

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

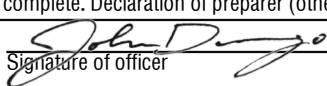
A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ECOTRUST		D Employer identification number 93-1050144
	Doing business as		E Telephone number (503) 227-6225
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	721 NW 9TH AVENUE		G Gross receipts \$ 9,346,427.
	City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97209-3448		
F Name and address of principal officer: JOHN DOMINGO 721 NW 9TH AVENUE, PORTLAND, OR 97209-3448		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ HTTPS://WWW.ECOTRUST.ORG/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1991 M State of legal domicile: OR

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INSPIRE FRESH THINKING THAT CREATES ECONOMIC OPPORTUNITY, SOCIAL EQUITY, & ENVIRONMENTAL WELLBEING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	72
	6 Total number of volunteers (estimate if necessary)	6	54
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	698,575.
b Net unrelated business taxable income from Form 990-T, line 39	7b	351,865.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,144,691.	5,102,175.
	9 Program service revenue (Part VIII, line 2g)	2,738,809.	3,948,350.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	222,147.	193,589.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	252,883.	52,127.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,358,530.	9,296,241.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	301,317.	749,582.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,587,257.	5,077,617.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 507,161.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,327,993.	4,224,552.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,216,567.	10,051,751.
19 Revenue less expenses. Subtract line 18 from line 12	141,963.	-755,510.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 36,040,218.	End of Year 38,941,561.
	21 Total liabilities (Part X, line 26)	4,179,567.	3,815,662.
	22 Net assets or fund balances. Subtract line 21 from line 20	31,860,651.	35,125,899.

Part II Signature Block

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

Sign Here	▶  Signature of officer	10/8/2020 Date			
	▶ JOHN DOMINGO, CONTROLLER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TODD D. MASSINGER	Preparer's signature TODD D. MASSINGER	Date 10/6/2020	Check if self-employed <input type="checkbox"/>	PTIN P00075883
	Firm's name ▶ HOFFMAN, STEWART & SCHMIDT, PC	Firm's EIN ▶ 93-0743240		Phone no. 503-220-5900	
Firm's address ▶ 3 CENTERPOINTE DRIVE, SUITE 300		LAKE OSWEGO, OR 97035-8663			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HEADQUARTERED IN PORTLAND, OREGON, ECOTRUST IS A UNIQUE HYBRID ORGANIZATION THAT CREATES AND ACCELERATES TRIPLE-BOTTOM-LINE INNOVATIONS IN COMMUNITIES FROM CALIFORNIA TO ALASKA. WE ARE FOCUSED ON THE GREATEST CHALLENGES OF OUR TIME--CLIMATE CHANGE AND

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

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

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

4a (Code:) (Expenses \$ 3,078,321. including grants of \$ 125.) (Revenue \$ 2,111,985.) ECOTRUST INVESTMENTS - ECOTRUST DEPLOYS AND LEVERAGES ITS RESOURCES, INCLUDING INTELLECTUAL, SOCIAL, AND FINANCIAL CAPITAL, TO FURTHER ITS MISSION. ECOTRUST MAKES FINANCIAL INVESTMENTS WITH THE SPECIFIC PURPOSE OF DERIVING MISSION IMPACT WHILE ALSO GENERATING CASH TO SUPPORT ECOTRUST'S OPERATIONS. INVESTMENT ACTIVITIES INCLUDE BUSINESSES CREATED BY ECOTRUST, AS WELL AS INVESTMENTS IN OTHER ENTITIES. ASSETS INCLUDE THE JEAN VOLLUM NATURAL CAPITAL CENTER, A HISTORIC WAREHOUSE IN NORTHWEST PORTLAND THAT HAS BEEN REDEVELOPED FOR OCCUPANCY BY ECOTRUST, ITS AFFILIATES, AND A COMBINATION OF RETAIL AND COMMERCIAL OFFICE TENANTS WITH TRIPLE BOTTOM LINE MISSIONS; AND THE REDD ON SALMON STREET, A TWO-BLOCK CAMPUS SOUTHEAST PORTLAND DESIGNED TO SUPPORT AND INSPIRE A ROBUST REGIONAL FOOD SYSTEM.

