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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2024
Open to Public Inspection
<u> </u>

<u>A</u> F	or the	e 2024 calendar year, or tax year beginning and	ending					
B c	heck if	C Name of organization		D Employer identifi	cation number			
	Addre	e ECOTRUST						
	Name chang	Doing business as		93-10501	44			
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 1140 SE 7TH AVE STE 150	Room/suite		E Telephone number (503) 227-6225			
	termir ated			G Gross receipts \$	9,927,665.			
	Amen return			H(a) Is this a group re	eturn			
	Application	Final and address of principal officer. BRIAN CIRCLET TANDEN		for subordinates	? Yes X No			
	pendi	1140 SE /TH AVENUE, 150, PORTLAND, OR	97214	H(b) Are all subordinates in	ncluded? Yes No			
<u> 1 T</u>	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions			
	Vebsi			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 1991 N	M State of legal domicile: OR			
Pa	rt I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: TO II						
Governance		CREATES ECONOMIC OPPORTUNITY, SOCIAL EQUIT						
/ern	2	Check this box if the organization discontinued its operations or dispos		_	sets.			
ģ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		<u>3</u>	15			
		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			78			
ities		Total number of volunteers (estimate if necessary)			15			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			926,715.			
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
		,		Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		5,346,608.	6,231,824.			
Revenue	9	Program service revenue (Part VIII, line 2g)		3,029,294.	3,545,516.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		91,092.	150,325.			
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,466,994.	9,927,665.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		516,871.	820,094.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,685,793.	6,965,677.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 662,91		3,665,377.	2 050 012			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,868,041.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		-2,401,047.	-1,816,118.			
S		Revenue less expenses. Subtract line To Iron line 12	Be	ginning of Current Year	End of Year			
ets c	20	Total assets (Part X, line 16)		37,079,621.	37,846,706.			
Ass	21	Total liabilities (Part X, line 26)		4,062,429.	3,454,730.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		33,017,192.	34,391,976.			
Pa	rt II	Signature Block	•	-				
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is			
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.				
Sig	1	Signature of officer		Date				
Her	е	BRIAN CHRISTIANSEN, SENIOR DIRECTOR OF FI	NANCE					
		Type or print name and title		Date Check	PTIN			
Daid		Preparer's name JENNIFER PERRIER JENNIFER PERRIEF		l if				
Paid Prep		self-employ	3-0743240					
	Only	Firm's name HOFFMAN, STEWART & SCHMIDT, PC Firm's address 3 CENTERPOINTE DRIVE, SUITE 300		FILITI S EIN 3	<u> </u>			
536	Jing	LAKE OSWEGO, OR 97035-8663		Phone no 50	3-220-5900			
May	the II	RS discuss this return with the preparer shown above? See instructions		11 Hone Ho. 5 0	X Yes No			
		Paperwork Reduction Act Notice, see the separate instructions. 432001 12	2-10-24		Form 990 (2024)			

Par	Till 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, AND THE ENVIRONMENT. WE
	COLLABORATE WITH PARTNERS TO ADVANCE STEWARDSHIP OF LANDS AND WATERS
	IN WAYS THAT ARE ECOLOGICALLY AND CULTURALLY RESTORATIVE AND RACIALLY
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.
4a	(Code:) (Expenses \$1,652,794. including grants of \$ 0.) (Revenue \$ 534,444.
	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.
	THE THE HERITAGE OF CHRIST WITHIN CON RECIONS
4b	(Code:) (Expenses \$1,550,425. including grants of \$200.) (Revenue \$1,190,863.
TD	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,
40	(Code:) (Expenses \$2, 247, 674. including grants of \$277, 060.) (Revenue \$776, 343.
70	KNOWLEDGE SYSTEMS - OUR KNOWLEDGE SYSTEMS TEAM 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
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,929,466 · including grants of \$ 542,834 ·) (Revenue \$ 82,345 ·)
4e	Total program service expenses 8,380,359.

Form 990 (2024) 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
8	, , ,	8	х	
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>	21	
9				
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		3.7	
	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u>u</u>		<u></u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	, ,,, ,		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		125
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	4.		_v
	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,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		l	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Form 990 (2024) ECOTRUST

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	Х	
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			۱
	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		<u> </u>
	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			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		X
20	"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	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	, ,	32		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	, , , , , , , , , , , , , , , , , , , ,	33	х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	21	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	1
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
50	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			_ <u></u>
0,	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?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
		Гоина	990	(2024

Form 990 (2024) ECOTRUST

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 93-1050144 Page 5

2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 16 If a test one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 16 If Yes, Thas filled a Form 990-fil to this year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did any tax bas the self of the organization have an interest in, or a signature or other authority over, a financial account; a country or the financial account; and the organization of the organization shall account; securities account, or other financial account; 3b If Yes, "enter the name of the foreign country such as a bank account, securities account, or other financial account;? 4c Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c If Yes, "did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If Yes, "did the organization notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c If Yes, "did the organization notify the donor of the value of the goods or services provided? 5c Did the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required? 7c If Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7d Did the organiz	XXX	x x x x x x x x
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Did in the organization server in the foreign country 5b If "Yes", enter the name of the foreign country 5c Was the organization any to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886.T? 5c Does the organization shal 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? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9c Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization received a contribution of qualified intellectual pr	Х	x x x
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it flied a Form 990-T for this year? if "No" to line 3b, provide an explanation on Schedule O 3b. 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization file Form 888617 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible as charitable contributions? 6c Does the organization and party to a prohibited tax shelter transaction? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization such exchange, or otherwise dispose of tangible personal property for which it was required 7d If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization files Form 8282. 17d If the organization fil	Х	x x x
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 (FBAFI). 5a Was the organization hary to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b If "Yes" to line 5a or 5b, did the organization file Form 8886-T7 6c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7 6c 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 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8990 as required? 9c If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 9c Sponsoring organization make any taxable distributions under section 4968? 9c Sponsoring organization make any	-	x x x
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
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Note: See the instructions for additional information the organization must report on Schedule O.		
· ·		_
h. Enter the amount of recorded the organization is required to maintain by the states in which the		
· · · · · · · · · · · · · · · · · · ·		
organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		<u>X</u>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		v
excess parachute payment(s) during the year? If "Yea" are the instructions and file Form 4700. School de N.		X
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the experiencian an educational institution subject to the section 4069 excise tay on not investment income?		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Voe " complete Form 4730. Schoolule O		-22
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?		
If "Yes," complete Form 6069.		

