (Unrelated business activity code (see instructions) 90000	1		D Sequence:	2 of	3
	DEEEDDED CAT	M ED	OM NCC BUILD	INC		
		N LV		LING		
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(0	C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)					
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12	0			
13	Total. Combine lines 3 through 12	13	0.			
Pa	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in		or limitations on ded	uctions. Deduc	tions must	be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return		8a	8	Bb	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				<u> </u>	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	0.
16	Unrelated business income before net operating loss deduction. S					0
4 -	column (C)				16	0.
17 10	Deduction for net operating loss. See instructions				17	U •
18 For F	Unrelated business taxable income. Subtract line 17 from line 10	o			18 adula A (Farr	n 990-T) 2023

		2 Page 2
]	Yes [No
	D	
		0.
	D	0.

	ule A (Form 990-T) 2023				Page 2
Part		hod of inventory valuat		Т.Т	
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			· · · · · · · · · · · · · · · · · · ·	
9	Do the rules of section 263A (with respect to property p				Yes No
Part	`				
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instr	uctions.	
	<u>A</u>				
	B				
	<u> </u>				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					0
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
_	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
_					0
5 Part	Total deductions. Add line 4, columns A through D. El V Unrelated Debt-Financed Income (so	nter here and on Part I,	line 6, column (B)		0.
			h - 1 - 1		
1	Description of debt-financed property (street address, o	city, state, ZIP code). C	neck it a dual-use. See	instructions.	
	A				
	B				
	D		В	0	
•	Output in a company output by the plant finance of	Α	В	С	<u>D</u>
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	······	0.
			Т	T	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10			0.

Page 3

Part \	/I Interest, Annu	ities, Ro	oyalties, and Re	ents Fro	m Contro	led O	rganization	S (se	ee instruct	ions)		
					Exempt Controlled Organizat					s		
	1. Name of controlled	t	2. Employer	3. Net	unrelated	4. Tota	al of specified		art of colur		. Deductions directly	
	organization		identification	1	ne (loss)	payn	nents made		included olling orga		connected with	
			number	(see ins	structions)				gross inc		income in column 5	
<u>(1)</u>												
(2)												
(3)												
(4)						<u> </u>						
	Tavabla lasans	0.1			xempt Controlled Organization 9. Total of specified			-£ l	0	44.5	Nadications discatles	
7.	Taxable Income		· ·		yments made		10. Part of column 9 that is included in the				Deductions directly connected with	
			e instructions)	pa;	yments mau	5	controlling	organiz	zation's		ome in column 10	
(4)		(000					gross	incom	e			
(1) (2)												
(3)												
(4)					+							
(.)							Add colum	nns 5 and 10. A		Add	Add columns 6 and 11.	
					Enter here a			and on Part I, Ente			ter here and on Part I,	
							line 8, c	olumn	(A).	l lin	ie 8, column (B).	
Totals									0.		0.	
Part \	/II Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
	1. Desc	ription of	income		2. Amou		3. Deduction		4. Set-		5. Total deductions and set-asides	
					income directly conr		directly conne (attach stater		(attach st	atement	(add cols 3 and 4)	
(4)					(attaon state)			,				
(1)												
(2) (3)												
(4)												
(1)					Add amou	ınts in					Add amounts in	
					column 2.						column 5. Enter	
					here and or line 9, colu	,					here and on Part I, line 9, column (B).	
Totals						0.					0.	
Part \	/III Exploited Exploited Exploited	xempt A	ctivity Income,	Other T	han Adve	rtisinç	g Income (see ins	structions)			
1	Description of exploite	d activity:										
2	Gross unrelated busine	ess incom	e from trade or busir	ness. Ente	r here and or	n Part I,	line 10, columi	n (A)		2		
3	Expenses directly conr	nected wit	h production of unre	elated busi	ness income	. Enter h	nere and on Pa	art I,				
	line 10, column (B)									3		
	Net income (loss) from					-	-					
	lines 5 through 7									4		
	Gross income from act									5		
								6				
	Excess exempt expens											
	4. Enter here and on P	aπ II, line	12							7		