4b (Code:) (Expenses \$ 1,274,210. including grants of \$ 376,220.) (Revenue \$ 216,916.) KNOWLEDGE SYSTEMS - ECOTRUST KNOWLEDGE SYSTEMS INITIATIVES FOCUS ON THE COMPLEX INTERACTIONS BETWEEN SOCIAL, ECONOMIC, AND ECOLOGICAL SYSTEMS. KNOWLEDGE SYSTEMS DELIVERS DECISION-SUPPORT TOOLS, ANALYSES, MAPS, AND DATA VISUALIZATIONS THAT SUPPORT MORE RESILIENT COMMUNITIES, ECONOMIES, AND ECOSYSTEMS. ECOTRUST'S APPROACH IS DESIGNED TO HELP PARTNERS AND CLIENTS VISUALIZE THE ECOSYSTEM IN A SOCIAL AND ECONOMIC CONTEXT, CREATE A PARTICIPATORY APPROACH TO INCORPORATING STAKEHOLDER KNOWLEDGE, AND IMPLEMENT MANAGEMENT DECISIONS AT APPROPRIATE SCALES.

4c (Code:) (Expenses \$ 1,176,376. including grants of \$ 0.) (Revenue \$ 702,811.) EVENTS - ECOTRUST EVENTS CREATES ENGAGEMENTS THAT BRING PEOPLE TOGETHER FACE-TO-FACE TO BUILD NEW CONNECTIONS AND SPARK BIG IDEAS. ECOTRUST EVENTS MANAGES FOUR VENUES IN THE NATURAL CAPITAL CENTER AND THE REDD ON SALMON STREET, OFFERING CONVENING OPPORTUNITIES FOR A WIDE RANGE OF PARTNERS AND CLIENTS, AND GENERATING 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,052,686. including grants of \$ 373,237.) (Revenue \$ 314,328.)

4e Total program service expenses 7,581,593.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 72		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	X	
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
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?		
9	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?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	18	
b	Enter the number of voting members included on line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **▶**
JOHN DOMINGO - (503) 227-6225
721 NW 9TH AVENUE, SUITE 200, PORTLAND, OR 97209

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEAN JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(2) CORY CARMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(3) ANTONE MINTHORN BOARD MEMBER	1.00	X					0.	0.	0.	
(4) WILLIAM NEUKOM BOARD MEMBER	1.00	X					0.	0.	0.	
(5) NELL NEWMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(6) DAN WIEDEN BOARD MEMBER	1.00	X					0.	0.	0.	
(7) DAVID MONTGOMERY BOARD MEMBER	1.00	X					0.	0.	0.	
(8) ROBERT E. FRIEDMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(9) ELISE LUFKIN BOARD MEMBER	1.00	X					0.	0.	0.	
(10) SPENCER BEEBE EXECUTIVE CHAIR	1.00	X		X			270,044.	0.	30,876.	
(11) GUN DENHART CO-CHAIR	1.00	X		X			0.	0.	0.	
(12) RON GRZYWINSKI BOARD MEMBER	1.00	X					0.	0.	0.	
(13) KAT TAYLOR BOARD MEMBER	1.00	X					0.	0.	0.	
(14) BOBBIE CONNER BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MARK EDLEN CO-CHAIR	1.00	X		X			0.	0.	0.	
(16) ROBERT WARREN TREASURER	1.00	X		X			0.	0.	0.	
(17) JEREMY BARNICLE ED/PRESIDENT/BOARD MEMBER	50.00	X		X			178,002.	0.	13,246.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSIE LEE BOARD MEMBER	1.00	X					0.	0.	0.	
(19) KEVIN BUMATAY ASSISTANT TREASURER/CFO	50.00			X			83,634.	0.	11,074.	
(20) AMANDA OBORNE VICE PRESIDENT	50.00			X			115,477.	0.	8,193.	
(21) LILY ABOOD VICE PRESIDENT	50.00			X			140,758.	0.	14,096.	
(22) BRENT DAVIES VICE PRESIDENT	50.00			X			120,859.	0.	10,301.	
(23) MIKE MERTENS VICE PRESIDENT	50.00			X			112,523.	0.	14,127.	
(24) KATHERINE WHITE SECRETARY	50.00			X			65,164.	0.	4,972.	
(25) JEANNE KUBAL VICE PRESIDENT	50.00			X			120,743.	0.	10,500.	
(26) NATHAN KADISH MANAGING DIRECTOR/EI	50.00					X	172,580.	0.	23,013.	
1b Subtotal							1,379,784.	0.	140,398.	
c Total from continuation sheets to Part VII, Section A							109,668.	563,751.	63,371.	
d Total (add lines 1b and 1c)							1,489,452.	563,751.	203,769.	

