# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 054363

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning	and	ending	_										
В	Check if applicable	C Name of organization			D Employer identifi	cation number									
	Addres														
	Name change	Doing business as			94-29114	17									
	nitial return Final return/	Number and street (or P.O. box if mail is not delivered 2150 ALLSTON WAY		Room/suite 270	E Telephone numbe (510)845										
_	—lreturn/ termin- ated			270	G Gross receipts \$	2,198,126.									
	Ameno return		r Toreigir postar code		H(a) Is this a group re										
	Application		NORSTAD		for subordinates										
	pendin	SAME AS C ABOVE			<b>H(b)</b> Are all subordinates in										
T	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	nsert no.) 4947(a)(1)	or 527	1	list. See instructions									
	Websit				H(c) Group exemption	n number									
K	Form of	organization: X Corporation Trust Associat	ion Other	<b>L</b> Year	of formation: $1983$ N	A State of legal domicile: CA									
P		Summary													
Governance		Briefly describe the organization's mission or most signi		ULTIVA	TE EDUCATIO	N FOR THE									
rna	2														
ove	3	Number of voting members of the governing body (Part			з	6									
ত	4	Number of independent voting members of the governir				4									
Activities &	5	Total number of individuals employed in calendar year 2	022 (Part V, line 2a)		5	12									
ĭ₹		Total number of volunteers (estimate if necessary)				4									
Act		Total unrelated business revenue from Part VIII, column				0.									
	b	Net unrelated business taxable income from Form 990-1	, Part I, line 11	·····		0.									
ne				_	Prior Year	Current Year									
	1	Contributions and grants (Part VIII, line 1h)			2,074,662. 16,208.	2,142,263.									
Revenue					1,340.	3,588.									
Be		Investment income (Part VIII, column (A), lines 3, 4, and		1,340.	3,366.										
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,		2,092,210.	• •										
	_	Total revenue - add lines 8 through 11 (must equal Part Grants and similar amounts paid (Part IX, column (A), lin			0.	0.									
		Benefits paid to or for members (Part IX, column (A), line			0.	0.									
s	1	Salaries, other compensation, employee benefits (Part I)			1,309,896.	1,348,079.									
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1			0.	0.									
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	43,2	47.											
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2	24e)		541,966.										
	18	Total expenses. Add lines 13-17 (must equal Part IX, col	umn (A), line 25)		1,851,862.										
	19	Revenue less expenses. Subtract line 18 from line 12			240,348.										
Net Assets or Find Balances				Ве	ginning of Current Year	End of Year									
Sset	20	Total assets (Part X, line 16)			1,532,774.	1,790,028.									
et A	21				308,519.										
	22	Net assets or fund balances. Subtract line 21 from line 2	20		1,224,255.	1,524,929.									
_		Signature Block Ities of perjury, I declare that I have examined this return, include	ling accompanying achadula	o and atatam	anta and to the heat of m	v knowledge and belief it is									
	•	t, and complete. Declaration of preparer (other than officer) is b			•	y kilowieuge allu bellet, it is									
uuc	, соптес	t, and complete. Declaration of preparer (other than officer) is b	ascu on an imormation of w	ilicii preparei	lias any knowledge.										
Sig	n	Signature of officer			I Date										
He		ALEXA NORSTAD, EXECUTIVE DIR	ECTOR												
		Type or print name and title													
		Print/Type preparer's name Preparer's name	arer's signature	10	Date Check	PTIN									
Pai	d	KYLE GANLEY	Ç		if self-employ	P01443362									
Pre	parer	Firm's name LINDQUIST, VON HUSEN			Firm's EIN 9	4-1250261									
Use	Only	Firm's address 301 HOWARD STREET, S													
		SAN FRANCISCO, CA 94	105		Phone no. ( 4	15) 957-9999									
Ma	v the IF	RS discuss this return with the preparer shown above?	See instructions		·	X Yes No									

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CENTER FOR ECOLITERACY IS DEDICATED TO CULTIVATING EDUCATION FOR
	THE SUSTAINABILITY OF PEOPLE AND THE PLANET.
	Did the second of the second o
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,697,873. including grants of \$) (Revenue \$52,275.)
	THE CENTER FOR ECOLITERACY BUILDS PARTNERSHIPS AND THE CAPACITY OF K-12
	SCHOOLS TO SUPPORT HEALTHY, SUSTAINABLE SCHOOL COMMUNITIES BY ADVANCING
	ECOLOGICAL LITERACY AND FOOD SYSTEMS CHANGE. IN 2022, WE DEVELOPED
	ECOLOGICAL EDUCATION RESOURCES TO SUPPORT FARM TO SCHOOL PROGRAMS AND
	EDUCATION ON FOOD SOVEREIGNTY, CLIMATE CHANGE, AND ENVIRONMENTAL
	JUSTICE. THROUGH PARTNERSHIPS WITH THE CALIFORNIA DEPARTMENT OF FOOD
	AND AGRICULTURE, THE NUTRITION POLICY INSTITUTE, THE OFFICE OF KAT
	TAYLOR, NEXTGEN CALIFORNIA, AND THE CALIFORNIA ASSOCIATION OF FOOD
	BANKS, WE SUCCESSFULLY ADVOCATED FOR A RECORD \$2 BILLION IN STATE
	FUNDING FOR HEALTHY SCHOOL MEALS FOR ALL. SEE SCHEDULE O - CONTINUATION
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code) (expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-1	Other pregram continue (Decerbe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 1,697,873.
<u>4e</u>	Total program service expenses 1,697,873.