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	na two or	more periodicals on a	consolidated basi	S.	
	A	Ü	·			
	В П					
	=					
	<u> </u>					
	D					
Enter a	amounts for each periodical listed above in the	correspo	nding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	n Part I, lir	e 11, column (A)			0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or		e 11 column (B)	•	•	0.
_	, 144 0014111107 t 111104 gt. 21 211101 11010 4114 01					
4	Advertising gain (loss). Subtract line 3 from li	ino				
7		ii iC				
	2. For any column in line 4 showing a gain,	·-				
	complete lines 5 through 8. For any column					
	line 4 showing a loss or zero, do not comple					
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than	1				
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the		he line 8a columns to	tal or -0- here and o	on	•
_	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors	and Trustees			•
	<u> </u>		,	see manachons)	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	i. Name		2. Title			
					to business	unrelated business
(1)					%	
<u>(2)</u>					%	
(3)					%	
(4)					<u> </u>	
						0.
Part	XI Supplemental Information (s	ee instruc	tions)			
						_
			<u> </u>	<u></u>		

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only Name of the organization B Employer identification number ECOTRUST 93-1050144 900002 Unrelated business activity code (see instructions) D Sequence: Describe the unrelated trade or business EVENT SPACE RENTAL Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses **1a** Gross receipts or sales 994,051. **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 994,051. 994,051. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 994,051. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 336,237 2 2 Salaries and wages 3 Repairs and maintenance 3 4 4 Interest (attach statement). See instructions 5 5 Taxes and licenses 6 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 840,865. Other deductions (attach statement) SEE STATEMENT 2 14 14 1,177,102. Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

Deduction for net operating loss. See instructions

Unrelated business taxable income. Subtract line 17 from line 16

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

16

-183,051.

-183,051.