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 **13**

	Yes	No
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	3	X
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	4	X
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
JANET HOFFMAN & ASSOCIATES, LLC, 1000 SW BROADWAY, SUITE 1500, PORTLAND, OR 97205	LEGAL SERVICES	769,476.
BULLIVANT, HOUSER, BAILEY PC, 300 PIONEER TOWER, 888 SW FIFTH AVE., PORTLAND, OR	LEGAL SERVICES	648,488.
NOVOGRADAC & CO., 111 SW FIFTH AVENUE, #1100, PORTLAND, OR 97204	AUDIT SERVICES	285,065.
PERKINS COIE LLP, 1201 THIRD AVENUE, 40TH FLOOR, SEATTLE, WA 98101	LEGAL SERVICES	255,302.
HOFFMAN, STEWART & SCHMIDT, 3 CENTERPOINTE DRIVE, SUITE 300, LAKE OSWEGO, OR 97035	AUDIT SERVICES	127,802.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BETTINA VON HAGEN CEO - EFM	1.00 50.00					X		0.	228,498.	25,156.
(28) AMRITA VATSAL MANAGING DIRECTOR - EFM	1.00 50.00					X		0.	171,403.	15,750.
(29) JOHN DOMINGO CONTROLLER	50.00					X	109,668.	0.		3,465.
(30) CHRIS SWEENEY MANAGING DIRECTOR/COO - EFM	1.00 50.00					X		0.	163,850.	19,000.
Total to Part VII, Section A, line 1c								109,668.	563,751.	63,371.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	369,410.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,563,588.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,169,177.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 87,107.				
	h	Total. Add lines 1a-1f		5,102,175.				
	Program Service Revenue	2 a	CONTRACTS AND SERVICE	Business Code				
			900099	2,646,092.	2,646,092.			
b		PROGRAM SERVICE EVENTS	900099	1,302,258.	699,948.	602,310.		
c								
d								
e								
f		All other program service revenue						
g	Total. Add lines 2a-2f		3,948,350.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		193,589.		96,265.	97,324.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		6.			6.	
	6 a	Gross rents	(i) Real	42,324.				
			(ii) Personal					
	b	Less: rental expenses	6b	0.				
	c	Rental income or (loss)	6c	42,324.				
	d	Net rental income or (loss)		42,324.			42,324.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ 369,410. of contributions reported on line 1c). See Part IV, line 18		8a	44,155.				
			8b	50,186.				
c	Net income or (loss) from fundraising events		-6,031.			-6,031.		
9 a	Gross income from gaming activities. See Part IV, line 19		9a					
			9b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		10a					
			10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code					
			900099	15,828.			15,828.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		15,828.					
12	Total revenue. See instructions		9,296,241.	3,346,040.	698,575.	149,451.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	749,582.	749,582.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,324,589.	1,058,005.	76,214.	190,370.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,610,853.	1,715,446.	766,498.	128,909.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	149,995.		149,995.	
9 Other employee benefits	678,318.	587,242.		91,076.
10 Payroll taxes	313,862.		313,862.	
11 Fees for services (nonemployees):				
a Management				
b Legal	99,193.	11,328.	87,865.	
c Accounting	87,300.	39,393.	47,907.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	18,118.	15,028.	2,697.	393.
13 Office expenses	231,803.	103,483.	108,059.	20,261.
14 Information technology	42,222.	150,657.	-131,561.	23,126.
15 Royalties				
16 Occupancy	1,352,070.	980,473.	371,597.	
17 Travel	341,779.	263,796.	69,200.	8,783.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,401.	55,732.	22,444.	6,225.
20 Interest	59,951.	59,951.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	624,197.	578,231.	45,966.	
23 Insurance	126,799.	58,368.	68,431.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTS AND CONSULTAN	936,044.	736,461.	194,735.	4,848.
b TAXES AND FEES	199,615.	175,596.	22,149.	1,870.
c MISCELLANEOUS	19,763.	242,671.	-254,208.	31,300.
d BAD DEBT EXPENSE	1,297.	150.	1,147.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,051,751.	7,581,593.	1,962,997.	507,161.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,518,763.	1	80,841.
	2 Savings and temporary cash investments		2	928,848.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	319,448.	4	1,010,123.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	3,288,520.	7	3,283,334.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	227,466.	9	289,195.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,120,011.		
	b Less: accumulated depreciation	10b 7,899,916.	11,005,016.	10c 11,220,095.
	11 Investments - publicly traded securities	380,738.	11	491,122.
	12 Investments - other securities. See Part IV, line 11	19,211,147.	12	21,568,157.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	89,120.	14	69,846.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	36,040,218.	16	38,941,561.	
Liabilities	17 Accounts payable and accrued expenses	2,468,302.	17	2,091,181.
	18 Grants payable		18	
	19 Deferred revenue	61,265.	19	74,481.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,650,000.	23	1,650,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,179,567.	26	3,815,662.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	21,530,392.	27	23,705,007.
	28 Net assets with donor restrictions	10,330,259.	28	11,420,892.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	31,860,651.	32	35,125,899.
33 Total liabilities and net assets/fund balances	36,040,218.	33	38,941,561.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,296,241.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,051,751.
3	Revenue less expenses. Subtract line 2 from line 1	3	-755,510.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,860,651.
5	Net unrealized gains (losses) on investments	5	3,513,802.
6	Donated services and use of facilities	6	81,956.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	425,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,125,899.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4888793.	3066863.	3065028.	4144691.	5102175.	20267550.
2 Tax revenues levied for the organization'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	4888793.	3066863.	3065028.	4144691.	5102175.	20267550.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2769650.
6 Public support. Subtract line 5 from line 4.						17497900.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	4888793.	3066863.	3065028.	4144691.	5102175.	20267550.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	242,680.	344,380.	225,472.	263,784.	229,888.	1306204.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	22,596.	244,086.	177,290.		68,918.	512,890.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	558,736.	158,272.	55,197.	211,246.	15,828.	999,279.
11 Total support. Add lines 7 through 10						23085923.
12 Gross receipts from related activities, etc. (see instructions)					12 11,359,035.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	75.79 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	79.36 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