# Form 990 (2022) CENTER FOR 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 25
0	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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,		v	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	116		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		- 25
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization maintain an onice, employees, or agents outside of the officed States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		22
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<sub>V</sub>
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,"	19		X
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
_				

ı	D : 11/	Checklist of Required Schedules (continued)
ı	Dart IV	I Chacklist at Pagilirad Schadillas (continued)
ı	Failly	i Oneckijai or negalijeg achegajea (::::::::::::::::::::::::::::::::::::

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	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		37	
	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	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		$\vdash$
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 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,	LI		
	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			l
	"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	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		<u> </u>
32	Schedule N, Part II	32		х
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		Х
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			1
	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?	00		X
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		<del></del>
		38	Х	1
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			口
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(garrioning) withinings to prize withines:	ן וכ		1

# 022) CENTER FOR ECOLITERACY Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	NO			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.0						
	filed for the calendar year ending with or within the year covered by this return	2a	12		37				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	177			
				3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			x			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a					
р	If "Yes," enter the name of the foreign country		(FDAD)						
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			En		Х			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X			
	<ul> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?</li> </ul>								
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
oa	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			6a		X			
~	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		Х			
b				7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?			7c		Х			
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 of	ontra	ct?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		_					
_				8					
9	Sponsoring organizations maintaining donor advised funds.			0-					
a				9a					
				9b					
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note:</b> 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		I						
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c		4.4		X			
				14a					
р 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		Or	14b		<b>-</b>			
IJ	excess parachute payment(s) during the year?			15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.			13					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		Х			
. •	If "Yes," complete Form 4720, Schedule O.	00							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	S						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

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	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	1		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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	X	
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?			
	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 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)(c)	3)s only	) avail	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, a	nd fina	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			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	organization compensat (C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box, unless person is both an officer and a director/trustee)						compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	g;			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	truste		ee ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	Institutional trustee	_	mploy	st con	 	1099-NEO)		organizations
	line)	Indivi	Institi	Officer	Key employee	Highest compensated employee	Form			•
(1) ALEXA NORSTAD	40.00									
EXECUTIVE DIRECTOR	10.00	Х		Х				176,542.	0.	26,338
(2) JAMES P KOULIAS	40.00					l		125 252	•	45 252
DEPUTY DIRECTOR	40.00					Х		135,059.	0.	47,378
(3) KAREN BROWN	40.00	-				7.		147 750	0	22 760
CREATIVE DIRECTOR	40.00					Х		147,752.	0.	32,769
(4) ZENOBIA BARLOW INTERIM EXECUTIVE DIRECTOR	40.00	X		x				61,852.	0.	6,980
(5) PETER BUCKLEY	2.00	^		^				01,052.	0.	0,900
BOARD CHAIR	1.00	x		x				0.	0.	0
(6) WENDY WILLIAMS	2.00	┢		-						
DIRECTOR		x						0.	0.	0
(7) NANCY SKINNER	1.00									
TREASURER	0.25	Х		Х				0.	0.	0 .
(8) MALO HUTSON	2.00									
DIRECTOR		Х						0.	0.	0 .
		_								
		_								
		1								
		-								
		-								
		1								
		1								
		L		L			L			
		1								

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Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
Par	T VII   Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week (list any hours for related organizations below line)	tee or director ogo ogo	not c	Pos check ess pe	ition more erson lirecto		one h an itee)	( <b>D</b> )  Reportable  compensation  from  the	es (continued)  (E)  Reportable compensation from related organization (W-2/1099-MI: 1099-NEC)	on d ns SC/	com fr org	(F) stimate nount other spensa rom the anizati d relate anizati	of tion e ion ed
			-											
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A							521,205. 0. 521,205. eceived more than \$100	0,000 of reportab	0. 0. 0.		3,4	0.
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some For any individual listed on line 1a, is the suand related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest countries the organization. Report compensation for	uch individual um of reportab 0,000? If "Yes, accrue compet plete Schedul mpensated ind	le consat	ompletion for se	ensa ete S from uch	atior Sche any pers	n and edule / unr son	d ot e <i>J i</i> relat	her compensation from for such individual ted organization or individual that received more than	the organization idual for services	 S	3 4 5 ation 1	X	X X
	(A) Name and business			INC					(B) Description of s		С	(C	c) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho (	se li:	stec	d above) who received n	nore than			000 "	