17

Part III

Part V

b

Part IV

A (Form 990-T) 2023 Cost of Goods Sold	Enter method of inventory valuat	on		Page
ventory at beginning of year			1	
urchases				
ost of labor			3	
dditional section 263A costs (attach sta	atement)		4	
ther costs (attach statement)			5	
otal. Add lines 1 through 5			6	
ventory at end of year			7	
ost of goods sold. Subtract line 7 from	n line 6. Enter here and in Part I, line 2	<u></u>	8	
o the rules of section 263A (with respec				Yes N
	roperty and Personal Proper			
escription of property (property street a	address, city, state, ZIP code). Check	if a dual-use. See instru	ctions.	
		В Т		
ant received or coortied	A	В	С	D
ent received or accrued				
rom personal property (if the percentage				
ent for personal property is more than 1 ut not more than 50%)				
rom real and personal property (if the				
ercentage of rent for personal property	oveneds			
0% or if the rent is based on profit or inc	\			
otal rents received or accrued by prope	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
dd lines 2a and 2b, columns A through	·			
ad iiiloo za ana zo, oolaniilo 7 tiiiloagii	J			
otal rents received or accrued. Add line	2c, columns A through D. Enter here	and on Part I. line 6. co	olumn (A)	0
			1	
	ncome			
eductions directly connected with the i				
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A	A through D. Enter here and on Part I,	line 6, column (B)		0
eductions directly connected with the in lines 2a and 2b (attach statement)	A through D. Enter here and on Part I,	line 6, column (B)		0
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (sti	A through D. Enter here and on Part I, Income (see instructions)			0
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed	A through D. Enter here and on Part I, Income (see instructions)			0
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (sti	A through D. Enter here and on Part I, Income (see instructions)			0
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (statement)	A through D. Enter here and on Part I, Income (see instructions)			0
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (statement)	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (statement)	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C			D
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (statement)	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (statement) ross income from or allocable to debt-fireperty	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (statement) oross income from or allocable to debt-financety eductions directly connected with or allocable to debt-financety	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (statement) oross income from or allocable to debt-financed property eductions directly connected with or allocable financed property	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (strongerty cross income from or allocable to debt-fire roperty eductions directly connected with or allocable time debt-financed property traight line depreciation (attach statement)	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (statement) ross income from or allocable to debt-financed property eductions directly connected with or all a debt-financed property traight line depreciation (attach statement)	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (statement) ross income from or allocable to debt-financed property eductions directly connected with or allocable to debt-financed property traight line depreciation (attach statement) otal deductions (add lines 3a and 3b,	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (stroperty cross income from or allocable to debt-financed with or all or debt-financed property traight line depreciation (attach statement) the deductions (attach statement) cotal deductions (add lines 3a and 3b, columns A through D)	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C inanced inanced locable ent)	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (strongerty cross income from or allocable to debt-financed with or allocable to debt-financed property traight line depreciation (attach statement) otal deductions (attach statement) otal deductions (add lines 3a and 3b, columns A through D) mount of average acquisition debt on o	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C inanced locable ent) or allocable	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (stroperty eductions directly connected with or all o debt-financed property traight line depreciation (attach statement) otal deductions (attach statement) otal deductions (add lines 3a and 3b, columns A through D) mount of average acquisition debt on or other deductions description of the columns and the columns are deductions of debt-financed property (attach statement)	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C inanced inanced ent) or allocable ent)	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (strongerty eductions directly connected with or all of debt-financed property traight line depreciation (attach statement) and deductions (attach statement) and deductions (add lines 3a and 3b, polumns A through D) mount of average acquisition debt on or of debt-financed property (attach statement) are of debt-financed property (attach statement) and debt-financed property (attach statement	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C A inanced locable ent) or allocable ent) o debt-	heck if a dual-use. See i	nstructions.	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (strongerty eductions directly connected with or all of debt-financed property traight line depreciation (attach statement) cotal deductions (attach statement) cotal deductions (add lines 3a and 3b, columns A through D) mount of average acquisition debt on or of debt-financed property (attach statement) and debt-financed property (attach statement) cotal deductions (add lines 3a and 3b, columns A through D) mount of average acquisition debt on or of debt-financed property (attach statement) connected property (attach statement)	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C A inanced locable ent) or allocable ent) or debt-	heck if a dual-use. See i	C C	
eductions directly connected with the in lines 2a and 2b (attach statement) otal deductions. Add line 4, columns A Unrelated Debt-Financed escription of debt-financed property (strongerty eductions directly connected with or all of debt-financed property traight line depreciation (attach statement) and deductions (attach statement) and deductions (add lines 3a and 3b, polumns A through D) mount of average acquisition debt on or of debt-financed property (attach statement) are of debt-financed property (attach statement) and debt-financed property (attach statement	A through D. Enter here and on Part I, Income (see instructions) reet address, city, state, ZIP code). C A inanced Income (see instructions) Income (see instructions) A inanced Income (see instructions) A inanced Income (see instructions) Income (see instructions) A inanced Income (see instructions) Income (see instructions) A inanced Income (see instructions) Income (see instructions) A inanced Income (see instructions) Income (see instructions) A inanced Income (see instructions) Income (see instruction	heck if a dual-use. See i	nstructions.	

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Total dividends-received deductions included in line 10

0.

Page :

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	ee instruct	ions)	r age c
			_			E	xempt Contro	lled Or	ganization	s .	
	Name of controlle organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	l	al of specified nents made	that is	art of colur included olling orga gross inc	in the aniza-	5. Deductions directly connected with income in column 5
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>			NI-		2						
	7. Taxable Income		Net unrelated		Controlled Or otal of specif	-	ons 10. Part	of colu	mn 0	44 [Deductions directly
,	. Taxable income	in			vments made		that is inc	that is included in the controlling organization's gross income		(connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
								Enter	dd columns 6 and 11. hter here and on Part I, line 8, column (B).		
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)		
		cription of					3. Deduction directly connected (attach states	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1-1						Add assessed in
					Add amou						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
					line 9, colu						line 9, column (B).
Totals Part	VIII Exploited E	vemnt /	Activity Income,	Other 1	Than Adve	0.	Income	·:			0.
1	Description of exploite		ctivity income,	, Other i	Illali Auve	ı uəni	g income (see ins	structions)		
2	Gross unrelated busin	•	e from trade or busi	nece Ente	r here and o	n Dart I	line 10. colum	n (A)		2	
3	Expenses directly con					,	•	` ,		-	
3										3	
4	Net income (loss) from										
-	`									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	ng two or i	more periodicals on a	consolidated basis	S.	
	A 🔲	5				
	В 🗆					
	=					
	c					
	D					
Enter a	amounts for each periodical listed above in the	correspor	nding column.		1	
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	n Part I, lin	e 11, column (A)			0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	n Part I, lin	e 11, column (B)			0.
	-					
4	Advertising gain (loss). Subtract line 3 from li	ine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	in				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter -0- on line 8					
_						
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	greater of t	he line 8a columns to	al or -0- here and o	on	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors,	and Trustees (s	ee instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
\-/					,,	
Total	LEnter here and on Part II, line 1					0.
Part			ione)			
	Zu Cuppionionium mormation (3	ee iiistiuct	10113)			