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

Horizontal lines for supplemental information input.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,204,678.	6,711,159.	5,868,356.	5,584,874.	5,335,212.
b Contributions		1,000,000.		204,005.	408,518.
c Net investment earnings, gains, and losses	1,170,381.	-155,873.	1,113,755.	343,531.	104,835.
d Grants or scholarships					
e Other expenditures for facilities and programs	247,381.	350,608.	270,952.	264,054.	263,691.
f Administrative expenses					
g End of year balance	8,127,678.	7,204,678.	6,711,159.	5,868,356.	5,584,874.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 75.70 %
 - c Term endowment 24.30 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,888,316.		1,888,316.
b Buildings				
c Leasehold improvements		15,531,062.	7,139,010.	8,392,052.
d Equipment		1,700,633.	760,906.	939,727.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,220,095.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	15,199,115.	COST
(3) Other		
(A) INVESTMENT HELD AT OREGON		
(B) COMMUNITY FOUNDATION	6,369,042.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	21,568,157.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

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

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

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

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ECOTRUST

Employer identification number

93-1050144

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	1	1	BUSINESS DEVELOPMENT, MEETINGS, CONFERENCES	CONSULTING, TRAVEL EXPENSES	174,325.
3 a Subtotal	1	1			174,325.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			174,325.

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

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA - ENDEAVOR (event type)	COMMUNITY EVENT - REDD (event type)	NONE (total number)	
Revenue	1 Gross receipts	343,450.	70,115.		413,565.
	2 Less: Contributions	319,700.	49,710.		369,410.
	3 Gross income (line 1 minus line 2)	23,750.	20,405.		44,155.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	19,000.	1,700.		20,700.
	8 Entertainment		1,700.		1,700.
	9 Other direct expenses	21,623.	6,163.		27,786.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				50,186.
11 Net income summary. Subtract line 10 from line 3, column (d)				-6,031.	

