PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 054363

<u>990</u> Form

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 **Open to Public** Inspection

Α	For th	e 2021 calendar year, or tax year beginning and e	ending								
В	Check if applicab	e: C Name of organization		D Employer identific	ation number						
	Addre	CENTER FOR ECOLITERACY									
	Name	pe Doing business as	94-29114:	17							
	Initial return	Number and street (of P.U. box it mail is not delivered to street address)	E Telephone number								
	Final return termin	2150 ALLSTON WAY	270	(510)845							
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,092,210.						
	Amen	BERRELEI, CA 94/04		H(a) Is this a group re							
	Applie tion pendi	F Name and address of principal officer: A. KESSELMAN & Z. E	BARLOW	for subordinates	? Yes X No						
		SAME AS C ABOVE		H(b) Are all subordinates in							
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1	list. See instructions						
-		te: WWW.ECOLITERACY.ORG		H(c) Group exemption							
		f organization: X Corporation Trust Association Other	L Year of	of formation: 1983 M	State of legal domicile: CA						
P	art I	Summary Briefly describe the organization's mission or most significant activities: THE	ITCCTO								
e	1	TEACHING AND MODELING OF SUSTAINABLE PRAC	<u>112210</u> 2707777	$\frac{10 \times 10}{10 \times 10}$							
nan	2	Check this box \blacktriangleright if the organization discontinued its operations or dispos									
Activities & Governance	3			1 1	5 Sels.						
	4	Number of independent voting members of the governing body (Part VI, line 1a)			4						
	5		iduals employed in calendar year 2021 (Part V, line 12)								
	6	Total number of volunteers (estimate if necessary)		15 4							
cţ	-	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
A		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
Ð	8	Contributions and grants (Part VIII, line 1h)		1,698,586.	2,074,662.						
Revenue	9	Program service revenue (Part VIII, line 2g)		9,921.	16,208.						
level 1	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		747.	1,340.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,709,254.	2,092,210.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm}$		1,314,517.	1,309,896.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Т. Д		Total fundraising expenses (Part IX, column (D), line 25)		442 044							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		443,944.	541,966.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,758,461.	1,851,862.						
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		-49,207.	240,348.						
ts o				ginning of Current Year	End of Year 1,532,774.						
Bala	20	Total assets (Part X, line 16)		1,263,367. 279,460.	308,519.						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		983,907.	1,224,255.						
-	art II	Net assets or fund balances. Subtract line 21 from line 20		903,907.	1,444,400.						
1.1.1											

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	Signature of officer		Date	
Here		VE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature Dat	te Check PTIN	
Paid	ALEXIS H. WONG		^{if} self-employed P00604756	
Preparer	Firm's name 🕨 LINDQUIST, VON H		Firm's EIN 🕨 94-1250261	
Use Only	Firm's address 💊 301 HOWARD STREE	T, SUITE 850		
	SAN FRANCISCO, C	A 94105	Phone no. (415) 957-9999)
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes 🗌 N	١o
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (202	21)

Form	1990 (2021) CENTER FOR ECOLITERACY	94-2911417	Page 2
Pa	rt 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: THE CENTER FOR ECOLITERACY IS DEDICATED TO CULTIVAT	ING EDUCATION FO	R
	THE SUSTAINABILITY OF PEOPLE AND THE PLANET.		
2	Did the organization undertake any significant program services during the year which were not listed prior Form 990 or 990-EZ?		XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program s	services?Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,617,070 · including grants of \$) (Revenue \$ 16,	208.)
	THE CENTER FOR ECOLITERACY BUILDS PARTNERSHIPS AND SCHOOLS TO SUPPORT HEALTHY, SUSTAINABLE SCHOOL COMM	THE CAPACITY OF	<u>K12</u> (
		H PARTNERSHIPS I	
	2021 WITH THE OFFICE OF KAT TAYLOR, NEXTGEN CALIFOR	NIA, AND THE	
	CALIFORNIA ASSOCIATION OF FOOD BANKS, WE ACHIEVED C	OUR BIGGEST POLIC	Y
	WIN TO DATE: BUILT A "SCHOOL MEALS FOR ALL" COALITI	ON WITH OVER 200	
	ORGANIZATIONS AND SUCCESSFULLY ADVOCATED FOR CALIFOR		HE
	FIRST STATE IN THE NATION TO ADOPT FREE SCHOOL MEAN		
	STUDENTS, A GROUNDBREAKING ACHIEVEMENT IN THE NATIO	NAL MOVEMENT FOR	
	UNIVERSAL MEALS.		
4b	(Code:) (Expenses \$ including grants of \$		<u>`</u>
40	(Code) (Expenses 5 including grants of 5	_) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
40	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$)
44	Other program services (Describe on Schodulo O)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,617,070.)	
			90 (2021)

 Form 990 (2021)
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 ECOLITERACY

 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)?		77	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
-	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	1Zd		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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> . See instructions	47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	1		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u></u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
~ ~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	27	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c		

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Statements	Regarding C	ther IF	RS Filings and Ta	ax Compliance (continued)

Form 990 (2021)

Part V

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			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 15							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.0		x				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		- 23				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50						
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua						
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	00						
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?	7a		х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	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?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
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: Gross income from members or shareholders 11a							
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1							
b	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
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							
с	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
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?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			37				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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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			X							
Sec	tion 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 1a 5										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b										
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?	2		Х							
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?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5											
6	Did the organization have members or stockholders?	6		Х							
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?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion 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?	10a		Х							
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?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availa	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website X Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	id finai	ncial								
	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										
	THE ORGANIZATION - (510)845-4595 2150 Allston WAY, STE 270, BERKELEY, CA 94704-1377										
	2150 ALLSTON WAY, STE 270, BERKELEY, CA 94704-1377										