SCHEDULE O (Form 1120)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

ECOTRUST

Consent Plan and Apportionment Schedule for a Controlled Group

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

93-1050144

Р	art I	Apportionment Plan Information	
a	X	of controlled group: Parent-subsidiary group	
b		Brother-sister group	
C	$\overline{}$	Combined group	
d		Life insurance companies only	
a	X	corporation has been a member of this group: For the entire year.	
b		From , until	
3 a		corporation consents and represents to: Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for	
-		the current tax year which ends on, and for all succeeding tax years.	
b		Amend the current apportionment plan. All the other members of this group are currently amending a previously	
		adopted plan, which was in effect for the tax year ending, and for all succeeding t years.	ax
C		Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.	
d		Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on, and for all succeeding tax years.	
4	-	checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment	
	plan w		
a	\equiv	Elected by the component members of the group.	
b		Required for the component members of the group.	
5		did not check a box on line 3 above, check the applicable box below concerning the status of the group's tionment plan (see instructions).	
a		No apportionment plan is in effect and none is being adopted.	
b		An apportionment plan is already in effect. It was adopted for the tax year ending for all succeeding tax years.	, and
((includ	e members of this group are adopting a plan or amending the current plan for a tax year after the due date ing extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations are date this corporation filed its amended return for such to year for corporation any resulting deficiency? See	
		ne date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See	
	nstruc	Yes.	
а		The statute of limitations for this year will expire on	
	(i) [
	(ii) [On, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until	
		internal nevenue service to extenu the statute of infinations for purposes of assessment until	
b	X	No. The members may not adopt or amend an apportionment plan.	
7		If the corporation has a short tax year that does not include December 31, check the box. See instructions.	

ECOTRUST 93-1050144

FORM 990-T	(A)		OTHER	DEDUCT	IONS		STATEMENT 2
DESCRIPTION	Г						AMOUNT
PAYROLL TAX ADVERTISING OFFICE EXPE TRAVEL INFORMATION OCCUPANCY CONSULTANTS INSURANCE ALLOCATED E BAD DEBT EX LICENSES	83,940. 5,716. 30,386. 434. 305. 455,354. 16,442. 11,374. 223,440. 7,773. 5,701.						
TOTAL TO SO	HEDULE	A, PART II,	LINE 14				840,865.
990-T SCH A		POST-2017	NET OP	ERATING	LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS	SUSTAINED	LOS PREVIO APPL	USLY		LOSS MAINING	AVAILABLE THIS YEAR
12/31/20 12/31/21 12/31/22		211,361. 230,587. 107,429.		0. 0. 0.		211,361. 230,587. 107,429.	211,361. 230,587. 107,429.
NOL CARRYOV	ER AVA	ILABLE THIS Y	EAR			549,377.	549,377.

