EXTENDED TO NOVEMBER 15, 2022

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Tax-exempt status:	Α	For the	2021 calendar year, or tax year beginning	and	ending	_	
Doing business as Wumber and street (or P.O. box if mail is not delivered to street address) Room/sult E Telephoral Part Telepho	В	Check if applicable:	C Name of organization			D Employer identifi	cation number
Doing business as Wumber and street (or P.O. box if mail is not delivered to street address) Room/sult E Telephoral Part Telepho		Address	EARTH ECONOMICS				
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Taxexempt status:	F			MCKAY		1	
Tax-exempt status:	•	pending					
Website: WWW. EARTHECONOMICS. ORG High Group exemption number From of organization; X Corporation Trust Association Other Lyear of formation; 200 M State of legal domicile; Part I Summary	$\overline{\Gamma}$	Tax-exer	npt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1 ' '	
Part Summary				. (4 ′	
Part Summary				sociation Other	L Year		
BENEFITS NATURE PROVIDES. Check this box							<u> </u>
BENEFITS NATURE PROVIDES. Check this box	_	1 B	riefly describe the organization's mission or most	significant activities: TO Q	UANTIF	Y AND VALUE	THE
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	ASS	21 T	, , , , , , , , , , , , , , , , , , , ,				365,337.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	ESE	22 N	et assets or fund balances. Subtract line 21 from	line 20		736,092.	962,551.
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Paid ZACH R PARSONS		-					**_******
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Use Only Firm's address P.O. BOX 1614 TACOMA, WA 98401-1614 Phone no. 253.572.9922	USE	; UIIIY		-161 <i>1</i>		Dhana na 25	3 572 0022
	N/a	v the IPS	·			Priorie no. 2 3	
	Ma	v the IR	S discuss this return with the preparer shown abo	ve? See instructions			

4d Other program services (Describe on Schedule O.)

747,856.

BETTER SUPPORT ECOLOGICAL AND FINANCIAL SUSTAINABILITY.

including grants of \$

EXPANSION OF OUR UNDERSTANDING OF ECONOMIC IMPACTS AND INCENTIVES,

le Total program service expenses ►

) (nevertue \$

Form **990** (2021)

Form 990 (2021) EARTH ECONOMICS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
L	Part VI	11a	- 1	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		 -
·	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		X
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?			
	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	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_ v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	4-		_v
40	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,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	- / // / / / / / / / / / / / / / / / /			

132003 12-09-21

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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			
	Cohodula I Doubl	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		x
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
28				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		00-		X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	00-		Х
00	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	₩
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		\ _V	
Da	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pal				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable The number of Forms W-2G included on line 13. Enter -0- if not applicable	-		
b	Effect the number of Forms wize included of fine 1a. Effect of 1 flot applicable.	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	<u> </u>

EARTH ECONOMICS 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,							
	filed for the calendar year ending with or within the year covered by this return 2a15		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	_		37				
		3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a						
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
ou	any contributions that were not tax deductible as charitable contributions?	6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
-	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	9a						
а								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
''	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand			177				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			₩				
	excess parachute payment(s) during the year?	15		X				
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16						
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
"	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.	- '						

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Form 990 (2021) EARTH ECONOMICS

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

	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			
	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 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
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				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	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	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16-		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D	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		1	
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
., 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.		,	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARVIN TERMIN - 253-539-4801			
	1102 A STREET PMB 321, TACOMA, WA 98402			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