Part VII	Compensation of Officers,	Directors, 7	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contract	tors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless		Inless person is both an r and a director/trustee)			h an	compensation	compensation	amount of
	week					1/		from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-WISC/ 1099-NEC)	organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1000 NEO	and related
	below	d ual t	nstitutional trustee	L	Key employee	est co oyee	Ъ	,		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			0
(1) KAREN BROWN	40.00									
CREATIVE DIRECTOR						X		141,069.	0.	32,049.
(2) JAMES P KOULIAS	40.00									
DEPUTY DIRECTOR						X		128,520.	0.	29,516.
(3) ADAM KESSELMAN	40.00									
EXECUTIVE DIRECTOR	1.00	Х		X				133,453.	0.	13,585.
(4) ALEXA NORSTAD	40.00									
PROGRAM DIRECTOR						X		111,072.	0.	19,782.
(5) ZENOBIA BARLOW	40.00									
INTERIM EXECUTIVE DIRECTOR		Х		Х				67,276.	0.	6,899.
(6) PETER BUCKLEY	2.00									
BOARD CHAIR	2.00	Х		Х				0.	0.	0.
(7) WENDY WILLIAMS	2.00									
DIRECTOR		Х						0.	0.	0.
(8) NANCY SKINNER	1.00									
TREASURER	0.50	Х		х				0.	0.	0.
(9) MALO HUTSON	2.00									
DIRECTOR		х						0.	0.	0.
					<u> </u>	<u> </u>				
						<u> </u>				
							L			- 000 (2222)

	n 990 (2021) CENTER F									94-29	11	417	P	age 8
Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		com fr orga and	pensa om th anizat d relat anizati	e ion ed
			-											
			-											
	Subtotal Total from continuation sheets to Part V								581,390.		0.	10	1,8	<u>31.</u> 0.
	Total (add lines 1b and 1c)								581,390.		0.	10	1,8	31.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100),000 of reportable	3			4
_	· · · ·												Yes	No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>			•		•			ghest compensated emp	•		3		Х
4	For any individual listed on line 1a, is the s and related organizations greater than \$1		le co	omp	ensa	atior	n and	d ot	her compensation from			4	Х	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv					
Sec	rendered to the organization? If "Yes," con ction B. Independent Contractors	nplete Schedul	e J f	or si	uch	pers	son .					5		X
1	Complete this table for your five highest c the organization. Report compensation fo										pens	ation f	rom	
	(A) Name and busines			ONE		VICII	01 11		(B) Description of s		С	(C omper		n
2	Total number of independent contractors \$100,000 of compensation from the organ		iot li	mite	d to		se lis)	stec	d above) who received n	nore than				

Pa	rt VII							
		Check if Schedule O	contains a respon	se or note to any lir	ne in this Part VIII (A)	(B)	(C)	[]
					Total revenue	Related or exempt		Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues	Id ributions) Ie grants, and I above If lines 1a-1f Ig		2,074,662.			
Program Service Revenue	c d e	PROGRAM SERVI MISCELLANEOUS	S INCOME	531110	16,000. 208.	16,000. 208.		
_	f a	All other program service Total. Add lines 2a-2f			16,208.			
	3 4 5	Investment income (includ other similar amounts) Income from investment of	ding dividends, int	erest, and d proceeds	1,340.			1,340.
	6a b c d	Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real 6a 6b 6c	(ii) Personal	-			
Revenue	b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securitie 7a 7b 7c		-			
Other I	8 a	Gross income from fundraisi	ng events (not of line 1c). See	Ba				
		Net income or (loss) from						
	9 a	Gross income from gamin Part IV, line 19 Less: direct expenses	ig activities. See		-			
		Net income or (loss) from						
	10 a	Gross sales of inventory, I and allowances Less: cost of goods sold	less returns					
		Net income or (loss) from	·····					
Miscellaneous Revenue				Business Code				
Misc Re	е	All other revenue Total. Add lines 11a-11d Total revenue. See instruction			2 092 210	16,208.	0.	1.340.

CENTER FOR ECOLITERACY

Form 990 (2021)

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Page 9

CENTER FOR ECOLITERACY 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).

<u></u>	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
2							
。	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,	221,213.	191,185.	23,417.	6,611		
~	trustees, and key employees	221,213.	191,105.	23,417.	0,011		
6	Compensation not included above to disqualified						
	persons (as defined under section $4958(f)(1)$) and						
_	persons described in section 4958(c)(3)(B)	878,996.	759,679.	93,049.	26,268		
7	Other salaries and wages	0/0,990.	159,019.	93,049.	20,200		
3	Pension plan accruals and contributions (include	36 673	31,694.	2 001	1 004		
_	section 401(k) and 403(b) employer contributions)	36,672.	73,899.	3,882.	1,090 2,555		
9	Other employee benefits	85,505.		9,051.	2,00		
)	Payroll taxes	87,510.	75,632.	9,263.	2,61		
	Fees for services (nonemployees):						
а	Management	2 201	2 766	220	0.		
b	Legal	3,201.	2,766.	339.	90		
	Accounting	15,335.	13,254.	1,623.	45		
	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25,	015 060		10 014	0 00/		
	column (A), amount, list line 11g expenses on Sch 0.)	215,369.	200,867.	12,214.	2,288		
2	Advertising and promotion	8,862.	8,394.	365.	103		
3	Office expenses	5 448			1.0		
ł	Information technology	5,447.	4,707.	577.	16:		
5	Royalties	110 (50		10.001			
;	Occupancy	113,652.	98,225.	12,031.	3,39		
•	Travel	267.	267.				
;	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials \dots						
)	Conferences, conventions, and meetings	1,335.	1,335.				
)	Interest	3,302.		3,302.			
I	Payments to affiliates						
2	Depreciation, depletion, and amortization	10,222.	8,834.	1,082.	30		
;	Insurance	5,640.	4,874.	597.	16		
	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 0.)						
а	HIRING/RETENTION/TERM F	93,203.	80,552.	9,866.	2,785		
b	SUPPLIES	47,793.	44,144.	2,845.	804		
с	EQUIPMENT RENTAL	8,945.	7,730.	947.	268		
d	COMMUNICATION	6,679.	6,679.				
е	All other expenses	2,714.	2,353.	281.	8		
5	Total functional expenses. Add lines 1 through 24e	1,851,862.	1,617,070.	184,731.	50,063		
;	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)