Form 990 (2022) CENTER 1
Part VIII Statement of Revenue

		Check if Schedule O con	taine a roenoneo	or note to any lir	oo in this Bort VIII			
		Check ii Scheddie O con	itali is a response	or note to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
					Total Tovolido		business revenue	
								sections 512 - 514
nts	1 a	Federated campaigns	1a					
S'a	b	Membership dues	1b					
S, (	С	Fundraising events	1c					
当当		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribu		643,960.				
Sign		All other contributions, gifts, gra		<u> </u>				
Per E	•	similar amounts not included abo		498,303.				
걸친	-		··· <del>    </del>	216,986.				
S E	g				2,142,263.			
9 0	n	Total. Add lines 1a-1f			2,142,203.			
		DDOGDAM GEDIATO	- T110011	Business Code	F1 421	F1 421		
<u>8</u>	2 a	PROGRAM SERVICE		531110	51,431.	51,431.		
e ⊆	b	MISCELLANEOUS :	INCOME	531110	844.	844.		
en S	С	·						
Program Service Revenue	d							
90 E	е							
Ą.	f	All other program service rev	enue					
	q	<b>-</b>		•	52,275.			
$\neg$	3	Investment income (including			,			
	•				3,588.			3,588.
	4	Income from investment of ta						0,000
	5	Royalties	(i) Real	(ii) Personal				
				(II) Personal				
		Gross rents 6	3					
	b	Less: rental expenses 6	)					
	С	Rental income or (loss) 6						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	а					
	b	Less: cost or other basis						
ne		and sales expenses 71	<u>,                                    </u>					
Revenue	С	Gain or (loss) 70						
Be		Net gain or (loss)						
ther		Gross income from fundraising e						
뒴	0 4	including \$	of					
		contributions reported on line						
		Part IV, line 18			-			
		Less: direct expenses						
		Net income or (loss) from fun						
	9 a	Gross income from gaming a	I .					
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gar	ming activities					
	10 a	Gross sales of inventory, less	s returns					
		and allowances	10a	1				
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		,	,	Business Code				
Miscellaneous Revenue	11 a							
Jue Jue	n a							
ella ĭe								
Res	q			<del>                                     </del>				
Σ		All other revenue						
	12	Total. Add lines 11a-11d			2.198.126.	52,275.	0.	3.588.

# 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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	271,712.	239,697.	27,291.	4,724
6	Compensation not included above to disqualified	,	,	•	<u> </u>
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	848,931.	753,452.	80,759.	14,720
8	Pension plan accruals and contributions (include	,	, ,	,	, -
•	section 401(k) and 403(b) employer contributions)	50,476.	42,594.	6,989.	893
9	Other employee benefits	95,180.	80,318.	13,178.	893 1,684
10	Payroll taxes	81,780.	69,010.	11,323.	1,447
11	Fees for services (nonemployees):	0=7.000	00,0200		
''					
b		1,325.	1,325.		
	<u> </u>	16,200.	16,200.		
c		10,200.	10,200.		
d	B ( ) 1( 1 ) ;				
e	Investment management fees				
f					
g	column (A), amount, list line 11g expenses on Sch O.)	234,563.	228,376.	6,187.	
40	· · · · · · · · · · · · · · · · · · ·	32,065.	13,331.	0,107.	18,734
12	Advertising and promotion	32,003.	15,551.		10,731
13	Office expenses	1,620.	1,620.		
14	Information technology	1,020.	1,020.		
15	Royalties	118,666.	118,666.		
16	Occupancy	20,211.	20,127.	84.	
17	Travel	20,211.	20,127.	04.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	3,994.	3,925.		69
19	Conferences, conventions, and meetings	3,394.	343.		0.9
20	Interest	243.	243.		
21	Payments to affiliates	10,521.		10,521.	
22	Depreciation, depletion, and amortization	5,804.	E 004	10,341.	
23	Insurance	5,004.	5,804.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	72 000	72 022		076
а	SUPPLIES	73,998.	73,022.		976
b	HIRING/RETEN/TERM FEES	8,082.	8,082.		
С	EQUIPMENT RENTAL	7,740.	7,740.		
d	COMMUNICATION	7,282.	7,282.		
е	· — — +	6,959.	6,959.	156 220	42 045
25	Total functional expenses. Add lines 1 through 24e	1,897,452.	1,697,873.	156,332.	43,247
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	397,336.	1	501,876.		
	2	Savings and temporary cash investments			692,957.	2	417,625.
	3	Pledges and grants receivable, net		375,013.	3	656,060.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	n 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges			24,503.	9	16,371.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	46,229.			
	b	Less: accumulated depreciation	10b	30,412.	24,384.	10c	15,817.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin	11 055	13			
	14	Intangible assets	11,866.	14	9,912.		
	15	Other assets. See Part IV, line 11	6,715.	15	172,367.		
	16	Total assets. Add lines 1 through 15 (must ed			1,532,774.	16	1,790,028.
	17	Accounts payable and accrued expenses		91,876.	17	99,447.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or fo					
Ε		trustee, key employee, creator or founder, sub					
Lia	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre		_	216,643.	23 24	165,652.
	24	Unsecured notes and loans payable to unrelative of the reliabilities (including federal income toy).			210,043.	24	105,052.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			308,519.	26	265,099.
	20	Organizations that follow FASB ASC 958, c		X	300,313	20	20370331
es		and complete lines 27, 28, 32, and 33.	icok iicic				
anc	27	Net assets without donor restrictions			1,049,695.	27	1,350,369.
Bal	28	Net assets with donor restrictions	174,560.	28	174,560.		
р		Organizations that do not follow FASB ASC	<u>,                                      </u>		,		
Ē		and complete lines 29 through 33.					
S OF	29	Capital stock or trust principal, or current fund			29		
set	30	Paid-in or capital surplus, or land, building, or			30		
As	31	Retained earnings, endowment, accumulated			31		
Net Assets or Fund Balances	32	Total net assets or fund balances	_	1,224,255.	32	1,524,929.	
_	33	Total liabilities and net assets/fund balances			1,532,774.	33	1,790,028.
					<u> </u>		