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

(A)	(B)	(C)					ilou	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week		box, unless per officer and a dir					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	8			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	Institutional trustee		ee ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	utional	_	mploy	st cor	in lie	1033-1120)		organizations
	line)	Indivi	Institi	Officer	Key employee	Highest compensated employee	Former			
(1) MAYA KOCIAN	40.00									
EXECUTIVE DIRECTOR				X				115,000.	0.	10,989.
(2) NAN MCKAY	2.00	l							•	•
BOARD CHAIR		Х		X				0.	0.	0.
(3) MOLLY SEAVERNS	2.00			7.					_	•
BOARD SECRETARY	1 00	X		Х			_	0.	0.	0.
(4) CRAIG MUSKA	1.00	37		,,					0	0
BOARD TREASURER	1.00	Х		Х	-	-		0.	0.	0.
(5) DAVID COSMAN BOARD MEMBER	1.00	X						0.	0.	0.
(6) JUDY MASSONG	1.00	Δ				-		0.	0.	<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
(7) ALI MODARRAS	1.00	Δ				-		0.	0.	
BOARD MEMBER	1.00	х						0.	0.	0.
(8) MORGAN COLLINS	1.00					\vdash			•	
BOARD MEMBER	1.00	x						0.	0.	0.
(9) INGRID RASCH	1.00					\vdash				
BOARD MEMBER		х						0.	0.	0.
						_				
		1								
						1				
		1								
						_				
		1								
				\vdash		+	\vdash			
		L			L		L			
										- 000

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

	Section A. Onicers, Directors, Trus	iees, Key Eiii	pioy	ees,	anu	ı mış	gne	St C	ompensated Employe	es (continueu)			
	(A) Name and title	(B) Average hours per week	box,	not cl	(C Posit heck n ss pers d a dir	tion nore son i	than o	n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate Imount	
		(list any hours for related organizations below line)	r director	Institutional trustee			Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	or a	other mpensa from th ganizat nd relat ganizati	e ion ed
										_			
	Subtotal Total from continuation sheets to Part V	II, Section A						>	115,000.	0	•	L0,9	0.
d 2	Total (add lines 1b and 1c)								115,000. eceived more than \$100	_	• :	L0,9	89.
	compensation from the organization		4	Ų								Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>		-	7					hest compensated emp		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le cc	mpe	ensat	tion	anc	otl	her compensation from	the organization			Х
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con	accrue compe	nsati	on f	rom a	any	unr			dual for services			Х
	tion B. Independent Contractors										. 5		Λ
1 —	Complete this table for your five highest countries the organization. Report compensation for	=	-										
	(A) Name and business	address	NC	NE	3				(B) Description of s	ervices		(C) ensatio	n
	Total number of independent contractors (\$100,000 of compensation from the organi	-	ot lir	nite	d to t	thos (sted	l above) who received m	nore than		1 990 (

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Form 990 (2021) EARTH E
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue		Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ıts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b						
Ğ.Ë		Fundraising events 1c					
ifts		Related organizations 1d					
aje Bisi	٥	Government grants (contributions) 1e					
Sir	•	All other contributions, gifts, grants, and					
her it	•	similar amounts not included above 1f	682,172.				
햧	_	Noncash contributions included in lines 1a-1f 1g \$	00272720				
ξĒ	_			682,172.			
<u> </u>		Total. Add lines 1a-1f	Business Code	002,172.			
	_	CONTRACT FEES	541900	866,823.	866,823.		
ice	2 a		341900	000,023.	000,023.		
ne je	b	·					
Program Service Revenue	С						
Jra Re	d				·		
ľo	е						
ъ.	f	All other program service revenue		0.6.6.000			
_	g			866,823.			
	3	Investment income (including dividends, inter		000			000
		other similar amounts)		222.			222.
	4	Income from investment of tax-exempt bond	oroceeds				
	5	Royalties	. <u></u>				
		(i) Real	(ii) Personal				
	6 a	Gross rents6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u>n</u> e		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
Re		Net gain or (loss)	>				
)ther		Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<u> </u>				
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		AL 12					
		Gross sales of inventory, less returns					
		and allowances 10					
	h	Less: cost of goods sold 10	+				
		•	•				
-		Net income or (loss) from sales of inventory	Business Code				
snc	44 ~	REIMBURSEMENTS	900099	4,642.			4,642.
Miscellaneous Revenue				7,042.			<u> </u>
Ver Ver	b						
Re	C						
Σ		All other revenue	•	4,642.			
		Total Add lines 11a-11d		1,553,859.	866,823.	0.	4,864.
	12	Total revenue. See instructions		±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	∪∪∪,0⊿3•	ı •	4,004.

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Form 990 (2021) EARTH ECONOMI 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).