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

	to line oa, ob, or too below, describe the circumstances, processes, or changes on scriedule O. See instructions.			77
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X
360	tion A. Governing body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 15		res	No
ia	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ŭ		
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(IIII COSIO DE LOGICO III SI I		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	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?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			
	taxable entity during the year?	16a	X	
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?	16b	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	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	financ	cial	
	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			
	BRIAN CHRISTIANSEN - (503) 227-6225			
	1140 SW 7TH AVE. SUITE 150, PORTLAND, OR 97030			

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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)			((C)			(D)	(E)	(F)
Name and title	Average	(-1-		Pos	ition			Reportable	Reportable	Estimated
	hours per	box,	not cl unles	ss per	son is	s both	an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	suedi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t con	_	1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RONDA RUTLEDGE	40.00	=	=	0		Ξæ	4			
EXECUTIVE DIRECTOR				х				219,682.	0.	30,887.
(2) NATHAN KADISH	40.00							·		•
MANAGING DIRECTOR OF FINANCE & ASSET				Х				168,600.	0.	29,722.
(3) OLIVIA REBANAL	40.00									
VP OF SOCIAL ENTERPRISE & COMMUNITY				Х				184,571.	0.	8,139.
(4) LILY ABOOD TAYLAR	40.00									
VP OF DEVELOPMENT & ENGAGEMENT				Х				140,420.	0.	28,518.
(5) JAMESE KWELE	40.00									
VP OF COMMUNITY RESOURCE MOBILIZATIO				Х				143,960.	0.	7,319.
(6) NEAL SACON	40.00								_	
TRANSACTIONS AND ASSET MANAGEMENT DI						Х		126,821.	0.	21,374.
(7) KARA BRIGGS	40.00								_	
VP FOR TRIBAL LANDS AND WATERS STEWA				Х				137,658.	0.	8,966.
(8) MEUY SAETERN	40.00									
CONTROLLER						Х		133,901.	0.	6,519.
(9) SPENCER BEEBE	0.00									
FORMER EXECUTIVE DIRECTOR							Х	125,352.	0.	0.
(10) JON BONKOSKI	40.00									
MANAGING DIRECTOR OF FINANCE & ASSET				Х				106,491.	0.	15,784.
(11) RYAN HODGES	40.00									
DIRECTOR OF SOFTWARE DEVELOPMENT						Х		103,151.	0.	12,223.
(12) YANKUIC GALVAN-MIYOSHI	40.00									
DATA SCIENTIST, GEOSPATIAL						Х		100,911.	0.	5,631.
(13) JASMINE CUNNINGHAM	40.00									
SECRETARY				Х				74,981.	0.	21,613.
(14) AFTON WALSH	1.00									
BOARD MEMBER, CAPITAL & FUNDRAISING		Х		Х				0.	0.	0.
(15) ANTONE MINTHORN	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) GUN DENHART	1.00	<u></u>								_
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) JAMIE ARREDONDO	1.00	,,							_	^
BOARD MEMBER		X						0.	0.	990 (2024)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(D)	(E)	(F)								
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box, unless person is both ar officer and a director/trustee				s both	n an	compensation	compensation	amount of	
	week		Cer an	uau	recid	I / ii us	lee)	from	from related	other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Individual trustee or director	nstitutional trustee		/ee	m per		1099-NEC)	1000 (420)	and related	
	below	idual	ution	ia .	Key employee	est co	er	,		organizations	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(18) JEAN JOHNSON	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(19) LISA MENSAH	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(20) RON GRZYWINSKI	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(21) CAT GOUGHNOUR	1.00										
BOARD MEMBER, CHAIR		Х		Х				0.	0.	0.	
(22) MEGAN COLWELL	1.00										
BOARD MEMBER, FINANCE & AUDIT CHAIR		Х		Х				0.	0.	0.	
(23) KAY LITTLE, JR.	1.00										
BOARD MEMBER, NATURAL CAPITAL HOLDIN		Х		Х				0.	0.	0.	
(24) BOBBIE CONNER	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(25) ALI DAVIS	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(26) MICHAEL DYER	1.00										
BOARD MEMBER		Х						0.	0.	0.	
1b Subtotal								1,766,499.	0.	196,695.	
c Total from continuation sheets to Part VI								0.	0.	0.	
d Total (add lines 1b and 1c)								1,766,499.	0.	196,695.	
2 Total number of individuals (including but n	at limited to th	000	lieta	d ah	00//) wh	o re	ceived more than \$100	000 of reportable		

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UPWARD TECHNOLOGY, 2636 NW 26TH AVE, STE 201, PORTLAND, OR 97210	TECHNOLOGY SUPPORT	213,189.
HOFFMAN, STEWART & SCHMIDT, THREE CENTERPOINTE DR STE 300, LAKE OSWEGO, OR	TAX & AUDIT SERVICES	203,130.
ROBERT HALF COMPANY P.O. BOX 743295, LOS ANGELES, CA 90074	TEMP WORKER AGENCY	108,794.
ERIKA MERKLIN, HC 60 BOX 2618, CHILKAT LAKE RD, HAINES, AK 99827	LYNN CANAL LOCAL FOOD NETWORK PROJECT	101,548.

\$100,000 of compensation from the organization 4
SEE PART VII, SECTION A CONTINUATION SHEETS

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

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13

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(A) (B) Average hours (check all that apply) per week (list any hours for related or related and related related and related and related and related and related specific process. The composition (Check all that apply) (Check al	Form 990 ECOTRUST									93-105	0144
A) Name and title Average hours per week (list any hours for related organizations bloow line) 2.71 SHIMA SALERIT BOARD MEMBER 1.00 X X X X X X X X X X X X	Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est	Compensated Employ	ees (continued)	
Dours for related organizations Page P	(A)			(0	C)			(D)	(E)	l	
Week (list arry hours for related organization related organizations) (m.2/1099-MISC) 271 SHIMA SALERI 1.00 X	Name and title	hours	(cl					ly)	compensation	compensation	amount of
BOARD MEMBER X		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	other compensation from the organization and related organizations
(28) GABE SHEOSHIPS BOARD MEMBER 1.00 X 0. 0.		1.00	٠,								_
BOARD MEMBER X 0. 0. 0.		1 00	A						0.	0.	0.
		1.00	х						0.	0.	0.
Total to Part VII Section A line 1c.											
Total to Part VII. Section A line 1c.											
Total to Part VII. Section A line 1c.											
Total to Part VII. Section A line 16											
Total to Part VII. Section A line 1c.											
Total to Part VII Section A line 1c.											
Total to Part VII. Section A line 1c.											
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Total to Part VII. Section A. line 1c.											
Total to Part VII. Section A. line 1c.											
Total to Part VII. Section A line 1c.											
Total to Part VII. Section A line 1c.											
Total to Part VII. Section A line 1c.											
Total to Part VII. Section A line 1c.											
Total to Part VII. Section A. line 1c											
10 car to 1 art 1 ng 000 tion 1 ng milo 10	Total to Part VII, Section A, line 1c										