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

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

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

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

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SIUSLAW WATERSHED COUNCIL PO BOX 422 MAPLETON, OR 97453-0422	93-1234456	501(C)(3)	125,037.	0.			WATERSHED RESTORATION
SWINOMISH INDIAN TRIBAL COMMUNITY 11404 MOORAGE WAY LACONNER, WA 98257			80,089.	0.			FORESTRY
NATIVE AMERICAN YOUTH AND FAMILY CENTER - 5135 NE COLUMBIA BLVD - PORTLAND, OR 97218	93-1141536	501(C)(3)	8,100.	0.			GREEN WORKFORCE DEVELOPMENT, EQUITY
MCKENZIE RIVER TRUST 120 SHELTON MCMURPHEY BLVD, STE. 27 EUGENE, OR 97401	93-1029808	501(C)(3)	26,152.	0.			WATERSHED RESTORATION
INTERTRIBAL TIMBER COUNCIL 1112 NE 21ST AVE, STE. 4 PORTLAND, OR 97232	93-1031300	501(C)(3)	18,834.	0.			FORESTRY
AFFILIATED TRIBES OF NW INDIANS 1827 NE 44TH AVE, STE. 130 PORTLAND, OR 97213	93-0934830	501(C)(3)	5,871.	0.			FORESTRY

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

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BLUEPRINT FOUNDATION 19 NW 5TH AVE, STE. 203 PORTLAND, OR 97209	47-2091648	501(C)(3)	23,100.	0.			GREEN WORKFORCE DEVELOPMENT
THE REBUILDING CENTER 3625 N MISSISSIPPI AVE PORTLAND, OR 97227	93-1241474	501(C)(3)	9,600.	0.			GREEN WORKFORCE DEVELOPMENT
SELF ENHANCEMENT INC 3920 NORTH KERBY AVE PORTLAND, OR 97227	93-1086629	501(C)(3)	6,600.	0.			GREEN WORKFORCE DEVELOPMENT
MUDBONE GROWN, LLC 39062 E KNIERICM RD CORBETT, OR 97019	81-3328658		322,320.	0.			BOOTS TO ROOTS - VETERAN GARDENING

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SPENCER BEEBE EXECUTIVE CHAIR	(i)	250,000.	0.	20,044.	25,000.	5,876.	300,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEREMY BARNICLE ED/PRESIDENT/BOARD MEMBER	(i)	175,000.	0.	3,002.	8,750.	4,496.	191,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LILY ABOOD VICE PRESIDENT	(i)	131,450.	0.	9,308.	7,887.	6,209.	154,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NATHAN KADISH MANAGING DIRECTOR/EI	(i)	170,000.	0.	2,580.	17,000.	6,013.	195,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BETTINA VON HAGEN CEO - EFM	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	228,498.	0.	0.	19,000.	6,156.	253,654.	0.
(6) AMRITA VATSAL MANAGING DIRECTOR - EFM	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,403.	0.	0.	15,750.	0.	187,153.	0.
(7) CHRIS SWEENEY MANAGING DIRECTOR/COO - EFM	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	163,850.	0.	0.	19,000.	0.	182,850.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5:

BONUS IS CONTINGENT ON THE REVENUE OF EFM FOR EFM EMPLOYEES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	66,975.	QUOTED MARKET PRICES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	132.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE)	X	1	20,000.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ECOTRUST

Employer identification number

93-1050144

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

INEQUITY--AND WORK IN PARTNERSHIP TOWARDS NEW WAYS OF LIVING AND DOING
BUSINESS THAT ARE EQUITABLE, PROSPEROUS, AND CLIMATE SMART.

ECOTRUST'S MANY INNOVATIONS INCLUDE CO-FOUNDING THE COUNTRY'S FIRST
ENVIRONMENTAL BANK; STARTING THE NATION'S FIRST ECOSYSTEM INVESTMENT
FUND; DEVELOPING TWO CAMPUSES FOR ECONOMIC AND SOCIAL EXCHANGE;
GENERATING A RANGE OF PROGRAMS AND ORIGINAL RESEARCH IN FISHERIES,
FORESTRY, FOOD AND FARMS; AND DEVELOPING NEW SCIENTIFIC AND INFORMATION
TOOLS TO IMPROVE SOCIAL, ECONOMIC, AND ENVIRONMENTAL DECISION-MAKING.

OUR ORGANIZATION IS A MODEL FOR HOW A CONSTELLATION OF PUBLIC, PRIVATE,
FOR-PROFIT AND NONPROFIT ENTITIES CAN UNITE UNDER A SHARED MISSION TO
GENERATE IMPACT AND DRIVE SYSTEMS CHANGE.