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates Identifying number

<u> </u>	OTRUST		μ	ORM 990 P.	AGE IU		93-1050144
Pa	art Election To Expense Certain Prope	rty Under Section 17	9 Note: If you have a	ny listed property, o	complete Part \	V before	you complete Part I.
1	Maximum amount (see instructions)					1	1,160,000.
2	Total cost of section 179 property plac	ed in service (see i	nstructions)			2	
	Threshold cost of section 179 property						2,890,000.
	Reduction in limitation. Subtract line 3						
	Dollar limitation for tax year. Subtract line 4 from line					5	
6	(a) Description of pr	operty	(b) Cost	(business use only)	(c) Elected c	ost	
7	Listed property. Enter the amount from	line 20		7			
	Total elected cost of section 179 prope		in column (c) lines 6			8	
	Tentative deduction. Enter the smaller						
	Carryover of disallowed deduction from						
	Business income limitation. Enter the s						<u> </u>
	Section 179 expense deduction. Add li					12	<u>′</u>
	Carryover of disallowed deduction to 2			13			
_	te: Don't use Part II or Part III below for			abada Pakadanasa			
	Operation 2 option attended						
	Special depreciation allowance for qua	, ,		,, ,	J		
	the tax year						
15	Property subject to section 168(f)(1) ele	ection				15	5
	Other depreciation (including ACRS)					16	<u> ۲</u>
Pa	art III MACRS Depreciation (Don't	include listed pro	•	s.)			
			Section A				
17	MACRS deductions for assets placed i	n service in tax yea	ars beginning before	2023	<u></u>	17	<u>' </u>
18	If you are electing to group any assets placed in serv						
	Section B - Assets		During 2023 Tax Y		eral Depreciat	ion Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions	se (d) Recovery	(e) Convention	(f) Metho	d (g) Depreciation deduction
19a	a 3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
		/		27.5 yrs.	MM	S/L	
h	h Residential rental property			27.5 yrs.	MM	S/L	
		1 / 1		27.0 yio.			
		/			MM	S/L	
i	Nonresidential real property	/ /		39 yrs.		S/L S/L	
i		/ // /Placed in Service	During 2023 Tax Ye	39 yrs.	MM MM	S/L	/stem
	Section C - Assets F	/ / / Placed in Service	During 2023 Tax Yea	39 yrs.	MM MM	S/L ation Sy	/stem
20a	Section C - Assets F	/ // // Placed in Service	During 2023 Tax Yea	39 yrs.	MM MM	S/L ation Sy S/L	/stem
20a b	Section C - Assets F a Class life b 12-year	/ // // Placed in Service	During 2023 Tax Yea	39 yrs.	MM MM	S/L ation Sy S/L S/L	ystem
20a b	Section C - Assets F a Class life b 12-year c 30-year	/ // // Placed in Service	During 2023 Tax Ye	39 yrs. ar Using the Altern 12 yrs.	MM MM ative Deprecia	S/L ation Sy S/L S/L S/L	ystem
20a b c	Section C - Assets F a Class life b 12-year c 30-year d 40-year	/ // /Placed in Service //	During 2023 Tax Ye	39 yrs. ar Using the Altern 12 yrs. 30 yrs.	MM MM ative Deprecia	S/L ation Sy S/L S/L	ystem
b c d	Section C - Assets F a Class life b 12-year c 30-year d 40-year art IV Summary (See instructions.)	/	During 2023 Tax Ye	39 yrs. ar Using the Altern 12 yrs. 30 yrs.	MM MM ative Deprecia	S/L ation Sy S/L S/L S/L S/L	
20a b c d Pa	Section C - Assets F a Class life b 12-year c 30-year d 40-year art IV Summary (See instructions.) Listed property. Enter amount from line	/ /		39 yrs. ar Using the Altern 12 yrs. 30 yrs. 40 yrs.	MM MM ative Deprecia	S/L ation Sy S/L S/L S/L	
20a b c d Pa 21	Section C - Assets F a Class life b 12-year c 30-year d 40-year art IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	/ / 2814 through 17, line	es 19 and 20 in colun	39 yrs. ar Using the Altern 12 yrs. 30 yrs. 40 yrs.	MM MM ative Depreci	S/L ation Sy S/L S/L S/L S/L S/L S/L	1
20a b c d Pa	Section C - Assets F a Class life b 12-year c 30-year d 40-year art IV Summary (See instructions.) Listed property. Enter amount from line	28	es 19 and 20 in colun rtnerships and S corp	39 yrs. 12 yrs. 30 yrs. 40 yrs. on (g), and line 21. porations - see instr.	MM MM ative Depreci	S/L ation Sy S/L S/L S/L S/L	1