Form 990 (2024) ECOTRUST
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	esponse	or note to any lin	e in this Part VIII			
						•	•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									Tunction revenue	business revenue	sections 512 - 514
ωω	1	a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			1b					
ية ق			Fundraising events			1c					
fts, r A			Related organizations			1d					
Ω.ë			Government grants (contri				631,283.				
Sir			All other contributions, gifts,		′ -	10 - /					
et ju		•	similar amounts not included			1f 3,	600,541.				
걸		g	Noncash contributions included in			1g \$	227,212.				
Sugar		_	Total. Add lines 1a-1f			·5 •		6,231,824.			
<u> </u>			Totall / Ida III loo Ta II				Business Code	.,			
_o	2	а	CONTRACTS AND	S	ERVI	CE	900099	2.097.979.	2,063,173.		34,806.
Program Service Revenue		b	PROGRAM SERVI					1,447,537.		926,715.	
Ser		c						,,		, , , , , , , , , , , , , , , , , , , ,	
E S		d									
Beg		e									
Pro			All other program service	reve	nue						
			Total. Add lines 2a-2f					3,545,516.			
	3		Investment income (includ					,			
								150,325.			150,325.
	4			ounts) estment of tax-exempt bond							-
	5		Royalties								
			•		(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
le l		С	Gain or (loss)	7с							
Be		d	Net gain or (loss)			<u></u>					
her Revenue	8	а	Gross income from fundraising	ng ev	ents (no	ot					
₹			including \$			of					
			contributions reported on	line	1c). Se	e					
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fund	Iraising	events					
	9	а	Gross income from gamin	_							
			Part IV, line 19					-			
			Less: direct expenses								
		С	Net income or (loss) from	gam	ing act	ivities					
	10	а	Gross sales of inventory, I	ess ı	returns						
			and allowances					-			
			Less: cost of goods sold)				
		С	Net income or (loss) from	sales	s of inv	entory					
<u>s</u>							Business Code				
eor	11	a							1		
llan		b							1		
Miscellaneous Revenue		C	All alla anno anno a						-		
ž			All other revenue								
	40		Total rayanua Con instruction					9 927 665	2,583,995.	926 715	185 121
	12		Total revenue. See instruction	ліδ				, , <u>, ,</u> , , , , , , , ,	<u> </u>	J40,/13.	TOD, TOT.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**) Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 769,872. 769,872. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 50,222. 50,222. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,452,663. 743,245. 548,927. 160,491. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 4,289,910. 3,486,864. 455,688. 347,358. 7 Pension plan accruals and contributions (include 229,953. 229,953. section 401(k) and 403(b) employer contributions) 533,978. 429,588. 104,390. Other employee benefits 9 459,173. 459,173. 10 Payroll taxes 11 Fees for services (nonemployees): Management 36,500. 4,964. 31,536. Legal 204,719. 27,844. 176,875. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 219,345. 125,979. 87,289. 6,077. 13 Office expenses 195,517. 43,135. 148,051. 4,331. 14 Information technology Royalties 15 1,089,804. 854,980. 234,824. Occupancy 16 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 63,162. 426,550. 357,062. 6,326. Conferences, conventions, and meetings 19 24,459. 14,956. 9,503. 20 Payments to affiliates 21 484,244. 470,173. 14,071. Depreciation, depletion, and amortization 22 193,242. 69,051. 124,191. 23 Other expenses. Itemize expenses not covered 24 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 O.) 956,921. 571,819. 18,000. 367,102. CONTRACTS AND CONSULTAN **MISCELLANEOUS** 122,633. 356,527. -249,834.15,940. 4,078. 4,078. BAD DEBT EXPENSE С d All other expenses 11,743,783. 8,380,359. 2,700,511. 662,913. Total functional expenses. Add lines 1 through 24e 25 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)

ECOTRUST

Pai	τX	Balance Sneet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			144,563.	1	88,953.
	2	Savings and temporary cash investments			1,739,323.	2	913,757.
	3	Pledges and grants receivable, net			621,692.	3	1,163,924.
	4	Accounts receivable, net			1,195,485.	4	261,556.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
٧	9	Prepaid expenses and deferred charges			264,282.	9	329,805.
	10a	Land, buildings, and equipment: cost or other		15 000 506			
		basis. Complete Part VI of Schedule D	10a	17,892,526.	0 006 652		0 000 700
		Less: accumulated depreciation	8,076,653.	10c	8,903,708.		
	11	Investments - publicly traded securities	3,040,973.	11	3,105,938.		
	12	Investments - other securities. See Part IV, line 1	21,965,841.	12	22,931,850.		
	13	Investments - program-related. See Part IV, line 1	20 000	13	147 015		
	14	Intangible assets			30,809.	14	147,215.
	15	Other assets. See Part IV, line 11			37,079,621.	15	27 016 706
	16	Total assets. Add lines 1 through 15 (must equa		1,867,697.	16	37,846,706.	
	17	Accounts payable and accrued expenses	1,007,097.	17	2,018,032.		
	18	Grants payable			1,444,732.	18 19	686,698.
	19 20	Deferred revenue			1,111,132.	20	000,000.
	21	Escrow or custodial account liability. Complete F		of Sahadula D		21	
	22	Loans and other payables to any current or form				21	
Liabilities	22	trustee, key employee, creator or founder, substa					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrelative			750,000.	23	750,000.
	24	Unsecured notes and loans payable to unrelated			,	24	,
	25	Other liabilities (including federal income tax, pay	•				
		parties, and other liabilities not included on lines					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			4,062,429.	26	3,454,730.
		Organizations that follow FASB ASC 958, chec	ck here	e X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			22,053,028.	27	22,693,704.
Bal	28	Net assets with donor restrictions			10,964,164.	28	11,698,272.
nd		Organizations that do not follow FASB ASC 95					
F		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Se	32	Total net assets or fund balances			33,017,192.	32	34,391,976.
	33	Total liabilities and net assets/fund balances			37,079,621.	33	37,846,706.