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

FISHERIES & COASTAL COMMUNITIES - STRONG COASTAL COMMUNITIES AND
RESILIENT FISHERIES ARE ENMESHED WITH OUR REGION'S WELL-BEING, AND THE
CHALLENGES FOR BOTH FISHERIES AND FISHERS TODAY ARE MYRIAD. ECOTRUST
FISHERIES WORK INCLUDES ASSESSING INFRASTRUCTURE NEEDS FOR EMERGING
SEAFOOD ENTREPRENEURS; COLLABORATING TO DEVISE FAIR ACCESS SYSTEMS;
FOSTERING ROBUST REGIONAL SUPPLY CHAINS AND BUILDING SUPPORT NETWORKS
FOR FOOD ENTREPRENEURS; CLOSING THE LOOP FOR CONSUMERS LOOKING FOR
LOCALLY CAUGHT, SUSTAINABLY PRODUCED SEAFOOD PRODUCTS; AND WORKING
ALONGSIDE PARTNERS ON REGIONALLY-SPECIFIC RESPONSES TO CLIMATE CHANGE.

WE INVEST IN FISHERIES NETWORKS AND LOCAL ORGANIZATIONS THAT ACTIVELY

Name of the organization

ECOTRUST

Employer identification number

93-1050144

PURSUE INNOVATION IN THE STEWARDSHIP OF FISHERIES, MARINE ECOSYSTEMS AND WATERSHEDS, AND WE WORK TO STRENGTHEN THE CONSERVATION OF REGIONAL MARINE AND FRESHWATER ECOSYSTEMS.

FOOD & FARMS - ECOTRUST FOOD & FARMS PROGRAM WORKS TO TRANSFORM THE REGIONAL FOOD SYSTEM INTO ONE THAT IS EQUITABLE AND REGENERATIVE. SMALL- AND MEDIUM-SIZED PRODUCERS ARE CRITICAL TO THIS TRANSFORMATION, AND OUR TEAM HAS BUILT A BODY OF WORK TO SUPPORT THEM. THIS INCLUDES A TRAINING AND CAPACITY BUILDING PROGRAM TO SUPPORT FARMERS AND FISHERMEN IN MAINTAINING VIABILITY AND COMMITMENTS TO ENVIRONMENTAL STEWARDSHIP AS THEY SCALE, AND BUILDING INFRASTRUCTURE AND SUPPLY CHAINS THAT ENABLE THESE PRODUCERS TO REACH NEW MARKETS. WE ALSO RECENTLY LAUNCHED FOOD EQUITY AND LAND JUSTICE INITIATIVES TO CONTRIBUTE TO COMMUNITY RESILIENCE AND HEALING, BUILD WEALTH AND ECONOMIC SECURITY FOR BIPOC COMMUNITIES, AND ADVANCE SYSTEMIC CHANGE THROUGH STRATEGIES RELATED TO ON-THE-GROUND PROGRAMMING, CAPACITY AND FIELD BUILDING, AND POLICY AND SYSTEMS CHANGE.

FORESTS AND ECOSYSTEM SERVICES - THE GOAL OF ECOTRUST'S FORESTS & ECOSYSTEM SERVICES PROGRAM IS TO TRANSFORM THE DOMINANT FOREST MANAGEMENT PARADIGM IN THE PACIFIC NORTHWEST, AND AROUND THE WORLD, TO ONE THAT MORE CLOSELY MIMICS NATURAL FOREST PROCESSES, WHILE PROVIDING FOR OUR REGION. IN A CARBON-CONSTRAINED WORLD, THE TRANSITION TO CLIMATE-SMART FORESTRY WILL ONLY BE POSSIBLE IF WE BETTER ALIGN OUR POLICIES AND MARKETS WITH OUR VALUES. ECOTRUST CREATES THE TOOLS, THE STRUCTURES, AND THE RESEARCH TO SUPPORT CLIMATE-SMART FOREST MANAGEMENT, DEMONSTRATING THAT FORESTS CAN STORE MORE CARBON, PROVIDE HIGH QUALITY HABITAT FOR NATIVE FISH AND WILDLIFE, OFFER RECREATIONAL

Name of the organization

ECOTRUST

Employer identification number

93-1050144

AND ECONOMIC DEVELOPMENT OPPORTUNITIES, AND PRODUCE CLEAN AND ABUNDANT WATER, ALL WHILE SUPPORTING A ROBUST AND RELIABLE FOREST PRODUCTS INDUSTRY. WE WORK WITH PARTNERS TO ELEVATE DIFFERENT PERSPECTIVES ABOUT FORESTS AND THE ROLE THEY PLAY IN MAINTAINING THE HEALTH AND WELLNESS OF OUR COMMUNITIES AND ECONOMIES.