Form **990** (2022)

Ра	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,89		
3						74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,22	<u>4,2</u>	<u>55.</u>
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	,52	4,9	29.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	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 th	e audit,	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				_	000	·

Form **990** (2022)

# **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOR ECOLITERACY

**Employer identification number** 

94-2911417 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support		<u> </u>	<u></u>			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	` ,	` '	
	membership fees received. (Do not						
	include any "unusual grants.")	1999654.	2085360.	1698586.	2074662.	2142263.	10000525.
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	1999654.	2085360.	1698586.	2074662.	2142263.	10000525.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3814571.
	Public support. Subtract line 5 from line 4.						6185954.
	ction B. Total Support				<b>r</b>		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total 1000525.
	Amounts from line 4	1999654.	2085360.	1698586.	2074662.	2142263.	10000525.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 212	1 550	747	1 240	2 500	0 116
_	and income from similar sources	1,213.	1,558.	747.	1,340.	3,588.	8,446.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						10008971.
	• • • • • • • • • • • • • • • • • • • •	oto (soo instructio	ana)			12	117,604.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tax			117,0011
10	organization, check this box and <b>stor</b>	- 1					
Sec	etion C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	61.80 %
						15	62.57 %
	15 Public support percentage from 2021 Schedule A, Part II, line 14						
	stop here. The organization qualifies as a publicly supported organizationX						
b	33 1/3% support test - 2021. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ū					•
	meets the facts-and-circumstances to			=	·		
b	10% -facts-and-circumstances tes	_	•		•		
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						

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

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

Section	on A. Public Support	clow, piedoc com	piete i dit ii.)				
	r year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ts, grants, contributions, and	, ,	` ,	` ,	<u> </u>	1	` ` `
me	embership fees received. (Do not						
	lude any "unusual grants.")						
2 Gro me formany	oss receipts from admissions, orchandise sold or services permed, or facilities furnished in y activity that is related to the ganization's tax-exempt purpose						
-	oss receipts from activities that						
are	e not an unrelated trade or bus- ess under section 513						
	x revenues levied for the organ-						
izat	tion's benefit and either paid to						
	expended on its behalf						
furr	e value of services or facilities nished by a governmental unit to						
	organization without charge					+	
	tal. Add lines 1 through 5				-	1	
	nounts included on lines 1, 2, and eceived from disqualified persons						
from exce	ounts included on lines 2 and 3 received n other than disqualified persons that eed the greater of \$5,000 or 1% of the ount on line 13 for the year						
	d lines 7a and 7b						
8 Pul	blic support. (Subtract line 7c from line 6.)						
Sectio	on B. Total Support						
Calendar	r year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
10a Gro divi sec	nounts from line 6 coss income from interest, idends, payments received on curities loans, rents, royalties, d income from similar sources						
<b>b</b> Unr	related business taxable income						
`	es section 511 taxes) from businesses juired after June 30, 1975						
<b>c</b> Add	d lines 10a and 10b						
11 Net act	t income from unrelated business tivities not included on line 10b, ether or not the business is gularly carried on						
12 Oth	ner income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)						
	al support. (Add lines 9, 10c, 11, and 12.)					1	
14 Fire	<b>st 5 years.</b> If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	eck this box and stop here						<u></u>
	on C. Computation of Publ						
<b>15</b> Pul	blic support percentage for 2022 (l	ine 8, column (f),	divided by line 13,	column (f))		15	%
	blic support percentage from 2021					16	%
Sectio	on D. Computation of Inves	stment Incom	ne Percentage				
	estment income percentage for 20					17	%
<b>18</b> Inv	estment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	%
19a 33	1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
mo	ore than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
	1/3% support tests - 2021. If the e 18 is not more than 33 1/3%, che	· ·			•	•	
	vate foundation. If the organization			•		· ·	

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3а		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
iva		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.0		
	detail in Part VI.	11c		
	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	e or	100	110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		
	tion 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		
	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
	, , ,			
	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	3			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgai	nizations		
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 mu	ust complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting org	anization (see	