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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>665.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,7			
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,0			
5	Net unrealized gains (losses) on investments	5	1,7	45,9	939.	
6	Donated services and use of facilities	6		4,	016.	
7	Investment expenses	7				
8	Prior period adjustments	8			41.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,4	40,	906.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	34,3	91,	976.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X	
			_	Yes	No 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?		2	а	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?		2	b 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					
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
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?		<u>3</u>	a X	┷	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					
			Fo	_{rm} 990) (2024)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2024

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ${\tt ECOTRUST}$

Employer identification number 93-1050144

Pá	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of ch					I)(A)(i).	
2		A school described in sect	•					
3	一	A hospital or a cooperative				(b)(1)(A)(ii	ii).	
4	同	A medical research organiz						the hospital's name.
·		city, and state:		,				,
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in
•	ш	section 170(b)(1)(A)(iv). (C		nogo or anivolony owned	or operati	ou by a go	World and a decomb	5 4 III
6		A federal, state, or local gov		antal unit described in	ootion 17	70/6//4//4/	64	
7	X	An organization that norma						aublic described in
′	21	•	•	illiai part of its support if	om a gove	mmeman	unit or from the general	public described in
•		section 170(b)(1)(A)(vi). (C		(4)(A)(vi) (Complete Davi	. 11. \			
8	\mathbb{H}	A community trust describe				at the second	on all and a state of the state of the state of	
9								
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
	university:							
10								
		activities related to its exen		•	٠,,		• • •	•
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	•				••• ••	
11	Н	An organization organized a	· ·	•	•			
12		An organization organized a	· ·	•	-		•	• •
		more publicly supported or						check the box on
		lines 12a through 12d that	* *					
á	ı [· · · · · · · · · · · · · · · · · · ·			_		
		the supported organization			majority o	the direc	tors or trustees of the su	upporting
	_	organization. You must o	-					
k) <u> </u>		•					-
		control or management o			ame persoi	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	-					
(; [-				• •	ed with,
	_	its supported organization		•				
(i		= ::				• • • • •	
		that is not functionally int	-		•			veness
		requirement (see instructi	•					
•	•	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated supportir	ng organiza	ation.		
1		er the number of supported of						
		vide the following information (i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		, ,
_								
Tot	al						I	1

432021 01-14-25

Pa	art II Support Schedule for 0	Organizations	Described in	Sections 170(l	o)(1)(A)(iv) and	170(b)(1)(A)(vi	i)
	(Complete only if you checked			-	n failed to qualify u	nder Part III. If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part II	II.)			
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4892338.	5035809.	3788160.	5346608.	6231824.	25294739.
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	4892338.	5035809.	3788160.	5346608.	6231824.	25294739.
	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)						498,117.
6	Public support. Subtract line 5 from line 4.						24796622.
	ction B. Total Support						217300220
	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	4892338.	5035809.	3788160.	5346608.	6231824.	25294739.
	Gross income from interest,			<u> </u>	0020000	0101011	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	199 326.	-132,532.	41,398.	91,092.	150,325.	349,609.
۵	Net income from unrelated business	233,3233	101,001	11,000	32,0320	230,3231	323,0031
9	activities, whether or not the						
	business is regularly carried on						
40	Other income. Do not include gain						
10							
	or loss from the sale of capital	53,677.					53,677.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	33,077.					25698025.
11	• • • • • • • • • • • • • • • • • • • •					1 1 4	,929,596.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the						, , , , , , , , , , , , , , , , , , , ,
13		•		•		. , . ,	
Se	organization, check this box and stor ction C. Computation of Publi		centage	•••••	•••••		
	Public support percentage for 2024 (li			volumn (fl)		14	96.49 %
	Public support percentage from 2023					15	94.49 %
	a 33 1/3% support test - 2024. If the c						
102							77
	stop here. The organization qualifies		-		line 15 in 22 1/20/		
ľ	33 1/3% support test - 2023. If the c						
47	and stop here. The organization qual						
1/8	a 10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te					Zo and line 15 in	
	10% -facts-and-circumstances test	- ZUZS. II the org	annzanon ulu not c	HEUR A DUX ON IINE	; 13, 10a, 10b, 0f 1	ra, and interiors	1070 UI

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2024 ECOTRUST 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
Ŭ	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						
ŀ	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.)						
		(-) 0000	(1-) 0004	(-) 0000	(-1) 0000	(-) 0004	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6 Gross income from interest,						
108	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						
11	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2024 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2023					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)24 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2023 Schedule A,	Part III, line 17			18	%
19	33 1/3% support tests - 2024. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
k	33 1/3% support tests - 2023. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
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.
- 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.)

		Vac	Na
1		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	3		
	9a		
	9b		
	9c		
	10a		
	10b		
ule	A (Forn	n 990)	2024

Га	LIV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	erson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c l	below, the governing body of a supported organization?	11a		
b	A fan	mily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provi	ide detail in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1		the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			l
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			l
		ctors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ctively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did t	the organization operate for the benefit of any supported organization other than the supported			
	orgai	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supe	ervised, or controlled the supporting organization.	2		
Sec	tion	C. Type II Supporting Organizations			
				Yes	No
1		e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
0	the s	supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
1		the organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ificant voice in the organization's investment policies and in directing the use of the organization's			
		me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supp tion	ported organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
			`		
1 a	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	<i>j</i> .		
_		The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
b		The organization is the parent of each of its supported organizations. Complete line's perow. The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
C					
2	Δctiv	entity (see instructions). vities Test. Answer lines 2a and 2b below.		Yes	No
a		substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
ŭ		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
		se supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			l
		the organization was responsive to those supported organizations, and now the organization determined these activities constituted substantially all of its activities.	2a		
b		these activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
_		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		ent of Supported Organizations. Answer lines 3a and 3b below.			
а		the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		tees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b		the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	s supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Ilv integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2024

instructions).