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (a) through (c) of Section A,	all of Se	ection B.	, and S	Section C	if appli	icable.						
			n and Other Ir							mits for	passeng	er auton	nobiles.)		
24:	Do you have evidence to s					$\overline{}$	Yes	No						Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	ot	(d) Cost or ther basis	В	(e) lasis for depousiness/invuse on	reciation estment	(f) Recovery period	Me	(g) ethod/ vention	Depre	(h) eciation uction		(i) cted n 179
25	Special depreciation allo	wance for q	ualified listed p	roperty	placed i	in serv	ice durin	g the ta	x year and	<u>'</u>					
	used more than 50% in a	a qualified bu	usiness use								. 25				
26	Property used more than														
		: :	%	5											
		: :	%												
		: :	%												
27	Property used 50% or le	ss in a qualif	ied business u	se:											
		: :	%							S/L -					
		: :	%)						S/L -					
		: :	%	<u> </u>						S/L -					
28	Add amounts in column	(h), lines 25	through 27. En	ter here	e and on	line 2	1, page 1				. 28				
29	Add amounts in column	(i), line 26. E	nter here and o	on line 7	7, page 1	l							29		
			Se	ection I	B - Infor	matio	n on Use	of Ver	nicles						
	mplete this section for ve			n C to s	see if you		an excep			ng this s	ection fo	or those v		enicies (f	
30	Total business/investment i year (don't include commu	Г	(a) Vehicle 1		Ve	(b) Vehicle 2				Vehicle 4		Vehicle 5		le 6	
31	Total commuting miles of														
	Total other personal (nor driven	ncommuting) miles												
33	Total miles driven during Add lines 30 through 32	the year.													
34	Was the vehicle available		I	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?		Г												
35	Was the vehicle used pr	rimarily by a r	more												
	than 5% owner or relate	d person?													
36	Is another vehicle availa	ble for perso	nal												
	use?														
۸			- Questions fo	-	-				-						
	swer these questions to o	•		ception	to comp	Dieting	Section	B for ve	enicies use	ea by en	npioyees	wno a	ren′t		
	re than 5% owners or relation no you maintain a writte			hibita a	II norcen	al uss	of vobial	oe incl	uding oo~	mutina	hy your			Yes	Na
31	•		•		•				•	•				162	No
38	employees?	en policy stat	ement that pro	hibits n	ersonal	use of	vehicles	excent	t commuti	na. by v	our				
-	employees? See the inst	. ,	•	•			•	•		0					
39	Do you treat all use of ve			•											
	Do you provide more that														
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to 3														
P	art VI Amortization														
	(a) Description of	costs	Date a	(b) mortization egins		(C) Amortiz amou	able		(d) Code section		(e) Amortiza period or per	ation	An foi	(f) nortization r this year	
42	Amortization of costs the	at begins du	ring your 2023	tax yea	ır:										
				:											
			:	:											
	Amortization of costs that											43			
<u>44</u>	Total. Add amounts in o	olumn (f). Se	ee the instruction	ons for v	where to	repor	t	<u></u> .	<u></u>			44			

Form **4626**

Department of the Treasury Internal Revenue Service **Alternative Minimum Tax-Corporations**

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

2023

ECOTRUST 93-1050144 Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D). X No Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B). Applicable Corporation Determination (Report all amounts in U.S. dollars.) If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II. (c) Third Preceding (a) First Preceding (b) Second Preceding Year Ended Year Ended Year Ended Net income or loss per applicable financial statement(s) (AFS) (see inst): Consolidated net income or loss per the AFS of the corporation 1a Include AFS net income or loss of other includible entities (add net income and subtract net loss) 1b Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) 1c d Adjustment for certain consolidating entries (see instructions) 1d Specified additional net income or loss item B. Reserved for future use 1e AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d 1f Adjustments: 2 a Financial statements covering different tax years 2a Corporations that are not included on the taxpayer's consolidated return (see instructions) 2b c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-(see instructions for special rules if completing this form for an FPMG) 2c Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) 2d Certain taxes (see instructions) 2е Patronage dividends and per-unit retain allocations (cooperatives only) 2f Alaska native corporations 2g Certain credits (see instructions) 2h Mortgage servicing income 2i Tax-exempt entities (organizations subject to tax under section 511) ... 2i 2k Depreciation Qualified wireless spectrum 21 Covered transactions 2m Adjustments related to bankruptcy and insolvency 2n Certain insurance company adjustments 20 Adjustment P - Reserved for future use 2p Adjustment Q - Reserved for future use 2q Adjustment R - Reserved for future use 2r s Adjustment S - Reserved for future use 2s Other (see instructions) 2z Specified adjustment. Reserved for future use 3 3 4 4 Total adjustments. Combine lines 2a through 2z 5 AFSI. Combine lines 1f and 4 6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 6 3-year average annual AFSI (see instructions)