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022 CENTER FOR ECOLITERACY 94-291141/ Page 7					
Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Sect	ion D - Distributions		•	Í	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	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 to	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990) 2022

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

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

# Schedule B (Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

Name of the organization

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

Department of the Treasury Internal Revenue Service

Employer identification number

	CENTER FOR ECULITERACY	94-291141/				
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
, 0	cion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 201(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.				
-	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	•				
Special Rules						
sections 509(a contributor, de	eation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 0-EZ, line 1. Complete Parts I and II.	nd that received from any one				
contributor, do	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.					
year, contribu is checked, er purpose. Don'	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (I ', line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF					

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

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# CENTER FOR ECOLITERACY

94-2911417

Part I	Contributors (see instructions). Use duplicate copies of Part I	ır addıtıonal space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>•</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>•</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>•</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>•</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# CENTER FOR ECOLITERACY

94-2911417

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
6		\$ <u>•</u>				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization

Employer identification number

CENTER	R FOR ECOLITERACY				94-2911417		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)				hat total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious, of	haritable, etc., contributions of \$1,0	000 or less for th	ie year. (Enter this info. c	once.) \$		
(a) Na	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	ft	(d) Desc	ription of how gift is held		
-		(e) Transfei	r of aift				
		, ,	· ·				
_	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee		
( ) ) )							
(a) No. from	(b) Purpose of gift	(c) Use of gif	ft	(d) Desc	ription of how gift is held		
Part I							
-		(a) Transfer	r of gift				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4			elationship of tra	nsferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gif	f+	(d) Desc	ription of how gift is held		
Part I	(a) i dipode di giit	(0) 000 01 911	'`	(4) 2000	The state of the way of the state of the sta		
_		-					
		(e) Transfer	r of gift				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee		
				•			
(a) No. from	(1)	()11 ( )		(1) 5			
Part I	(b) Purpose of gift	(c) Use of gif	T .	(d) Desc	ription of how gift is held		
Γ	(e) Transfer of gift						
	Transferee's name, address, a	nd 7ID ± 4	D.	elationship of two	nsferor to transferee		
-	n ansieree's name, address, al	11U ZIF + 4	K	eiauorisilip oi tra	noiciui tu tianoieree		

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

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

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

OMB No. 1545-0047

2022

Open to Public

Inspection

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga		Employer identification number $94-2911417$			
Pa	art I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 o	organization.
2	Political	campaign activity expendit	cation's direct and indirect politi ures gn activities		\$	<u> </u>
Pa	art I-B	Complete if the org	janization is exempt un	der section 501(c)	(3).	
1	Enter the	e amount of any excise tax	incurred by the organization un	nder section 4955	\$	)
			incurred by organization manage			
			n 4955 tax, did it file Form 4720			
4a	Was a co	orrection made?				Yes No
		describe in Part IV.		day a satism FO4/a)		(~)(O)
			ganization is exempt un			
			d by the filing organization for so ization's funds contributed to c			
2			ization's funds contributed to d			•
3			s. Add lines 1 and 2. Enter here			·
Ū						
4			1120-POL for this year?			
5			nployer identification number (E			
	made pa	yments. For each organiza	tion listed, enter the amount pa	aid from the filing organiz	zation's funds. Also enter tl	ne amount of political
		·	omptly and directly delivered to		·	ate segregated fund or a
	political	action committee (PAC). If	additional space is needed, pro	ovide information in Part	IV.	1
		(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

Schedule	C (Form 990) 2022	CENTER FOR	<b>ECOLITERACY</b>		94-2	911417 Page 2
Part II	-A Complete if the org section 501(h)).	ganization is exe	mpt under section	n 501(c)(3) and fil	led Form 5768 (el	ection under
A Chec	k if the filing organization expenses, and sha	re of excess lobbying	iliated group (and list in expenditures).		group member's nam	e, address, EIN,
<b>b</b> Offec	Limi	its on Lobbying Expe	•	1.7	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
b Tot c Tot d Otr e Tot f Lot If tt No Ove	al lobbying expenditures to inflal lobbying expenditures to inflal lobbying expenditures (add later exempt purpose expenditure all exempt purpose expenditure obying nontaxable amount. Ente amount on line 1e, column (a) of tover \$500,000 or \$500,000 but not over \$1,000 or \$1,000,000 but not over \$1,500 or \$1,500,000 but not over \$1,500 or \$17,000,000 but not over \$17 or \$17,000,000	uence a legislative book ines 1a and 1b) es es (add lines 1c and 1c) er the amount from the or (b) is:  The lob 20% of 0,000 \$100,000	dy (direct lobbying)  d)  e following table in both bying nontaxable amount on line 1e. 00 plus 15% of the exce 00 plus 10% of the exce	n columns.  bunt is:  ess over \$500,000. ess over \$1,000,000.	223. 8,629. 8,852. 1,888,600. 1,897,452. 244,873.	
h Sul i Sul j Ifth	assroots nontaxable amount (er otract line 1g from line 1a. If zer otract line 1f from line 1c. If zer nere is an amount other than ze orting section 4911 tax for this	ro or less, enter -0- o or less, enter -0- ero on either line 1h or year?		ation file Form 4720	61,218.	Yes No
	(Some organizations t	hat made a section 5 See the separ	01(h) election do not ate instructions for lir	have to complete all nes 2a through 2f.)	of the five columns b	elow.
		Lobbying Expe	nditures During 4-Yea	r Averaging Period	<u> </u>	
	Calendar year	(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) Total