	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continue	d)	2 2000212 Tage 7
	on D - Distributions	. , , , , , , , , , , , , , , , , , , ,	100		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 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) Underdistributions Pre-2024		(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
b	Excess from 2021				
С	Excess from 2022				
d	Excess from 2023				

Schedule A (Form 990) 2024

e Excess from 2024

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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

Nan	ne of organization			Emp	oloyer identification number (EIN)
	ECOTRUS				93-1050144
Pa	rt I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organic Political campaign activity expendic Volunteer hours for political campaign	itures			\$
Pa	rt I-B Complete if the or	ganization is exempt und	der section 501(c)([3).	
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	k incurred by organization mana on 4955 tax, did it file Form 4720	gers under section 4955 0 for this year?		\$ Yes No No No
		ganization is exempt und		-	
	Enter the amount directly expende				\$
2	Enter the amount of the filing orga		•		
_					\$
3	Total exempt function expenditure				Φ.
4	line 17b Did the filing organization file Forn				\$
5	Enter the names, addresses, and B organization listed, enter the amount promptly and directly delivered to If additional space is needed, provided to the state of the state o	ınt paid from the filing organizati a separate political organization,	ion's funds. Also enter t	he amount of political cont	ributions received that were
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

Schedule C (Form 990) 2024	ECOTR	UST			93-1	050144 Page 2
Part II-A Complete if the org	ganizatio	n is exen	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
A Check if the filing organize	ation belon	gs to an affil	iated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and sha	re of exces	ss lobbying e	expenditures).			
3 Check if the filing organize	ation checl	ed box A ar	nd "limited control" pro	visions apply.		-
		bying Exper neans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	uence pub	lic opinion (grassroots lobbying)			
b Total lobbying expenditures to inf	uence a le	gislative bod	y (direct lobbying)			
c Total lobbying expenditures (add	ines 1a an	d 1b)	, , , , , , , , , , , , , , , , , , , ,		0.	
d Other exempt purpose expenditur						
e Total exempt purpose expenditure					0.	
f Lobbying nontaxable amount. Ent				ſ	0.	
IF the amount on line 1e, column (a)	or (b), is:	THEN t	he lobbying nontaxab	le amount is:		
not over \$500,000		20% of 1	the amount on line 1e.			
over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
over \$1,500,000 but not over \$17	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 (er	nter 25% o	f line 1f)			0.	
h Subtract line 1g from line 1a. If ze	ro or less,	enter -0				
i Subtract line 1f from line 1c. If zer	o or less, e	nter -0				
j If there is an amount other than ze	ero on eithe	er line 1h or l	ine 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations t	Se	a section 50 e the separa	ate instructions for lin	nave to complete all o nes 2a through 2f.)	f the five columns be	low.
	Lob	bying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						

Schedule C (Form 990) 2024

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)).

		10			
	Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? It III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid): Current year Ocarryover 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 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions	(a		(b	
OI III	c lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	or referendum, through the use of:				
а					
b					
c					
d					
е					
f					
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j					
2a					
b					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	o), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		
Pa					
		"No;" OR	(b) Part	III-A, line	9 3, is
	answered "Yes."				
1	Dues, assessments, and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid):				
а	Current year		2a		
b	Carryover from last year		2b		
c			I		
3	A				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5			5		
Pa					
Prov	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	nd 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ECOTRUST

Employer identification number 93-1050144

Pa	rt 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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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	cture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ition easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
D -	organization's accounting for conservation easements.	A de librato de al Terror	Iller O're'ller Asses Is
Pa	organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance 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 trea		al gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assats included in Form 900 Part V		©

Par	t III Organizations Maintaining C	ollections of Art,	, Histori	cal Trea	asures, o	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records,	, check an	y of the fo	ollowing that	make si	gnificant	use of its			
	collection items (check all that apply).										
а	X Public exhibition	d	Loa	an or exch	nange progra	ım					
b	Scholarly research	е	Oth	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they	further the	e organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, histor	rical treas	ures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes	X	No
Par	t IV Escrow and Custodial Arrang		e if the org	anization	answered "	Yes" on F	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermedi	ary for cor	ntributions	s or other as	sets not	included		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						1f		_		
	Did the organization include an amount on Fe						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if										
		(a) Current year	(b) Prio		(c) Two year		` '	years back	(e) Four		
	Beginning of year balance	8,702,309.	7,90	08,950.	9,645	5,198.	8,9	06,043.	8,	127,	678.
b	Contributions										
С	Net investment earnings, gains, and losses	733,032.	1,07	71,405.	-1,418	,124.	1,0	24,227.	1,	094,	912.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	397,339.	27	78,046.	318	3,124.	2	85,072.		316,	547.
f	Administrative expenses										
g	End of year balance	9,038,002.		02,309.		3,950.	9,6	45,198.	8,	906,	043.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, c	olumn (a))	held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment 68.0000	%									
С	Term endowment 32.0000										
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organizati	ion that ar	e held an	d administer	ed for th	е		Г	· I	
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)	Х	
	· · · · · · · · · · · · · · · · · · ·								3a(ii)		<u>X</u>
	If "Yes" on line 3a(ii), are the related organiza								3b		
Por	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment fund	ds.							
Fai			Dort IV lin	11 . C.		Dort V	lina 10				
	Complete if the organization answered										
	Description of property	(a) Cost or othe		(b) Cost			ccumulate		(d) Book	value	9
		`	eni)	basis (aer	oreciation		1 000))1	16
	Land			Ι,οσ	8,316.				1,888	, 5.	10.
	Buildings		1	1 620	0 561	ο /	100 2	12	6 150	2 /	1 Q
	Leasehold improvements				8,561.		<u>188,3</u> 500,5		6,150 865		
	Equipment			1,30	5,649.		,,,,	0.7.	003	,, <u>1</u> 4	± + •
	Other				(D))				8,903	77	18
oral	L AUGUILLES TA HUIOUGH TE. (C'Olumn (d) must A	auai Form 440 Part X	110c	column l	KII			1	J . J U J	, , , (

Schedule D (Form 990) (Rev. 12-2024) ECOTRUST		93	-1050144 Page 3
Part VII Investments - Other Securities			<u> </u>
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 end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests	15,741,496.	END-OF-YEAR MARKET	VALUE
(3) Other			
(A) INVESTMENT HELD AT OREGON			
(B) COMMUNITY FOUNDATION	7,190,354.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	22,931,850.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-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.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

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 organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

(7) (8) (9)