INDIGENOUS AFFAIRS - SINCE OUR FOUNDING IN 1991, INDIGENOUS PEOPLES FROM ALASKA TO CALIFORNIA HAVE BEEN INVOLVED WITH ECOTRUST, AS MEMBERS OF OUR BOARD AND STAFF, AND AS PARTNERS TO ADVANCE THE ENVIRONMENTAL, CULTURAL, ECONOMIC, AND SOCIAL CONDITIONS OF THEIR COMMUNITIES. WE CONTINUE TO SUPPORT FIRST PEOPLES' STEADFAST EFFORTS TO EXERCISE THEIR RIGHT OF SELF-DETERMINATION AND PROTECT THEIR HOMELANDS AND WATERS. WE SHARE OUR KNOWLEDGE IN FORESTS AND ECOSYSTEMS, FISHERIES AND MARINE PLANNING, SALMON AND WATERSHED RESTORATION, AND FOOD SYSTEMS TO RESTORE AND STRENGTHEN NATIVE COMMUNITIES. AND WE PROVIDE OUR TECHNICAL EXPERTISE IN GIS ANALYSIS, MAPPING AND CARTOGRAPHY, ECONOMIC IMPACT ASSESSMENTS, SOFTWARE AND TOOL DEVELOPMENT, AND DATA COLLECTION AND MANAGEMENT TO HELP INDIGENOUS LEADERS MAKE INFORMED DECISIONS. WE ALSO SUPPORT A GROWING NETWORK OF INDIGENOUS LEADERS, INCREASE EDUCATION OPPORTUNITIES FOR NATIVE PEOPLE THROUGH SCHOLARSHIPS AND FELLOWSHIPS, AND PROVIDE A PLATFORM FOR NATIVE PEOPLE TO SHARE THEIR STORIES AND ISSUES.

EXPENSES \$ 2,052,686. INCLUDING GRANTS OF \$ 373,237. REVENUE \$ 314,328.

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

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

Name of the organization

ECOTRUST

Employer identification number

93-1050144

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

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

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 ED AND CFO REVIEW ALL RAISES FOR SENIOR STAFF. THE ED REVIEWS THE CFO'S SALARY. THE GOVERNANCE COMMITTEE REVIEWS THE ED'S SALARY.

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

UPON REQUEST

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

DISTRIBUTION FROM ECOTRUST CDE, LLC 425,000.

FORM 990, PART XII, LINE 2C

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NATURAL CAPITAL HOLDINGS, LLC - 47-3202228 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	HOLDING COMPANY FOR PROPERTY AND INVESTMENTS	OREGON	3,195,832.	35,879,017.	ECOTRUST
THE REDD MANAGER - 47-3202499 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	HOLDING COMPANY FOR PROPERTY AND INVESTMENTS	OREGON	437,649.	86,233.	ECOTRUST
ECOTRUST CAPITAL PARTNERS, LLC - 47-3202349 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	HOLDING COMPANY FOR PROPERTY AND INVESTMENTS	OREGON	0.	0.	ECOTRUST
ECOTRUST PROPERTIES, LLC 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	HOLDING COMPANY FOR PROPERTY AND INVESTMENTS	OREGON	1,668,819.	9,510,065.	ECOTRUST