	See the Separa	ite ilistructions for ili	ies za tilrough zi.)		
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	254,714.	237,923.	242,593.	244,873.	980,103.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,470,155.
c Total lobbying expenditures	11,121.	27,891.	48,930.	8,852.	96,794.
d Grassroots nontaxable amount	63,679.	59,481.	60,648.	61,218.	245,026.
e Grassroots ceiling amount (150% of line 2d, column (e))					367,539.
f Grassroots lobbying expenditures		2,082.	13,831.	223.	16,136.

Schedule C (Form 990) 2022

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	)	(b)	
	e lobbying activity.	Yes No Amoun			
1	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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	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?				
h	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 501(c)(6)	on 501(c)	(5), or se	ection	
	501(c)(6).			Yes	No
4	Ware substantially all (00% or mare) dues received pendeductible by members?		1	100	140
1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization make only infriouse lobbying expenditures of \$2,000 or less?				
_	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)			ection	
	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		
	Carryover from last year				
С	Total		l _		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de 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	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization CENTER FOR ECOLITERACY Employer identification number 94-2911417

Pai	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	, , ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated)		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the peri	·	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
7	Amount of overage incurred in monitoring increasing band	ling of violations, and enforcing concern	votion accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and emorcing conserv	valion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(R)(i)
Ŭ	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	oto to the organization o financial state	mente that decombes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	-	
	provide the following amounts relating to these items:	,	•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Other	Similar As	sets(continued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	at make sigr	nificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizati	ion's exemp	t purpose in l	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar as	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			Yes	No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	ssets not inc	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liability	?	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has beer	n provided on	Part XIII		<u></u>	
Pai	t V   Endowment Funds. Complete in	f the organization ar	swered	"Yes" on F					
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (d)	Three years ba	ck (e) Four years ba	ack
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								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the			
	organization by:							Yes I	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?	)			3b	
4	Describe in Part XIII the intended uses of the		owment :	funds.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a. :	See Form 990	D, Part X, lin	e 10.		
	Description of property	(a) Cost or o basis (investr			t or other (other)	. ,	ımulated ciation	(d) Book value	
1a	Land								
	Buildings								
	Leasehold improvements				22,440.	1	7,757.	4,68	
d	Equipment			1	7,909.		6,775.	11,13	
	Other				5,880.		5,880.		0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10c.)			15,81	7.

Ochedule D (Form 330) 2022 GETTE TOTAL			
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
I EXCE DEDOCTM		<u> </u>	6 715

(a) Description	(b) Book value
(1) LEASE DEPOSIT	6,715.
(2) RIGHT-OF-USE ASSET - OPERATING LEASE	165,652.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	172,367.

#### Part X Other Liabilities.

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

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

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

Pai	rt XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturn	) <b>.</b>
	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	2,222,636.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	<b>5</b>		0.4.54.0		
b			24,510.	_	
С	. , ,			_	
d	/	2d			24 510
е	J			2e	24,510.
3	Subtract line 2e from line 1			3	2,198,126.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	, , , ,			-	
b	, , , , , , , , , , , , , , , , , , , ,				0
_C	Add lines 4a and 4b			4c	0. 2,198,126.
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII   Reconciliation of Expenses per Audited Financial State			Dotu	
Га	<u> </u>		i Expenses per	netu	111.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			1 4 1	1,921,962.
1	Total expenses and losses per audited financial statements			1	1,721,702
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	24,510.		
a			24,310.	-	
b	, , , , , , , , , , , , , , , , , , , ,			-	
q				-	
d e	, , , , , , , , , , , , , , , , , , , ,	•		2e	24,510.
3	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>			3	1,897,452.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b				-	
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	1,897,452.
_	rt XIII Supplemental Information.				· · · · · ·
Prov	ide 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,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any				
PAI	RT X, LINE 2:				
CE1	L BELIEVES THAT IT HAS APPROPRIATE SUPPO	RT FOR A	NY TAX POS	ITI	ONS TAKEN,
ANI	D AS SUCH, DOES NOT HAVE ANY UNCERTAIN T	'AX POSIT	IONS THAT	ARE	MATERIAL
то	THE FINANCIAL STATEMENTS. CEL'S FEDERAL	AND STA	TE INFORMA	TIOI	N RETURNS
		~			
F.OI	R THE YEARS ENDED 2018 THROUGH 2021 ARE	SUBJECT	TO EXAMINA	T.T.OI	N BY
RE(	GULATORY AGENCIES, GENERALLY FOR THREE Y	EARS AND	FOUR YEAR	S A	TTER THEY
T. 7 TT 1					
MEI	RE FILED FOR FEDERAL AND STATE, RESPECTI	VELY.			