0001	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-	impiete column (79.	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			9	
	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,	125 000	70 002	E4 042	164.
_	trustees, and key employees	125,989.	70,982.	54,843.	104.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		689,102.	388,240.	299,966.	896.
7 8	Other salaries and wages Pension plan accruals and contributions (include	005,102.	300,240.	2,7,700 •	0,70.
0	section 401(k) and 403(b) employer contributions)	26,692.	15,038.	11,619.	35.
9	Other employee benefits	64,333.	36,245.	28,004.	84.
10	Payroll taxes	73,495.	41,407.	31,992.	96.
11	Fees for services (nonemployees):	10, 2001			
	Management				
b		1,163.	655.	506.	2.
С		14,655.	8,257.	6,379.	19.
d	Lobbying				
е	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees	2,200.	1,239.	958.	3.
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	173,046.	97,494.	75,326.	226.
12	Advertising and promotion	45.000	0.456	6 500	
13	Office expenses	15,009.	8,456.	6,533.	20.
14	Information technology	20,105.	11,327.	8,752.	26.
15	Royalties	21 260	17 (17	12 (11	11
16	Occupancy	31,269. 852.	17,617. 480.	13,611.	41. 1.
17	Travel	032.	400.	3/1.	Ι.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,926.	1,085.	838.	3.
19 20	Conferences, conventions, and meetings	1,520•	1,005	050•	J •
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	16,473.	9,281.	7,171.	21.
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.)				
а	REFERENCE MATERIALS/SUB	34,776.	19,593.	15,138.	45.
b	STATE AND LOCAL TAXES	32,409.	18,259.	14,108.	42.
С	LICENSE, FEES, PERMITS	2,398.	1,351.	1,044.	3.
d	MISCELLANEOUS EXPENSES	1,386.	781.	603.	2.
е	All other expenses	122.	69.	53.	
25	Total functional expenses. Add lines 1 through 24e	1,327,400.	747,856.	577,815.	1,729.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Page **10**

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) Beginning of year End of year 114,854 302,611. Cash - non-interest-bearing 1 889,992. 915,214. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 94,562. 102,866. Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 7,197. 6,176. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 43,327. basis. Complete Part VI of Schedule D _____ 10a 0. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 2,350. Other assets. See Part IV, line 11 15 15 1,107,934. 1,327,888. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 87,651. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 284,191. 19 279,294. 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 15,000. 0. 371,842. 365,337. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 734,489. 962,551. Net assets without donor restrictions 27 27 1,603. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨

1,327,888. Form 990 (2021)

962,551.

29

30

31

32

736,092.

1,107,934.

29

30 31

32

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		.,55					
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	.,32					
3	Revenue less expenses. Subtract line 2 from line 1	3		6,4 6,0				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
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	96	2,5	<u>51.</u>			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С								
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **_**** EARTH ECONOMICS 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))

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	71		,						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and	,	()	()	` '	,	()			
	membership fees received. (Do not									
	include any "unusual grants.")	829,983.	631,976.	311,343.	848,355.	682,172.	3,303,829.			
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	829,983.	631,976.	311,343.	848,355.	682,172.	3,303,829.			
	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)						1,628,935.			
6	Public support. Subtract line 5 from line 4.						1,674,894.			
	ction B. Total Support					•				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	(a) 2017 829, 983.	(b) 2018 631, 976.	311,343.	848,355.	(e) 2021 682,172.	3,303,829.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	877.	1,012.	2,803.	446.	222.	5,360.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	9,086.	9,788.	5,383.	523.	4,642.	29,422.			
11	Total support. Add lines 7 through 10						3,338,611.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,568,855.			
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)				
	organization, check this box and stop	here					<u></u>			
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2021 (I					14	50.17 %			
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	61.02 %			
16a	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
	stop here. The organization qualifies as a publicly supported organization									
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qualifies as a publicly supported organization									
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiza	ation			
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□			
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or			
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the				
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	<u> </u>			