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use	(A) Beginning of year 343,091. 557,532. 291,473. 6,034.	1 2	(B) End of year 397,336. 692,957. 375,013.
Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use	(A) Beginning of year 343,091. 557,532. 291,473.	1 2 3 4	(B) End of year 397,336. 692,957.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use	Beginning of year 343,091. 557,532. 291,473.	2 3 4	End of year 397,336 692,957
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use	557,532. 291,473.	2 3 4	692,957
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use	291,473.	3 4	
Pledges and grants receivable, net Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use	-	4	375,013
Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use	6,034.	_	
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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use		5	
controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use		5	
controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use		5	
Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use			
Notes and loans receivable, net Inventories for sale or use		6	
Inventories for sale or use		7	
		8	
Prepaid expenses and deferred charges	21,976.	9	24,503
Land, buildings, and equipment: cost or other	· · · · · · · · · · · · · · · · · · ·		
basis. Complete Part VI of Schedule D 10a 133,979.			
Less: accumulated depreciation 10b 109,595.	22,726.	10c	24,384
	•		
F	13,820.		11,866
			6,715
			1,532,774
			91,876
Deferred revenue	715.	19	
		22	
	208,084.		216,643
F			
		25	
F	279,460.		308,519
	790,213.	27	1,049,695
	193,694.	28	174,560
	•		
-			
		29	
Retained earnings, endowment, accumulated income, or other funds		31	
Total net assets or fund balances	983,907.	32	1,224,255
			, , , = - •
	Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Qrapaizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, che	Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 279 , 460. Organizations that follow FASB ASC 958, check here Xet assets with donor restrictions Net assets with donor restrictions Arganizations that do not follow FASB ASC 958, check here Arganizations	Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - other securities. See Part IV, line 11 13 Intangible assets 13,820.14 Other assets. See Part IV, line 11 6,715.15 Total assets. Add lines 1 through 15 (must equal line 33) 1,263,367.16 Accounts payable and accrued expenses 70,661.17 Grants payable 18 Deferred revenue 715.19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 201 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 228 Secured mortgages and notes payable to unrelated third parties 208,084.24 Other liabilities (including federal income tax, payables to related third parties 208,084.24 Other liabilities, Add lines 17 through 25 279,460.26 Organizations that follow FASB ASC 958, check here 193,694.28 Organizations that do not follow FASB ASC 958, check here 193,694.28 Organizations that do not follow FASB ASC 958, check here 193,694.28 Organizations that do not follow FASB ASC 958, check here

Form **990** (2021)

Form	990	(2021)
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Form	990 (2021) CENTER FOR ECOLITERACY	94-	-2911417	Pa	age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,09		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,85		
3	Revenue less expenses. Subtract line 2 from line 1	3			348.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	98	3,9	907.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,22	4,2	255.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl		0.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	5	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

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Narr			ENTER FOR ECO	Ι.ΤΨΈΡΔΟΥ					4-2911417		
Pa	rt I		blic Charity Status.		omplete th	nis part) S	ee instruction		4 2)1141/	-	
			foundation because it is:							-	
1			of churches, or association				I)(A)(i).				
2	\square		n section 170(b)(1)(A)(ii).								
3	\square		erative hospital service org			(h)(1)(A)(ii	ii)				
4	\square							Viii) Enter	the hospital's name		
-		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									
Ŭ			(iv). (Complete Part II.)			iou by u g					
6			cal government or governr	nental unit described in •	section 17	70(b)(1)(A)	(v)				
	X		normally receives a substa					he general	public described in		
•		-	vi). (Complete Part II.)		ioni a gov	ommonitai		ine general			
8			escribed in section 170(b)	(1)(A)(vi), (Complete Parl	· II)						
9	\square		rch organization described			ed in coniu	inction with a	land-grant	college		
-			-land-grant college of agric								
		university:					,,				
10			normally receives (1) more	than 33 1/3% of its sup	oort from o	contributio	ons, members	hip fees, a	nd aross receipts from	-	
		•	s exempt functions, subject					•	•		
			d business taxable income								
		See section 509(a)(2				•	,	0	,		
11			nized and operated exclus	ively to test for public sa	fety. See s	section 50)9(a)(4).				
12		An organization organ	nized and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to c	arry out the	e purposes of one or		
		more publicly suppor	ted organizations describe	ed in section 509(a)(1) o	section s	509(a)(2).	See section &	509(a)(3). (Check the box on		
		lines 12a through 12d	d that describes the type o	of supporting organizatio	n and corr	nplete lines	s 12e, 12f, an	d 12g.			
а		Type I. A supportin	ig organization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	y giving		
		the supported orga	anization(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	ees of the s	supporting		
		organization. You r	nust complete Part IV, Se	ections A and B.							
b		Type II. A supporti	ng organization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving		
		control or manager	ment of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		_ organization(s). Yo	u must complete Part IV,	Sections A and C.							
С		Type III functional	ly integrated. A supportin	g organization operated	in connec ⁻	tion with, a	and functiona	lly integrate	ed with,		
		its supported orgar	nization(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.				
d		Type III non-funct	ionally integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)		
			ally integrated. The organi	c ,	•		•	d an attent	iveness		
			structions). You must cor								
е			ne organization received a				а Туре I, Туре	II, Type III			
	_		ted, or Type III non-functio	nally integrated supporti	ng organiz	zation.				-	
		er the number of supp	0							-	
g		/ide the following infor i) Name of supported	mation about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	-	
	,	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)		
		0		above (see instructions))	165					-	
										-	
										-	
										-	
										-	
Tota	1										