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

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

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ECOTRUST CDE LLC - 30-0271536 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST	RELATED	-224,164.	4,018,809.		X	N/A	X		99.90%
ECOTRUST FORESTS, LLC - 84-1634653, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	INVESTMENT IN FOREST LAND	OR	ECOTRUST	RELATED	1,787,431.	6,680,697.		X	N/A	X		17.56%
ECOTRUST FORESTS II, LLC - 90-0942883, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	INVESTMENT IN FOREST LAND	OR	ECOTRUST	RELATED	563,818.	1,045,131.		X	N/A	X		1.78%
ECOTRUST SUB-CDE XI, LLC - 45-0666847, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	-1.	-976.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ECOTRUST FOREST MANAGEMENT, INC. - 20-2422979, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	MANAGE ECOTRUST FORESTS, LLC	OR	ECOTRUST	C CORP	1,417,469.	1,132,422.	70.00%		X
ECOTRUST SUBCDE 27 - 81-5071196 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.	DE	ECOTRUST CDE, LLC	C CORP	839.	172,519.	.01%		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ECOTRUST SUB-CDE XII, LLC - 45-0666942, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	-1.	-1,220.		X	N/A	X		.01%
THE REDD, LLC - 47-1489265 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	INVESTMENT IN BUILDING	OR	ECOTRUST	RELATED	5,057.	7,316,918.		X	N/A	X		42.67%
ECOTRUST SUB-CDE XIII, LLC - 45-0667051, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	0.	697.		X	N/A	X		.01%
ECOTRUST SUB-CDE XIV, LLC - 45-0667392, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	1.	21.		X	N/A	X		.01%
ECOTRUST SUB-CDE XV, LLC - 46-2787019, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	0.	735.		X	N/A	X		.01%
ECOTRUST SUB-CDE XVI, LLC - 46-2821882, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	1.	491.		X	N/A	X		.01%
ECOTRUST SUB-CDE XVII, LLC - 46-2829749, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	2.	490.		X	N/A	X		.01%
ECOTRUST SUB-CDE XVIII, LLC - 46-5011683, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	4.	883.		X	N/A	X		.01%
ECOTRUST SUB-CDE XIX - 46-5027444, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	0.	669.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
THE MARBLE, LLC - 47-3194795 721 NW NINTH AVE, SUITE 200 PORTLAND, OR 97209	INVESTMENT IN BUILDING	OR	THE REDD, LLC	RELATED	-70,397.	9,312,902.		X	N/A	X		91.15%
ECOTRUST SUB-CDE XX, LLC - 47-1309590, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	1.	590.		X	N/A	X		.01%
ECOTRUST SUB-CDE XXI, LLC - 47-1330244, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	1.	591.		X	N/A	X		.01%
ECOTRUST SUB-CDE XXII, LLC - 47-1339178, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	-1.	691.		X	N/A	X		.01%
ECOTRUST SUB-CDE XXIII, LLC - 47-1346863, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	2.	1,191.		X	N/A	X		.01%
ECOTRUST SUB-CDE XXIV, LLC - 47-1512233, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	3.	1,238.		X	N/A	X		.01%
ECOTRUST SUB-CDE XXV, LLC - 47-1518577, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	1.	466.		X	N/A	X		.01%
ECOTRUST SUB-CDE 26 - 81-5047764, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	2.	994.		X	N/A	X		.01%
ECOTRUST SUB-CDE 28 - 81-5087080, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	-1.	746.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ECOTRUST FORESTS III, LLC - 36-4894376, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	INVESTMENT IN FOREST LAND	OR	ECOTRUST	RELATED	79,853.	123,766.		X	N/A		X	2.49%
THE REDD FOUNDRY, LLC - 36-4826826, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	INVESTMENT IN BUILDING	OR	THE REDD, LLC	RELATED	553,791.	13,861,468.		X	N/A		X	94.00%
ECOTRUST SUB-CDE 29, LLC - 81-5109470, 721 NW NINTH AVE, SUITE 200, PORTLAND, OR 97209	PROVIDE INVESTMENT CAPITAL FOR LOW INCOME	DE	ECOTRUST CDE, LLC	RELATED	0.	650.		X	N/A		X	.01%

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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ECOTRUST CDE, LLC	D	2,383,334.	COST
(2) ECOTRUST CDE, LLC	O	146,053.	COST
(3) THE REDD FOUNDRY, LLC	L	340,336.	COST
(4) THE MARBLE, LLC	L	95,600.	COST
(5) THE REDD, LLC	K	237,425.	COST
(6)			

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 XI, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XIII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XIV, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XV, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XVI, 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 XVII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XVIII, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XIX

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XX, LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE XXI, LLC

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

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 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 26

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL FOR LOW INCOME COMMUNITIES.

NAME OF RELATED ORGANIZATION:

ECOTRUST SUB-CDE 28

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.