Pa	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue բ	oer Return	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin			
Pa	rt XII Reconciliation of Expenses per Audited Financia	Statements With Expenses	s per Return	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.)	5	
Ра	rt XIII Supplemental Information			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		V, line 4; Part X, line 2; Part X	⟨1,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		
	RT X, LINE 2:			~
F. TI	N 48 - ECOTRUST DOES NOT HAVE ANY ENT	TTY LEVEL UNCERTAL	N TAX POSITION	5•

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number			
ECOTRUST							93-1050144			
Part I General Information on Grants a	nd Assistance									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection										
criteria used to award the grants or assis	criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's pro	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (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 noncash assistance	(h) Purpose of grant or assistance			
AFFILIATED TRIBES OF NORTHWEST										
INDIANS ECONOMIC DEVELOPMENT										
CORPORATION - 9836 E BURNSIDE ST -							TRIBAL FORESTRY WORKFORCE			
PORTLAND, OR 97216	91-1923482		154,000.	0.			DEVELOPMENT			
BLACK FOOD SOVEREIGNTY COALITION PO BOX 42525 PORTLAND, OR 97242	84-3776029		70,000.	0.			FOOD SYSTEMS DEVELOPMENT SUBGRANT			
CASCADE PACIFIC RC&D, INC 847 NW MONROE AVE COVRALLIS, OR 97330	93-0722979		79,474.	0.			OREGON FARM TO SCHOOL AND SCHOOL GARDEN NETWORK SUBGRANT			
CHATHAM SCHOOL DISTRICT PO BOX 109 ANGOON, AK 99820	92-0057395		8,000.	0.			FOOD SYSTEMS DEVELOPMENT SUBGRANT			
CONFEDERATED TRIBES OF THE			,							
UMATILLA INDIAN RESERVATION -										
46411 TIMINE WAY - PENDLETON, OR							INDIGENOUS LEADERSHIP			
97801	93-0624734		10,000.	0.			AWARDS HONORARIUM			
HERITAGE UNIVERSITY 3240 FORT RD TOPPENISH, WA 98948	91-1160585		22,198.	0.			TRIBAL FORESTRY WORKFORCE DEVELOPMENT			
2 Enter total number of section 501(c)(3) ar	-		e line 1 table				<u> </u>			
3 Enter total number of other organizations	s listed in the line 1	table								

93-1050144

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOOPA VALLEY TRIBE 11860 STATE HWY 96 HOOPA, CA 95546	90-4147704		8,000.	0.			TRIBAL FORESTRY WORKFORCE DEVELOPMENT		
CAL POLY HUMBOLD SPONSORED PROGRAMS FOUNDATION - 1 HARPST ST SBS #285 - ARCATA, CA 95521	94-6050071		21,189.	0.			INDIGENOUS AGROFORESTRY WORK		
JILKAAT KWAAN HERITAGE CENTER 9 CHILKAT AVE HAINES, AK 99827	73-1652033		10,000.	0.			INDIGENOUS LEADERSHIP AWARDS HONORARIUM		
KLAWOCK COOPERATIVE ASSOCIATION 310 BANVIEW BLVD KLAWOCK, AK 99925	92-0072227		10,000.	0.			INDIGENOUS LEADERSHIP AWARDS HONORARIUM		
NATIVE AMERICAN YOUTH AND FAMILY CENTER - 5135 NE COLUMBIA BLVD - PORTLAND, OR 97218	93-1141536		163,360.	0.			GREEN WORKFORCE COLLABORATIVE MEMBERSHIP AND COLLABORATION		
NORTHWEST INDIAN COLLEGE FOUNDATION - 2522 KWINA RD - BELLINGHAM, WA 98226	94-3057654		50,000.	0.			SCHOLARSHIPS		
OREGON AQUACULTURE ASSOCIATION 38620 LULAY RD SCIO, OR 97374	20-1729749		25,000.	0.			OREGON COASTAL MARICULTURE COLLABORATIVE PROJECT		
SALMON NATION TRUST 2001 NW 19TH AVE, SUITE 200 PORTLAND, OR 97209	84-2729958		18,073.	0.			STORYTELLING GRANT		
SELF ENHANCEMENT, INC. 3920 N KERBY AVE PORTLAND, OR 97227	93-1086629		17,000.	0.			GREEN WORKFORCE COLLABORATIVE MEMBERSHIP AND COLLABORATION		

<u>Schedule I (Form 990)</u> <u>ECOTRUST</u> 93-1050144 Page 1

Part II Continuation of Grants and Other	EI ASSISTANCE TO DOLL	iesuc Organizations	and Domestic GO	verninents (SCHE	edule i (i oiiii 990), Pai		
(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
HE BLUEPRINT FOUNDATION							GREEN WORKFORCE
9 NW 5TH AVE, STE 203							COLLABORATIVE MEMBERSHI
ORTLAND, OR 97209	47-2091648		14,000.	0.			AND COLLABORATION
VISDOM OF THE ELDERS, INC.							GREEN WORKFORCE
917 NE SHAVER ST							COLLABORATIVE MEMBERSHI
PORTLAND, OR 97212	93-1164114		15,500.	0.			AND COLLABORATION
AKUTAT TLINGIT TRIBE							
O BOX 418, 606 FOREST HWY 10							INDIGENOUS LEADERSHIP
YAKUTAT, AK 99689	92-0170735		10,000.	0.			AWARDS HONORARIUM

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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	5	50,222.	0.		
Part IV Supplemental Information. Provide the information requ	<u>l</u> uired in Part I. lin	<u> </u> le 2: Part III. column	(b): and any other ac	l Iditional information.	
PART I, LINE 2:			(2), and any entre as		
ECOTRUST STAFF FROM ITS PROGRAM, DE					
WITH GRANT SUBRECIPIENTS TO PREPARE					
CONTRACT APPROPRIATE TO THE UNDERLY					
PROVIDES PROGRESS UPDATE REPORTS AT					
SCOPE OF SERVICES ATTACHED TO THE S					
DISCRETION TO REQUEST ADDITIONAL RE	EPORTS OR	R UPDATES F	ROM THE SU	BGRANTEE TO	
MEET THEIR OBLIGATION.					