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2564536.	1999654.	2085360.	1698586.	2074662.	10422798.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2564536.	1999654.	2085360.	1698586.	2074662.	10422798.	
	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)						3897582.	
6	Public support. Subtract line 5 from line 4.						6525216.	
_	ction B. Total Support						00202100	
-	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	2564536.	1999654.	2085360.	1698586.		10422798.	
	Gross income from interest,	23043300	19990340	2005500.	1050500.	2074002.	10422790.	
8								
	dividends, payments received on							
	securities loans, rents, royalties,	1,556.	1,213.	1,558.	747.	1,340.	6,414.	
~	and income from similar sources	1,550.	1,213.	1,550.	/4/•	1,540.	0,414.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						10400010	
11	Total support. Add lines 7 through 10						10429212.	
12	Gross receipts from related activities,		,			12	87,997.	
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)		
_	organization, check this box and stor		•					
	ction C. Computation of Publ							
	Public support percentage for 2021 (14	62.57 %	
	Public support percentage from 2020					15	63.15 %	
1 6a	33 1/3% support test - 2021. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2020. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation	
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		▶∟	
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or	
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and st	op here. Explain ii	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	Is ►	
						.		

Schedule A (Form 990) 2021

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(0) 2017	(6) 2010	(0) 2010	(0) 2020	(0) 2021	(i) iotai
	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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst second third	rourth or fifth tax	vear as a section	1 501(c)(3) organi	ization
••	check this box and stop here	0		,		()()	·
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
_	ction D. Computation of Invest						%
	-			no 12 oclumn (f))		17	04
17 10							%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box at						►∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	1		
	•		
	2		
	-		
	3a		
	3b		
	3c		
	4a		
	4b		
	4		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	6		
	7		
	8		
	9a		
	vu		
	9b		
	9c		
	10a		
	10b		

chedule A	(Form 990) 202	:1	CENTER	FOR	ECOLITERACY
Part IV	Supporting	y Organiz	ations (cont	inued)	

Part IV

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			

Sec	ction C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

		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)? 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).	1		
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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

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Schedule A (Form 990) 2021 CENTER FOR ECOLITERACY 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 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 De	epreciation and depletion	5		
6 Po	ortion of operating expenses paid or incurred for production or			
cc	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7 O	ther expenses (see instructions)	7		
8 A	djusted 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 Ag	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	1 a		
b Av	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	iscount claimed for blockage or other factors			
(e.	xplain in detail in Part VI):			
2 Ad	cquisition indebtedness applicable to non-exempt-use assets	2		
3 Si	ubtract line 2 from line 1d.	3		
4 Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by 0.035.	6		
7 Re	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
2 Er	nter 0.85 of line 1.	2		
3 M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Er	nter greater of line 2 or line 3.	4		
5 In	come tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
er	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integra	ted Type III supporting or	anization (see

instructions).

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	CENTER FOR	ECOLITERACY	
Part V	Type III Non-	Functionally Integrated	509(a)(3) Supporting	Organizations (continued)

Secti	on D - Distributions		•••••		Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

	(Form 990) 2021	CENTER	FOR	ECOLITERACY	94-2911417 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, lines 2 and 3; F	4c, 5a, 6 Part IV, S	explanations required by Part II, line 10; Part II, line 17a or 5, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V E, lines 2, 5, and 6. Also complete this part for any addition	and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	(See instructions.)				

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

94	4 –	2	91	1	4	1	7

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

|--|

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Schedule B (Form 990) (2021)	
Name of organization	

Part I

CENTER FOR ECOLITERACY

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 1,000,715. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 Х Person Payroll 45,540. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 221,969. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 6 X Person Pavroll 209,418. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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

Employer identification number

Page 2

94-2911417

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

123453 11-11-21

Schedule B (Form 990) (2021)

Employer identification number

94-2911417

CENTER FOR ECOLITERACY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given FMV (or estimate) (See instructions.)

Name of or	ganization		Employer identification numbe
CENTEF	R FOR ECOLITERACY		94-2911417
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	 a) through (e) and the following line e charitable, etc., contributions of \$1,000 c 	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the y e entry. For organizations or less for the year. (Enter this info.once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	 gift
	Transferee's name, address, a 	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g ind ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ		(e) Transfer of g	 gift
ŀ	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee

	Po	olitical Campaign a	nd Lobbyin	g Activities	OMB No. 154	45-0047
(Form 990)	For Org	anizations Exempt From Income	Tax Under section	501(c) and section 527	202	27
	Complete	if the organization is described	below. 🕨 Attach to	Form 990 or Form 990	-EZ. Open to P	Public
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for i			Inspect	
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, liı	ne 46 (Political Campaig	n Activities), then	
 Section 501(c)(3) or 	ganizations: Con	nplete Parts I-A and B. Do not com	plete Part I-C.			
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below	. Do not complete Part I-	В.	
 Section 527 organiz 		,				
-		n Form 990, Part IV, line 4, or For				
	-	have filed Form 5768 (election und				
		have NOT filed Form 5768 (election	•		•	
Tax) (See separate inst		n Form 990, Part IV, line 5 (Proxy	rax) (See separate	instructions) or Form 9	O-EZ, Part V, line St	bc (Proxy
		tions: Complete Part III.				
Name of organization	,, (, 5	•		Em	ployer identification	number
	CENTER	FOR ECOLITERACY			94-29114	17
Part I-A Compl	ete if the org	panization is exempt unde	r section 501(c)	or is a section 527	organization.	
1 Provide a description	on of the organiz	ation's direct and indirect politica	campaign activities i	in Part IV.		
2 Political campaign	activity expendit	ures		Þ	\$	
3 Volunteer hours for	political campai	gn activities				
				(0)		
=		anization is exempt unde			•	
		incurred by the organization unde			\$	
		incurred by organization manager n 4955 tax, did it file Form 4720 fo				No
		11 4955 tax, did it life Form 4720 it			=	
b If "Yes," describe in						
		anization is exempt unde	r section 501(c),	, except section 50	1(c)(3).	
1 Enter the amount d	lirectly expended	d by the filing organization for sect	ion 527 exempt funct	tion activities	\$	
2 Enter the amount of	of the filing organ	ization's funds contributed to othe	er organizations for se	ection 527		
exempt function ac	tivities			Þ	\$	
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL	3		
					\$	
		1120-POL for this year?				No
		nployer identification number (EIN				
		tion listed, enter the amount paid omptly and directly delivered to a				
	-	additional space is needed, provid			arate segregated fund	i or a
(a) Name	. ,	(b) Address	(c) EIN	(d) Amount paid fron	n (e) Amount of p	olitical
(a) Name				filing organization's	contributions rece	
				funds. If none, enter -(
					delivered to a se political organiz	
					If none, ente	

			ECOLITERACY			911417 Page 2
Part II-A Complete if the org	ganizatio	n is exer	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).						
	-		liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha			• •	uisiana anaku		
B Check ▶ if the filing organiza	tion checke	d DOX A ar	nd "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group
	ts on Lobb				(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" me	ans amou	ints paid or incurred.)		totals	
1a Total lobbying expenditures to influ	uence publi	c opinion (arassroots lobbying)		13,831.	
b Total lobbying expenditures to influ	-				35,099.	
c Total lobbying expenditures (add li					48,930.	
d Other exempt purpose expenditure					1,802,932.	
e Total exempt purpose expenditure					1,851,862.	
f Lobbying nontaxable amount. Ente					242,593.	
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			60,648.	
h Subtract line 1g from line 1a. If zer	ro or less, er	nter -0			0.	
i Subtract line 1f from line 1c. If zero	-				0.	
j If there is an amount other than ze	ero on either	line 1h or	line 1i, did the organiza	ation file Form 4720	F	
reporting section 4911 tax for this	,				L	Yes No
			eraging Period Under	• • •	of the five columns b	-l
(Some organizations t			ate instructions for lir		of the five columns b	elow.
		•	nditures During 4-Yea	e ,		
	20003					
Calendar year	(a) 20	018	(b) 2019	(c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount	247	,130.	254,714.	237,923.	242,593.	982,360.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						1,473,540.
c Total lobbying expenditures		172.	11,121.	27,891.	48,930.	88,114.
	C 1	702	62 670	E0 /01		24E E01
d Grassroots nontaxable amount	61	,783.	63,679.	59,481.	60,648.	245,591.
e Grassroots ceiling amount						260 207
(150% of line 2d, column (e))						368,387.
6 Oreanna de latitude e anno 111				2,082.	12 821	15 012
f Grassroots lobbying expenditures				4,002.	13,831.	15,913.

Schedule C (Form 990) 2021

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5)	, or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.

OMB No. 1545-0047 Open to Public Inspection

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

Nam	e of the organization CENTER FOR ECOLITE	RACY	En	nployer identification number $94 - 2911417$
Par			or Acco	
1 41	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b) Fi	inds and other accounts
-	Total number at and of year		(6)10	
1	Total number at end of year			
2 3	Aggregate value of contributions to (during year)			
4	Aggregate value of grants from (during year)Aggregate value at end of year			
- 5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
5	are the organization's property, subject to the organization's	0		Yes No
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
			•	Yes No
Par				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	a historical	ly important land area
	Protection of natural habitat	Preservation of	a certified I	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conser	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organizati	on during the tax
	year ►			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation ea	asements during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserva	tion easem	ents during the year
8	▶ \$ Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 170	(h)(4)(P)(i)	
0	and section 170(h)(4)(B)(ii)?	•		Yes No
٩	In Part XIII, describe how the organization reports conservat			
Ŭ	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance	e sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of	of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	ns.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and I	balance sh	eet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	nerance of	oublic 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 tre	asures, or other similar assets for financia	l gain, prov	ide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		🕨	\$

Sche	dule D (Form 990) 2021 CENTER	FOR ECOLIT	ERACY				9	94-29	1141	7 _{Pa}	.ge 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tre	easures, o	or Othe	r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check a	ny of the	following that	t make się	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			nange progra						
b	Scholarly research	e	e 🛄 Otł	ner							
с	Preservation for future generations										
4	Provide a description of the organization's c	-	-		-			se in Par	XIII.		
5	During the year, did the organization solicit of								1		
De	to be sold to raise funds rather than to be m								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the or	ganizatioi	n answered "	Yes" on I	-orm 990	, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custod		diany for co	ntribution	s or other as	sots not i	ncludod				
Id			-						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ └──	165		NU
D		and complete the lo	nowing tab	10.					Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation	has been	provided on	Part XIII	<u></u>	·····			
Pai	t V Endowment Funds. Complete	if the organization ar	swered "Y	es" on Fo	rm 990, Part	IV, line 10	D.				
		(a) Current year	(b) Prio	r year	(c) Two years	s back 🛛 🌔	d) Three y	ears back	(e) Four	years l	Jack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance		<i></i>								
2	Provide the estimated percentage of the cur			column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%%									
C		· -									
30	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation that a	are held a	nd administer	red for th	o organiz	ation			
Ja	by:	ession of the organiz	ation that a				e organiz	ation	ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the								L1		
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, li	ne 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (. ,	cumulate reciation	d	(d) Boo	k value	,
1a	Land										
	Buildings										
	Leasehold improvements				2,440.		14,24			8,19	
	Equipment				5,659.		90,94			4,71	
	Other				5,880.		4,41	10.		1,4	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)				2	4,38	34.