Form 4	626 (2023)					Page 2		
Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.) (continued)								
8	Is line 7 more than \$1 billion?		•	,				
	Yes. Continue to line 9.							
	No. STOP here and attach to your tax return.							
9	Is the corporation a member of an FPMG within the meaning of section 59	(k)(2)(B)?						
	Yes. Continue to line 10.							
	No. Continue to Part II.							
			(a)	(b)		(c)		
			First Preceding	Second Prece	ding	Third Preceding		
			Year Ended	Year Ende	d	Year Ended		
10	AFSI for purposes of the \$100 million test before adjustments:							
а	AFSI from line 5	10a						
b	Aggregation differences (see instructions)							
С	Total AFSI for purposes of the \$100 million test before adjustments.							
	Combine lines 10a and 10b	10c						
11	Adjustments:							
а	Income not effectively connected to a U.S. trade or business	. 11a						
b	Pro-rata share of CFC net income described in section 56A(c)(3)							
	(attach worksheet) (see instructions)	. 11b						
С	Reserved for future use - Other adjustments 1	. 11c						
d	Reserved for future use - Other adjustments 2	. 11d						
12	Total adjustments. Combine lines 11a and 11b	. 12						
13	Total AFSI for purposes of the \$100 million test. Combine lines							
	10c and 12	13		1				
14	AFSI of first, second, and third preceding tax years. Combine columns (a)	, (b), and	(c) of line 13		14			
15	3-year average annual AFSI for purposes of the \$100 million test			[15			
16	Is line 15 \$100 million or more?							
	Yes. Continue to Part II.							
	No. STOP here. Attach to your tax return.							
						Form 4626 (2023)		

Form **4626** (2023)

Pai	t II Corporate Alternative Minimum Tax		<u>-</u>
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	-184,051.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-184,051.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
С	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
е	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2i	
j	Certain credits (see instructions)	2j	
k	Mortgage servicing income	2k	
- 1	Covered benefit plans described in section 56A(c)(11)(B)	21	
m	Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation	2n	
o	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
s	AFSI adjustment S - Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
z	Other (see instructions)	2z	
3	Total adjustments. Combine lines 2a through 2z	3	
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-184,051.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
Dai	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return t III Adjustment for Certain Taxes Under Section 56A(c)(5)	13	
	Owner the control of the French	1	
1 2	Owner the contribution of the Federal	2	
3		3	
4		4	
5	Income taxes included in equity method investment income	5	
	Adjustment A - Reserved for future use	6a	
	Adjustment B - Reserved for future use	6b	
	Adjustment C - Reserved for future use	6c	
	Adjustment D - Reserved for future use	6d	
	Adjustment E - Reserved for future use	6e	
	Adjustment F - Reserved for future use	6f	
	Adjustment G - Reserved for future use	6g	
_	Adjustment H - Reserved for future use	6h	
	Income taxes in other places	6z	
7	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

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Page 4

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit							
Section I - AMT Foreign Tax Credit							
1	Domestic corporation AMT foreign income taxes:						
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,			İ			
	Part I, column 2(j) 1a			İ			
b	Adjustment)		İ			
С	Adjustment	;		İ			
d	Adjustment	ı		İ			
е	Adjustment	•		İ			
f	Adjustment			İ			
g	Adjustment	1		İ			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g		2	<u> </u>			
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:						
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line			İ			
	11, column (n) <u>3a</u>	1		İ			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)))		İ			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b		3с	1			
d	Percentage specified in section 55(b)(2)(A)(i) 3c	15%		İ			
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach			İ			
	worksheet) (see instructions) 3e)		İ			
f	f CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)		3f	1			
g	g Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)		3g	<u> </u>			
4			4				
5	5 CAMT FTC Line 5 - Reserved for future use		5				
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8			İ			