Schedule A (Form 990) 2021

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

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

	qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf			4			
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(., = - : :	(3/2.12	(-,	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>	<u> </u>		<u></u>	504()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	•			-		
80	check this box and stop here						P LL_
				ookums (f))		15	
	Public support percentage for 2021 (I					 	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Investigation					16	<u>%</u>
	· · · · · · · · · · · · · · · · · · ·					17	0/
	Investment income percentage for 20		- · · · · · · · · · · · ·			18	<u>%</u>
	Investment income percentage from 2			on line 14 and line			% 17 is not
198	33 1/3% support tests - 2021. If the						I / IS NOT
b	more than 33 $1/3\%$, check this box at 33 $1/3\%$ support tests - 2020. If the						and
	line 18 is not more than 33 $1/3\%$, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

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_**

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
عاد	Δ (Forr	n 990	2021

	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	11.5		
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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		
Sec	etion C. Type II Supporting Organizations			
	was a supporting organization		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
•	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		
Sec	etion D. All Type III Supporting Organizations	<u> </u>		
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction 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 yeafsee instructions	i).		
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		nstructio	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. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

2a

2b

За

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting) Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	te Sections A through E.	
Sect	on 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	on 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	on 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-functionally	integr	ated Type III supporting orga	anization (see
	instructions).	_		·

Schedule A (Form 990) 2021

					·g
Pa	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _{(continu}	ed)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	S	3	
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive)		
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2021 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization **_**** EARTH ECONOMICS

Organization type (check one):						
Filers of	:	Section:				
Form 990 or 990-EZ		$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2}					
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

דוחת הדו	ECONOMICS
H.ARTH	H.C.CHNICHVI I C.S.

_**

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
23453 11-11			Schedule B (Form 990) (2021

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ivallie of or	rganization			Employer identification number				
	ECONOMICS			**_****				
Part III	Exclusively religious, charitable, etc., contributer from any one contributor. Complete columns (a	through (e) and the following line en	ntry For organizations					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or space is needed.	less for the year. (Enter this info. onc	e.) • 5				
(a) No. from			() 5					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
			— I ———					
								
		(e) Transfer of git	ft					
	Townstown Is well address.	- 17ID 4	Balati Aabin at tua					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No		<u> </u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
								
-		(e) Transfer of git	ft					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
()))								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
Part I								
-		(e) Transfer of git						
		(o) Transfer of gri						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
Part I								
		(a) Transfer of gif						
		(e) Transfer of git						
Ĺ	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

EARTH ECONOMICS

Employer identification number

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fu	unds
	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	lvisors in writing that grant funds can be used	donly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	erring
_			
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreating	ion or education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired at		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organic	anization during the tax
	year •		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		□ v _{ee} □ v _e
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing conserva-	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation.	assements during the year
′	\$	ing of violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(R)(i)
Ŭ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
_	balance sheet, and include, if applicable, the text of the footnot	-	
	organization's accounting for conservation easements.	J	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021

EARTH	ECON	тм∩т	CQ
DULL	TI COT	$A \cap T \perp T$	\sim

	t III Organizations Maintaining C		rt, Hist	orical Tr	easures, d	or Othe	er Simil	ar Asse	ts (contir		age Z
	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
-	collection items (check all that apply):										
а											
b											
С	Preservation for future generations			-							
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.		
5											
	to be sold to raise funds rather than to be ma								Yes		No_
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other as	sets not	included		_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
f	Ending balance								1,,		T.,
	Did the organization include an amount on F						•		Yes		∐ No
	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete i										
Га	Lindowinient Funds. Complete	the organization ar		rior year	(c) Two year			ears back	(e) Four	veare	hack
4.	Deginning of year balance	(a) Ourient year	(D)	nor year	(c) Two year	3 back	(d) Tilloo	ours buck	(e) i oui	yours	buok
	Beginning of year balance					+					
	Contributions					+					
۲ C											
d	Grants or scholarships					+					
е	Other expenditures for facilities										
f	and programs	_				+					
g	Administrative expenses End of year balance					+					
9 2	Provide the estimated percentage of the curr	rent year end haland	e (line 1	a column (a)) held as. T				<u> </u>		
a	Board designated or quasi-endowment	Torre your one balanc	% (III) 5.	g, coluitii1 (c	u _{//} riciu as.						
b	Permanent endowment	%									
			7								
·	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse		ation tha	t are held a	and administe	red for th	he organi:	zation			
	by:	3-1111					J	-	ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								<u> </u>		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?)				3b		
4	Describe in Part XIII the intended uses of the	organization's endo									
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate preciation		(d) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			4	3,327.		43,3	27.			0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)			•			0.
								Schedule	D (Forn	n 990	2021