Schedule D (Form 990) 2021

	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
I) Financial derivatives			
2) Closely held equity interests			
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	11		
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	l-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (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	
_	Description		(b) Book value
(4)			
(4)	Description		(b) DOOK value
(1)			(b) DOOK Value
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lir			
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	ne 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes'	ne 15.)	11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ne 15.)	▶ 11e or 11f. See Form 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	ne 15.)	▶ 11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	ne 15.)	11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	ne 15.)	11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	ne 15.)	11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes' (a) Description of liability (1) Federal income taxes (2) (3)	ne 15.)	11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	ne 15.)	11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ne 15.)	11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	ne 15.)	11e or 11f. See Form 990, Part X, 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... X

Sche	edule D (Form 990) 2021 CENTER FOR ECOLITERACY			94-	2911417 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per F		
	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	2,110,960.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	18,750.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	18,750.
3	Subtract line 2e from line 1			3	2,092,210.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С				4c	0.
E	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	2,092,210.
5				•	
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With		•	
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With 12a.	n Expenses per	Retu	irn.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With 12a.	n Expenses per	•	
Pa	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With 12a.	n Expenses per	Retu	irn.
Ра 1	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements With 12a. 	n Expenses per	Retu	irn.
Pa 1 2	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With 12a. 	n Expenses per	Retu	irn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	n Expenses per	Retu	irn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	n Expenses per	Retu	rn.
Pa 1 2 a b c	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	18,750.	1 2e	rn. <u>1,870,612.</u> 18,750.
Pa 1 2 b c d	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	18,750.	r Retu	rn.
Pa 1 2 b c d e	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	18,750.	1 2e	rn. <u>1,870,612.</u> 18,750.
Pa 1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	18,750.	1 2e	rn. <u>1,870,612.</u> 18,750.
Pa 1 2 3 4	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	18,750.	1 2e	rn. <u>1,870,612.</u> 18,750.
Pa 1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	18,750.	1 2e 3 4c	rn. <u>1,870,612.</u> <u>18,750.</u> <u>1,851,862.</u> 0.
Pa 1 2 4 6 3 4 8 5	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	18,750.	1 2e 3	rn. <u>1,870,612.</u> 18,750.

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:

CEL BELI	EVES THAT	IT HAS APPRO	PRIATE SUPPO	RT FOR ANY	TAX POSITIONS	5 TAKEN,
AND AS S	SUCH, DOES	NOT HAVE ANY	UNCERTAIN 7	AX POSITION	S THAT ARE MA	ATERIAL
TO THE F	INANCIAL S	STATEMENTS. C	EL'S FEDERAI	AND STATE	INFORMATION H	RETURNS
FOR THE	YEARS ENDI	ED 2017 THROU	GH 2020 ARE	SUBJECT TO	EXAMINATION H	BY
REGULATO	ORY AGENCII	ES, GENERALLY	FOR THREE Y	EARS AND FO	UR YEARS AFTI	ER THEY
WERE FIL	LED FOR FEI	DERAL AND STA	TE, RESPECTI	VELY.		

SCI	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2021			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU		i	
Depar	tment of the Treasury	Attach to Form 990.		Open to		ic	
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organizatio		Employer i			mber	
		CENTER FOR ECOLITERACY	94-2	291141	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Forn	ı 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	, i i i i i i i i i i i i i i i i i i i					
	Travel for com						
	Image: Tax indemnification and gross-up payments Image: Health or social club dues or initiation fees Image: Discretionary spending account Image: Health or social club dues or initiation fees						
	Discretionary spending account						
D	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
•	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
2	Indicate which if a	ave of the following the experimentian used to establish the compensation of the experimentation	'n				
3		ny, of the following the organization used to establish the compensation of the organization					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	101110				
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study						
	X Form 990 of o		committoo				
			Johnmittee				
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 re						
а	•	e payment or change-of-control payment?		4a		X	
		eive payment from a supplemental nonqualified retirement plan?				X	
		eive payment from an equity-based compensation arrangement?				X	
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(d	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	evenues of:					
а	The organization?			5a		X	
b	Any related organiz	ation?		5b		X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	net earnings of:					
а	The organization?			6a		X	
		ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990) 2021	

Schedule J (Form 990) 2021

94-2911417

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 and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KAREN BROWN	(i)	141,069.	0.	0.	14,107.	17,942.	173,118.	0.
CREATIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES P KOULIAS	(i)	128,520.	0.	0.	14,549.	14,967.	158,036.	0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