SCHEDULE J (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ECOTRUST

ECOTRUST

93-1050144

Part I 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)			
h	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,	10		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, including the OLO/Executive Director, regarding the items checked of fine has			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
3	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			
	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		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			37
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
	The organization?	6a		X
b	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		X
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	8		X
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) (Rev. 12-2024)

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC 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)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RONDA RUTLEDGE	(i)	219,682.	0.	0.	9,506.	21,381.	250,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NATHAN KADISH	(i)	168,600.	0.	0.	8,341.	21,381.	198,322.	0.
MANAGING DIRECTOR OF FINANCE & ASSET	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) OLIVIA REBANAL	(i)	184,571.	0.	0.	8,139.	0.	192,710.	0.
VP OF SOCIAL ENTERPRISE & COMMUNITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LILY ABOOD TAYLAR	(i)	140,420.	0.	0.	7,137.	21,381.	168,938.	0.
VP OF DEVELOPMENT & ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMESE KWELE	(i)	143,960.	0.	0.	6,930.	389.	151,279.	0.
VP OF COMMUNITY RESOURCE MOBILIZATIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SPENCER BEEBE	(i)	0.	0.	125,352.	0.	0.	125,352.	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)							

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:
SPENCER BEEBE, FORMER OFFICER AND FOUNDER, RECEIVED \$125,352 IN COMPENSATION AS PART OF A NON-QUALIFIED SECTION 457(B) PLAN.
COMPENSATION AS PART OF A NON-QUALIFIED SECTION 457(B) PLAN.
· · · · · · · · · · · · · · · · · · ·

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

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

Employer identification number

	ECOTRUST					93-10	50	144	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of det oncash contribut			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	2	61,205.	QUQ	TED MARKE	T]	PRIC	CES
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests	X	1	159,041.	FAI	R VALUE			
12	Securities - Miscellaneous			, .					
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (GOODS)	Х	3	6 966.	FAT	R VALUE			
26	Other ()			0,300.		IC VIIDOD			
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for o	ontributions					
23	for which the organization completed Form 82	-							
	101 Which the organization completed Form 62	00, 1 alt v, L	onee Acknowledg	ement <u>23 </u>				Yes	No
302	During the year, did the organization receive by	v contributio	n any property rep	orted on Part I lines 1 throug	nh 28	that it		163	140
Sua	must hold for at least 3 years from the date of					"I'at It			
	exempt purposes for the entire holding period'						30a		Х
h	If "Yes," describe the arrangement in Part II.	·					oua		
	Does the organization have a gift acceptance	nolicy that re	acuires the review	of any nonetandard contribut	ione?		21		Х
31	Does the organization hire or use third parties				101101	·····	31	$\vdash \vdash$	-22
ozd			_	•			32a		Х
L	***************************************						o∠d		
	If "Yes," describe in Part II. If the organization didn't report an amount in c	olumn (a) fa	r a type of propert	for which column (a) is abas	kod				
33	describe in Part II.	olullili (c) loi	a type of property	non willion column (a) is chec	∧ c u,				
	GOOGLIDO III I GICII.								

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

Schedule M (Form 990) 2024

SCHEDULE O (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ECOTRUST

Employer identification number 93-1050144

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WELL-BEING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND ECONOMICALLY JUST; BUILD BROADLY SHARED, INTERGENERATIONAL WEALTH
FOR OUR REGION'S COMMUNITIES; AND SUPPORT REGIONAL CLIMATE RESILIENCE
WHILE CENTERING THE NEEDS OF AND LEARNING FROM FRONTLINE COMMUNITIES.
WE ARE TRANSFORMING INTO AN ANTI-RACIST ORGANIZATION WITH A CULTURE OF
BELONGING AND RESILIENT BUSINESS MODEL, SUPPORTING WORK THAT IS
SELF-DETERMINED AND COMMUNITY LED.

OUR PROJECTS INCLUDE CO-FOUNDING THE COUNTRY'S FIRST ENVIRONMENTAL BANK; STARTING THE NATION'S FIRST ECOSYSTEM INVESTMENT FUND; CO-CREATING A RANGE OF PROGRAMS AND ORIGINAL RESEARCH IN FISHERIES, FORESTRY, AND FOOD SYSTEMS; AND DEVELOPING NEW SCIENTIFIC AND INFORMATION TOOLS TO IMPROVE SOCIAL, ECONOMIC, AND ENVIRONMENTAL DECISION-MAKING.

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 THROUGH OUR WORKFORCE TERRESTRIAL ECOSYSTEMS, AT APPROPRIATE SCALES. DEVELOPMENT AND CAREER EDUCATION SERVICES, WE APPLY CULTURALLY SPECIFIC INDIGENOUS, AND COMMUNITIES OF COLOR'S APPROACHES TO GROWING BLACK, LEADERSHIP IN LAND AND WATER STEWARDSHIP. AND THROUGH OUR MEASUREMENT WE ANALYZE AND PRESENT EVIDENCE OF THE IMPACT AND EVALUATION SERVICES, OF ECOTRUST AND PARTNERS' PROGRAMS AND INVESTMENTS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S FORM 990 WILL BE MADE AVAILABLE TO THE BOARD AND
REVIEWED BY THE FINANCIAL STAFF 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 LEADERSHIP TEAM. ALL NEW EMPLOYEES MUST FILL OUT CONFLICT FORM UPON HIRE AND MUST UPDATE IF AFFILIATIONS CHANGE.

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

THE OVERALL RAISE BUDGET FOR THE ORGANIZATION IS DEVELOPED USING COMPARABLE INDUSTRY DATA AND SURVEYS. INDIVIDUAL RAISES ARE DETERMINED BASED ON EVALUATIONS AND WITHIN THE CONTEXT OF A MATRIX BASED ON SALARY RANGES AND OVERALL RAISE BUDGET. MANAGEMENT TEAM REVIEWS ALL RAISES EXCEPT FOR THEIR OWN. THE LEADERSHIP TEAM REVIEW ALL RAISES FOR SENIOR STAFF. THE GOVERNANCE COMMITTEE REVIEWS THE ED'S SALARY.

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

UPON REQUEST

Schedule O (Form 990) 2024 Page **2**

Name of the organization ECOTRUST	Employer identification number 93–1050144
TODA OOO DADE UT TINE O GUANGES IN NEE AGGEES	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: DISTRIBUTION FROM THE REDD, LLC	0.
DISTRIBUTION FROM ECOTRUST CDE, LLC	1,440,906.
TOTAL TO FORM 990, PART XI, LINE 9	1,440,906.
	=,==,,
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	
COMMITTEE MEETS WITH THE AUDIT FIRM TO REVIEW THE RESULTS	OF THE AUDIT.