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED REVENUE - LEGACY FUND	15,000.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,000.

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.

Schedule D (Form 990) 2021

Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	its With Revenue per P	Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total r	evenue, gains, and other support per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а		realized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С		eries of prior year grants	2c		
d		(Describe in Part XIII.)	2d		
е		nes 2a through 2d		2e	
3		act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	l I		
		ment expenses not included on Form 990, Part VIII, line 7b	4a	_	
		(Describe in Part XIII.)	4b	-	
		nes 4a and 4b	A	4c	
		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	LAII	Reconciliation of Expenses per Audited Financial Stateme		neturii.	
	T-4-1 -				
		expenses and losses per audited financial statements		1	
		nts included on line 1 but not on Form 990, Part IX, line 25:			
a		ed services and use of facilities	2a 2b	-	
b		ear adjustments	2c 2c	-	
C C		losses	2d	-	
d		(Describe in Part XIII.)		20	
е 3		nes 2a through 2d		2e 3	
4		act line 2e from line 1 nts included on Form 990, Part IX, line 25, but not on line 1:		3	
		ment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)	4b		
		nes 4a and 4b		4c	
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
		Supplemental Information.			
Provi	de 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,	
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			
					—

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EARTH ECONOMICS

Employer identification number

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

FINANCIAL INFORMATION IS PREPARED BY BOOKKEEPING STAFF AND SUBMITTED TO

EXTERNAL CPA FOR PREPARATION. EXECUTIVE DIRECTOR REVIEWS THE FINANCIAL

INFORMATION AND THE 990 DRAFT. EXECUTIVE DIRECTOR PROVIDES THE 990 DRAFT TO

BOARD MEMBERS FOR APPROVAL PRIOR TO SIGNING AND EXTERNAL CPA FILING. THE

FINANCIAL STATEMENTS ARE REVIEWED EVERY THREE YEARS.

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

CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY EACH DIRECTOR. ISSUES, IF ANY, ARE RAISED AT BOARD MEETINGS WHERE DECISION IS MADE WHETHER A CONFLICT EXISTS OR NOT. POLICY IS MONITORED BY SENIOR LEADERSHIP TEAM AND BOARD MEMBERS TO ENSURE COMPLIANCE.

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

BOARD OF DIRECTORS COMPARES EXECUTIVE DIRECTOR SALARY TO OTHER NON-PROFITS.

ALL BOARD MEMBERS MUST APPROVE COMPENSATION PACKAGE CHANGES. THE DECISION

IS DOCUMENTED IN BOARD MINUTES AND BY THE ACCOUNTING TEAM.

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

THE 990 IS POSTED ON OUR WEBSITE AND IS AVAILABLE BY REQUEST. CONFLICT OF INTEREST QUESTIONAIRES ARE UPDATED ANNUALLY BY EACH BOARD MEMBER.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FEES FOR SERVICES:

PROGRAM SERVICE EXPENSES

92,235.

MANAGEMENT AND GENERAL EXPENSES

71,263.

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page **2**

Name of the organization EARTH ECONOMICS	Employer identification number
FUNDRAISING EXPENSES	213.
TOTAL EXPENSES	163,711.
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	2,002.
MANAGEMENT AND GENERAL EXPENSES	1,547.
FUNDRAISING EXPENSES	5.
TOTAL EXPENSES	3,554.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	3,257.
MANAGEMENT AND GENERAL EXPENSES	2,516.
FUNDRAISING EXPENSES	8.
TOTAL EXPENSES	5,781.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	173,046.