Schedule J (Form 990) 2021

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



94-2911417

CENTER FOR ECOLITERACY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SCHOOL MEALS FOR ALL: THIS LANDMARK INVESTMENT IN STATE FUNDING WILL PROVIDE \$650 MILLION ANNUALLY TO NOURISH STUDENTS AND SUPPORT ACADEMIC SUCCESS. BY LEVERAGING RELATIONSHIPS WITHIN THE CALIFORNIA FOOD FOR CALIFORNIA KIDS NETWORK, THE CENTER FOR ECOLITERACY CONNECTED SCHOOL NUTRITION LEADERS WITH POLICYMAKERS, CONDUCTED ORIGINAL RESEARCH, AND LOBBIED POLICYMAKERS. OUR STRATEGIC COMMUNICATIONS INCLUDED PUBLISHED OP-EDS, EARNED MEDIA, RAISING AWARENESS ONLINE AND WITH SOCIAL MEDIA, AND DEDICATED EMAIL CAMPAIGNS. IN ADDITION, WE INVITED THE SCHOOL MEALS FOR ALL COALITION TO ADVOCATE FOR UNIVERSAL MEALS AT THE FEDERAL LEVEL, BEGAN PLANNING FOR THE SUCCESSFUL IMPLEMENTATION OF SCHOOL MEALS FOR ALL IN 2022, AND CRAFTED A 2022 POLICY PLATFORM TO BUILD ON THE NEW POLICIES AND ADVANCE SCHOOL NUTRITION PRIORITIES.

FRESHLY-PREPARED AND CALIFORNIA-GROWN SCHOOL MEALS: AS PART OF THE SCHOOL MEALS FOR ALL CAMPAIGN, WE SECURED \$150 MILLION FOR TRAINING AND EQUIPMENT TO SUPPORT SCHOOL NUTRITION PROFESSIONALS IN SERVING MORE FRESHLY-PREPARED SCHOOL MEALS. AN ADDITIONAL \$30 MILLION FOR A FARM TO SCHOOL INCUBATOR GRANT PROGRAM WAS INCLUDED FOR 2022, MAKING CALIFORNIA'S FARM TO SCHOOL GRANT PROGRAM THE LARGEST IN THE COUNTRY. AS WE WORK TO STRENGTHEN THE CAPACITY AND COMMITMENT OF CALIFORNIA'S K12 SCHOOLS TO SERVE FRESHLY-PREPARED MEALS MADE WITH LOCALLYGROWN FOOD, THESE INVESTMENTS WILL SUPPORT SCHOOLS IN INCREASING LOCAL PROCUREMENT, SERVING FRESH SCHOOL MEALS, AND PROVIDING GARDEN, CULINARY, AND FOOD SYSTEMS EDUCATION.

Schedule O (Form 990) 2021	Page 2
Name of the organization CENTER FOR ECOLITERACY	Employer identification number 94–2911417
CALIFORNIA FOOD FOR CALIFORNIA KIDS NETWORK: THE LAUNCH O	F A MORE
COMPREHENSIVE MEMBERSHIP STRUCTURE FOR THE CALIFORNIA FOOD	D FOR
CALIFORNIA KIDS INITIATIVE LED TO THE GROWTH OF THE NETWO	RK ТО 97
SCHOOL DISTRICTS SERVING 2,089,148 STUDENTS AND 329,831,02	33 SCHOOL
MEALS ANNUALLY. WE RECOGNIZED SIX INSPIRING LEADERS WITH	ТНЕ 2021
CALIFORNIA FOOD FOR CALIFORNIA KIDS LEADERSHIP AND INNOVA	TION AWARDS
AND LIFTED UP THEIR LASTING MODELS FOR SCHOOL FOOD SYSTEM	S CHANGE.
EDUCATIONAL RESOURCES: THE CENTER FOR ECOLITERACY EXPANDED	D OUR
EDUCATION OFFERINGS WITH RESOURCES AND LESSONS THAT EDUCAT	TE STUDENTS ON
SUSTAINABLE FOOD SYSTEMS AND CLIMATE CHANGE. WE COMPLETED	A PILOT,
REVIEW PROCESS, AND FOCUS GROUP WITH EDUCATORS TO DEVELOP	FINAL
RECOMMENDATIONS FOR "CALIFORNIA'S CLIMATE-SMART FARMS," A	SERIES OF
FIVE LESSONS WITH HANDS-ON ACTIVITIES FOR MIDDLE SCHOOL ST	TUDENTS ON
CLIMATE CHANGE AND CALIFORNIA GROWING REGIONS. IN ADDITION	N, WE
CONTINUED OUR ENGAGEMENTS WITH THE SAN MATEO COUNTY OFFIC	E OF EDUCATION
TO PROVIDE PROFESSIONAL DEVELOPMENT WORKSHOPS ON OUR K12	ENVIRONMENTAL
AND FOOD SYSTEMS EDUCATIONAL MATERIALS.	

THE CENTER FOR ECOLITERACY SERVES AS AN ANCHOR TENANT AT THE DAVID BROWER CENTER, A HOME FOR ENVIRONMENTAL AND SOCIAL ACTION AND ONE OF THE BAY AREA'S MOST ADVANCED GREEN BUILDINGS. BEING LOCATED AT THE DAVID BROWER CENTER ENABLES US TO EXPAND OUR SERVICES WHILE PROVIDING OPPORTUNITIES FOR COLLABORATION WITH DOZENS OF OTHER LEADING NOT-FOR-PROFIT ORGANIZATIONS.