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization	Employer identification number
	ECOTRUST	93-1050144
Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NATURAL CAPITAL HOLDINGS, LLC - 47-3202228					
1140 SE 7TH AVE, SUITE 150	HOLDING COMPANY FOR				
PORTLAND, OR 97214	PROPERTY AND INVESTMENTS	OREGON	2,361,825.	28,415,495.	ECOTRUST
THE REDD MANAGER, LLC - 47-3202499					
1140 SE 7TH AVE, SUITE 150	HOLDING COMPANY FOR				
PORTLAND, OR 97214	PROPERTY AND INVESTMENTS	OREGON	184,707.	25,360.	ECOTRUST
ECOTRUST PROPERTIES, LLC					
1140 SE 7TH AVE, SUITE 150	HOLDING COMPANY FOR				
PORTLAND, OR 97214	PROPERTY AND INVESTMENTS	OREGON	1,201,741.	9,452,320.	ECOTRUST
ECOTRUST PROPERTIES II, LLC					
1140 SE 7TH AVE, SUITE 150	HOLDING COMPANY FOR				
PORTLAND, OR 97214	PROPERTY AND INVESTMENTS	OREGON			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	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
	-						

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

Schedule R (Form 990) (Rev. 1-2025)

Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(H	1)	(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	Dispropo	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	
ECOTRUST CDE, LLC -	PROVIDE										
30-0271536, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW										
97214	INCOME	DE	ECOTRUST	RELATED	1,346,773.	3,493,961.		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.	969.		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.	726.		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.	11,885.		X	N/A	X	.01%

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		(h) Percentage ownership	contr enti	b)(13) rolled ity?
ECOTRUST SUBCDE 27, LLC - 81-5071196	PROVIDE INVESTMENT	country)		·				Yes	No
1140 SE 7TH AVE, SUITE 150	CAPITAL FOR LOW		ECOTRUST CDE,						i
PORTLAND, OR 97214	INCOME COMMUNITIES.	DE	LLC	C CORP	22.	1,725.	.01%		Х
ECOTRUST CDE MEMBER INC 87-2899298									
1140 SE 7TH AVE, SUITE 150]								
PORTLAND, OR 97214	COMMUNITY DEVELOPMENT	OR	ECOTRUST	C CORP	1,347.	0.	100%		X
								igwdapprox	
	1								

<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)	(h	1)	(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	Dispropate alloc	cations?	Code V-UBI amount in box 20 of Schedule	managing partner?]
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
ECOTRUST SUB-CDE 30, LLC -	PROVIDE										
30-0271536, 1140 SE 7TH AVE,	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,					L		ll	
97214	INCOME	DE	LLC	RELATED	1.	671.		<u>X</u>	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.	538.		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.	988.		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	23.	0.		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.	1,166.		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	38.	0.		x	N/A	x	.01%
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.	456.		x	N/A	X	.01%
THE MARBLE, LLC - 47-3194795	1										
1140 SE 7TH AVE, SUITE 150	INVESTMENT IN										
PORTLAND, OR 97214	BUILDING	OR	THE REDD, LLC	RELATED	-72,402.	2,374,644.		x	N/A	x	91.15%
THE REDD FOUNDRY, LLC -			,		·				•		
36-4826826, 1140 SE 7TH AVE,	1										
SUITE 150, PORTLAND, OR	INVESTMENT IN										
97214	BUILDING	OR	THE REDD, LLC	RELATED	-147,822.	-626,104.		x	N/A	х	94.00%

<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)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortion-	Code V-UBI	General o	Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloc	cations?	amount in box 20 of Schedule	managing partner?	ownership
		foreign country)		sections 512-514)			Yes	No		Yes No	,
THE REDD, LLC - 47-1489265											
1140 SE 7TH AVE, SUITE 150	INVESTMENT IN										
PORTLAND, OR 97214	BUILDING	OR	ECOTRUST	RELATED	-208,927.	6,808,124.		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	2.	839.		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	1.	894.		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	0.	399.		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	1.	893.		X	N/A	X	.01%
ECOTRUST SUB-CDE 37, LLC -	PROVIDE										
92-1507866, 1140 SE 7TH AVE.	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	3.	948.		x	N/A	X	.01%
ECOTRUST SUB-CDE 38, LLC -	PROVIDE										
92-1556133, 1140 SE 7TH AVE.	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	0.	399.		x	N/A	X	.01%
ECOTRUST SUB-CDE 39, LLC -	PROVIDE										
92-1576689, 1140 SE 7TH AVE.	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	0.	549.		x	N/A	X	.01%
ECOTRUST SUB-CDE 40, LLC -	PROVIDE										
92-1673334, 1140 SE 7TH AVE.	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	0.	900.		X	N/A	Х	.01%

<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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling			Share of	Dispro	portion-		General	Percentage
of related organization		(state or	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate allo	cations?	amount in box	managin partner	Percentage ownership
		foreign country)		sections 512-514)		a55615	Yes	No	K-1 (Form 1065)	Yes N	5
ECOTRUST SUB-CDE 41, LLC -	PROVIDE										
92-1688376, 1140 SE 7TH AVE.	INVESTMENT										
SUITE 150, PORTLAND, OR	CAPITAL FOR LOW		ECOTRUST CDE,								
97214	INCOME	DE	LLC	RELATED	1.	1,498.		X	N/A	X	.01%
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Page 3

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

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1 g		X
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
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	Х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	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	1 p		X
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s	Х	
	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) THE REDD FOUNDRY, LLC	K	308,397.	COST
(2) THE MARBLE, LLC	K	241,631.	COST
(3) THE REDD FOUNDRY, LLC	L	71,149.	COST
(4) THE MARBLE, LLC	L	97,723.	COST
(5) ECOTRUST CDE, LLC	0	400,144.	COST
(6) ECOTRUST CDE, LLC	S	1,440,906.	COST

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?		(g) Share of end-of-year assets	Dispretion allocat	opor- ate ions?		(j) Genera manag partne	(k) Percentage ownership
		ocumiyy	Sections 512-514)	Yes No	intestine	assess	Yes	No	(FOITH 1003)	Yes I	IO
											_
											_
									hadab D./Farr		

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

Part VII | Supplemental Information

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

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XXII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XXIII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XXIV, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XXV, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 34, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 33, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 35, LLC

Part VII | Supplemental Information

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

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 36, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 37, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 38, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 39, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 40, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 41, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.