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

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

CENTER FOR ECOLITERACY

Employer identification number 94-2911417

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain \_\_\_\_\_ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A. line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a  $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

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	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	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) ALEXA NORSTAD	(i)	176,542.	0.	0.	17,654.	8,684.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) JAMES P KOULIAS	(i)	135,059.	0.	0.	15,238.	32,140.		0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN BROWN	(i)	147,752.	0.	0.	14,775.	17,994.		0.
CREATIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part 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 M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

CENTER FOR ECOLITERACY

Employer identification number 94-2911417

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( FOD - PPP LOAN )	X	1	216,986.	BOOK VALUE			
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organize		•				•	
	for which the organization completed Form 828	33, Part V, [	Oonee Acknowledg	gement <b>29</b>			0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t			•				37
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							.,,
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				7,7
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

94-2911417

#### SCHEDULE O (Form 990)

Internal Revenue Service

Department of the Treasury

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.

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CENTER FOR ECOLITERACY

**Employer identification number** 94-2911417

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ECOLOGICAL EDUCATION THE CENTER FOR ECOLITERACY DEVELOPED ECOLOGICAL EDUCATION RESOURCES FOR K-12 STUDENTS TO SUPPORT FARM TO SCHOOL PROGRAMS AND EDUCATION ON FOOD SOVEREIGNTY, CLIMATE CHANGE, AND ENVIRONMENTAL JUSTICE. DEVELOPED IN CONSULTATION WITH INDIGENOUS ADVISORS, THE CENTER FOR ECOLITERACY PUBLISHED THE GATHER VIEWING GUIDE, A RESOURCE FOR STUDENTS TO EXPLORE NATIVE AMERICAN FOOD SOVEREIGNTY THROUGH THE AWARD-WINNING DOCUMENTARY BY FILMMAKER SANJAY RAWAL. THE CENTER FOR ECOLITERACY WAS SELECTED AS ONE OF SEVEN NATIONAL CURRICULUM PARTNERS BY TEN STRANDS FOR THE CLIMATE CHANGE AND ENVIRONMENTAL JUSTICE PROGRAM TO BEGIN DRAFTING A SIXTH-GRADE UNIT FOR THE CURRICULUM. OUR EATING LEARNING GROWING PROJECT TO DEVELOP A CULTURALLY-RESPONSIVE K-12 FARM TO SCHOOL CURRICULUM FRAMEWORK AND CULTURALLY-INCLUSIVE LARGE-SCALE GRAPHIC INSTALLATION DESIGNS COMPLETED ITS FIRST YEAR OF A 32-MONTH PROJECT FUNDED BY THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE SPECIALTY CROP BLOCK GRANT PROGRAM.

SCHOOL FOOD SYSTEMS CHANGE

THE CENTER FOR ECOLITERACY'S CALIFORNIA FOOD FOR CALIFORNIA KIDS NETWORK GREW TO 106 PUBLIC SCHOOL DISTRICTS IN 2022. A NETWORK OF THIS SCALE CAN CATALYZE LASTING SYSTEMS CHANGE FOR SCHOOL MEALS IN CALIFORNIA. FOR THE FIRST TIME SINCE 2020, WE WERE ABLE TO ENGAGE WITH SCHOOL NUTRITION LEADERS IN THE NETWORK AND BEYOND THROUGH IN-PERSON SITE VISITS TO AUGMENT OUR VIRTUAL TECHNICAL ASSISTANCE AND EVENTS. SUPPORT OUR COMMITMENT TO PROVIDE A MORE JUST, SUSTAINABLE AND

Schedule O (Form 990) 2022 Page **2** 

Name of the organization CENTER FOR ECOLITERACY

Employer identification number 94-2911417

EQUITABLE EXPERIENCE FOR OUR CHILDREN AND THE PEOPLE WHO NOURISH THEM,

WE CREATED AND PROMOTED TWO BILINGUAL VIDEOS HIGHLIGHTING YOUTH

LEADERSHIP IN THE FARM TO SCHOOL MOVEMENT AND CONNECTIONS WITH LOCAL

FARMERS. OUR SCHOOL FOOD INNOVATOR SERIES FOCUSED ON INCREASING LOCAL

PROCUREMENT, ADVANCING FARM TO SCHOOL PROGRAMS, AND SHARING LESSONS

FROM THE FIELD TO STRENGTHEN SCHOOL MEAL PROGRAMS. IN VIRGINIA, WE

PROVIDED TECHNICAL SUPPORT AND ADVISED ON THE PILOT OF VIRGINIA FOOD

FOR VIRGINIA KIDS, A PROGRAM OUT OF THEIR STATE DEPARTMENT OF

EDUCATION'S NUTRITION SERVICES DEPARTMENT THAT FOLLOWS OUR SUCCESSFUL

MODEL IN CALIFORNIA.