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

FORM 990 IS PREPARED BY AN OUTSIDE AGENCY. FINANCE MANAGER PROVIDES ALL 132212 11-11-21 Schedule O (Form 990) 2021

Name of the organization CENTER FOR ECOLITERACY	Employer identification number 94-2911417
SCHEDULES. DEPUTY DIRECTOR OF FINANCE AND OPERATIONS AND	EXECUTIVE DIRECTOR
REVIEW THE 990 DRAFTS. EXECUTIVE DIRECTOR SIGNS THE FINAL	990.
FORM 990, PART VI, SECTION B, LINE 12C:	
BOD BYLAWS: SECTION 3. CONFLICT OF INTEREST AVOIDANCE PRO	CEDURES
(A) DUTY TO DISCLOSE.	
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INT	EREST, AN
INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THEIR FI	NANCIAL INTEREST
AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FAC	TS TO THE
DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED	POWERS CONSIDERING
THE PROPOSED TRANSACTION OR ARRANGEMENT.	
(B) DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS.	
AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERI	AL FACTS, AND
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTE	RESTED PERSON
SHALL LEAVE THE BOARD MEETING WHILE THE REMAINING DIRECTO	RS DISCUSS, VOTE
AND DECIDE WHETHER A CONFLICT OF INTEREST EXISTS.	
(C) PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST.	
ONCE A MAJORITY OF DISINTERESTED DIRECTORS OF THE BOARD H	AVE DETERMINED A
CONFLICT OF INTEREST EXISTS, AN INTERESTED PERSON MAY MAK	E A PRESENTATION
AT THE BOARD OR COMMITTEE MEETING. AFTER THE PRESENTATION	, THE INTERESTED
PERSON SHALL LEAVE THE MEETING DURING THE DISCUSSION AND	VOTE ON THE
TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLIC	T OF INTEREST.
THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE	OF THE
DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANG	EMENT IS IN THE
CENTER'S BEST INTEREST, FOR THE CENTER'S OWN BENEFIT, AND	WHETHER IT IS
FAIR AND REASONABLE.	
(D) VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY.	

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS Schedule O (Form 990) 2021 132212 11-11-21

Name of the organization CENTER FOR ECOLITERACY	Employer identification number 94-2911417
FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTER	EST, IT SHALL
INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFOR	D THE MEMBER AN
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	
IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING	FURTHER
INVESTIGATION, THE BOARD OR COMMITTEE DETERMINES THE MEM	BER HAS FAILED TO
DISCLOSE A CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIA	TE ACTION.
FORM 990, PART VI, SECTION B, LINE 15A:	
AN INDEPENDENT AGENCY WAS ENGAGED TO SEARCH FOR A NEW EX	ECUTIVE DIRECTOR
AND SURVEYED SALARY DATA THROUGHOUT THE USA. THIS DATA W	AS DISCUSSED WITH
THE SEARCH COMMITTEE OF THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE KEPT IN THE ADMINISTRATIVE OFFICE AND	ARE AVAILABLE UPON
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TECHNICAL EXPERTISE:	
PROGRAM SERVICE EXPENSES	80,847
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	80,847
BOOKKEEPING/PAYROLL SERVICES:	
BOOKKEEPING/PAYROLL SERVICES: PROGRAM SERVICE EXPENSES	66,104
	66,104. 8,097.
PROGRAM SERVICE EXPENSES	

Page 2

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
CENTER FOR ECOLITERACY	94-2911417
ADMINISTRATIVE SUPPORT:	
PROGRAM SERVICE EXPENSES	77.
MANAGEMENT AND GENERAL EXPENSES	11.
FUNDRAISING EXPENSES	2.
TOTAL EXPENSES	90.
MANAGER/COORDINATOR:	
PROGRAM SERVICE EXPENSES	30,646.
MANAGEMENT AND GENERAL EXPENSES	4,106.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,752.
OTHER CONSULTANT EXPENSES:	
PROGRAM SERVICE EXPENSES	23,193.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,193.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	215,369.
FORM 990, PART XII LINE 2C	

THERE IS NO CHANGE IN THE OVERSIGHT AND SELECTION PROCESS.

SCH	EDULE	R
/		

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

94-2911417

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR ECOLITERACY

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity	· · · · · · · · · · · · · · · · · · ·	foreign country)			entity
or disregarded entity		loreign country)			entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
DAVID BROWER CENTER - 94-3385643							
2150 ALLSTON WAY, SUITE 100	OFFICE RENTAL TO NPO AND						
BERKELEY, CA 94704	OTHER COMPANIES	CALIFORNIA	501(C)(3)	LINE 12B, II	N/A		x
	-						
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CENTER FOR ECOLITERACY

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 Part III organizations treated as a partnership during the tax year. (b) (d) (i) (j) (k) (a) (e) (f) (g) (h) (c) Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal General or Percentage Name, address, and EIN Primary activity Direct controlling Share of total Share of Code V-UBI Disproportionate domicile end-of-year assets amount in box 20 of Schedule K-1 (Form 1065) Yes No of related organization entity income ownership (state or allocations? foreian country) Yes No

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	(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	Sec 512(l contr ent	tion b)(13) rolled tity?
		country)				decete		Yes	No
									├──

Schedule R (Form 990) 2021 CENTER FOR ECOLITERACY

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

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? 1 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e	
b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e	Х
c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e	Х
d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e	Х
e Loans or loan guarantees by related organization(s)	Х
	Х
f Dividends from related organization(s)	Х
g Sale of assets to related organization(s)	Х
h Purchase of assets from related organization(s)	Х
i Exchange of assets with related organization(s)	Х
j Lease of facilities, equipment, or other assets to related organization(s)	Х
k Lease of facilities, equipment, or other assets from related organization(s)	
I Performance of services or membership or fundraising solicitations for related organization(s)	Х
m Performance of services or membership or fundraising solicitations by related organization(s)	Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Х
o Sharing of paid employees with related organization(s)	Х
p Reimbursement paid to related organization(s) for expenses	Х
q Reimbursement paid by related organization(s) for expenses 1q	Х
r Other transfer of cash or property to related organization(s)	Х
s Other transfer of cash or property from related organization(s)	Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs Yes) s sec.)(3) .? No	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	al or F ging er?	(k) Percentage ownership

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Part VII Supplemental Information

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