#### POLICY AND ADVOCACY

AS CALIFORNIA PREPARED TO IMPLEMENT ITS GROUNDBREAKING 2021 SCHOOL

MEALS FOR ALL LEGISLATION, THE CENTER FOR ECOLITERACY COLLABORATED WITH

CORE MEMBERS OF THE SCHOOL MEALS FOR ALL COALITION TO SUCCESSFULLY

ADVOCATE FOR A RECORD \$2 BILLION IN STATE FUNDING FOR SCHOOL MEALS,

INCLUDING THE HIGHEST STATE REIMBURSEMENT RATE IN THE COUNTRY. THE

CENTER FOR ECOLITERACY RAISED THE VOICES OF SCHOOL NUTRITION DIRECTORS

AS THEY EMBRACED THE HISTORIC FUNDING PACKAGE AND THE IMPACT OF

SYSTEMS-WIDE INVESTMENTS IN SCHOOL MEALS FOR ALL, INCREASED

REIMBURSEMENTS, KITCHEN INFRASTRUCTURE, STAFF TRAINING, FARM TO SCHOOL,

EVALUATION, AND WORKFORCE DEVELOPMENT. THE CENTER CREATED A GUIDE FOR

SCHOOL DISTRICT ADMINISTRATORS, ESTABLISHED A SCHOOL MEALS FOR ALL TASK

FORCE, AND CONDUCTED ONGOING ACTIVITIES TO INFORM POLICY ADVOCACY AND

RESOURCE DEVELOPMENT.

THE CENTER FOR ECOLITERACY SERVES AS AN ANCHOR TENANT AT THE DAVID BROWER CENTER, A HOME FOR ENVIRONMENTAL AND SOCIAL ACTION AND ONE OF

Schedule O (Form 990) 2022 Page **2** 

Name of the organization CENTER FOR ECOLITERACY

Employer identification number 94-2911417

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 CONSULTANT PROVIDES ALL 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 PROCEDURES

(A) DUTY TO DISCLOSE.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THEIR FINANCIAL INTEREST

AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS 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 MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON

SHALL LEAVE THE BOARD MEETING WHILE THE REMAINING DIRECTORS 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 HAVE DETERMINED A

CONFLICT OF INTEREST EXISTS, AN INTERESTED PERSON MAY MAKE 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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CENTER FOR ECOLITERACY 94-2911417 TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT 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 FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD 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 MEMBER HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE ACTION. FORM 990, PART VI, SECTION B, LINE 15A: AN INDEPENDENT AGENCY WAS ENGAGED TO SEARCH FOR A NEW EXECUTIVE DIRECTOR AND SURVEYED SALARY DATA THROUGHOUT THE USA. THIS DATA WAS 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 76,610. MANAGEMENT AND GENERAL EXPENSES 0.

0.

FUNDRAISING EXPENSES

Schedule O (Form 990) 2022 Page **2** 

Schedule O (Form 990) 2022	Page 2
Name of the organization  CENTER FOR ECOLITERACY	Employer identification number 94-2911417
TOTAL EXPENSES	76,610.
BOOKKEEPING/PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	73,832.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	73,832.
ADMINISTRATIVE SUPPORT:	
PROGRAM SERVICE EXPENSES	247.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	247.
MANAGER/COORDINATOR:	
PROGRAM SERVICE EXPENSES	25,693.
MANAGEMENT AND GENERAL EXPENSES	6,187.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	31,880.
PRESENTOR:	
PROGRAM SERVICE EXPENSES	18,750.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,750.
OTHER CONSULTANT EXPENSES:	
PROGRAM SERVICE EXPENSES	33,244.
222212 10 20 22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

CENTER FOR ECOLITERACY	94-2911417
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,244.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	234,563.
FORM 990, PART XII LINE 2C:	
THERE IS NO CHANGE IN THE OVERSIGHT AND SELECTION PROCESS	5.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number 94-2911417 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 entity foreign country) 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No DAVID BROWER CENTER - 94-3385643 2150 ALLSTON WAY, STE 100 OFFICE RENTAL TO NPO AND Х BERKELEY, CA 94704 OTHER COMPANIES CALIFORNIA 501(C)(3) LINE 12A, I

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes N	0
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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>(b)</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	ent	i) etion b)(13) rolled ity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>
									<u> </u>

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transaction						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)						Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				<b>1</b> g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
	Performance of services or membership or fundraising solicitations for related orga						Х
	Performance of services or membership or fundraising solicitations by related orga						Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati						Х
	Sharing of paid employees with related organization(s)						Х
р	Reimbursement paid to related organization(s) for expenses				1p		х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		X
	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 w	vho must complete t	his line, including covered re	lationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

Page 4

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ŀ	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	Share of	Share of	Dispr	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partner	ownership
		Country)	Sections 5 (2-5 (4)	Yes No	income	assets	Yes	No	(F01111 1065)	Yes N	0
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										$\sqcup \bot$	
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