FEMA 3591-SEC 7508A RELIEF Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

A F	or the	2022 calendar year, or tax year beginning and endi	ing											
B	Check if pplicable	C Name of organization		D Employer identific	cation number									
	Addres													
	Name change			27-344456	64									
	Initial		m/suite	E Telephone number										
	Final return/	2111 GAN DARLO AVENUE 273		(415) 449										
	termin ated			G Gross receipts \$	3,604,122.									
	Ameno			H(a) Is this a group re										
	Application			for subordinates										
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in										
1 1	Гах-ехе	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	1	list. See instructions									
	Nebsit			H(c) Group exemption	n number									
K	orm of	organization: X Corporation Trust Association Other	L Year o	of formation: 2010 N	State of legal domicile: CA									
Pa	art I	Summary												
4	1	Briefly describe the organization's mission or most significant activities: SEE SCE	IEDU:	LE O										
nce														
Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	6									
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			5									
S S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			11									
V <u>i</u> ţi	6	Total number of volunteers (estimate if necessary)		6	0									
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.									
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.									
Revenue				Prior Year	Current Year									
	8	Contributions and grants (Part VIII, line 1h)		1,402,170.	933,121.									
	1	Program service revenue (Part VIII, line 2g)		766,680.	2,670,996.									
ě.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7.	5.									
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.									
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,168,857.	3,604,122.									
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		232,631.	438,564.									
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.									
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		836,545.	1,298,015.									
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.									
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 25,857.		1 072 125	2 271 242									
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,073,135.	2,371,342.									
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,142,311.	4,107,921.									
	19	Revenue less expenses. Subtract line 18 from line 12	Do	26,546.	-503,799.									
Net Assets or		T. I. J. (D. I.V.); 40)		ginning of Current Year	End of Year									
SSE	20	Total assets (Part X, line 16)	. —	955,851.	997,894. 798,912.									
let A	21	Total liabilities (Part X, line 26)		253,070. 702,781.	198,982.									
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		702,701.	190,902.									
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ints, and to the hest of my	knowledge and helief it is									
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p			knowledge and boller, it is									
truo	, 001100	Gains complete. Books attended of property (ethor thair emocry to become on all information of without p	Τοραιοι	ndo driy kilowiodgo.										
Sig	n	Signature of officer		Date										
Her		DANIEL NEPSTAD, EXECUTIVE DIRECTOR AND PRES	IDEN	ſТ										
1101	C	Type or print name and title		· <u>-</u>										
		Print/Type preparer's name Preparer's signature		Date Check	PTIN									
Paid	ı	RAYMOND ENG	1	1/16/23 if self-employe	P00361507									
	arer	Firm's name SINGERLEWAK LLP			5-2302617									
	Only	Firm's address 262 GRAND AVENUE		5 Em										
		S. SAN FRANCISCO, CA 94080		Phone no. (6	50) 872-7600									
May	/ the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No									

3,593,998.

Form 990 (2022) EARTH INNOVATION INSTITUTE 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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a	Х	
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
J	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	175		
13		15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	- 21	
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ ₃₇
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X

232003 12-13-22

Form 990 (2022) EARTH INNOVATION INSTITUTE 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			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? 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%			
	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,			
_	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	28a		Х
h	"Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25.0	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia 7 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22			(2022)

(2022) EARTH INNOVATION INSTITUTE

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

22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year employ with or within the year covered by this roturn 10 bit if a least one is reported on line 22, did the organization file all required federal employment tax returns? 22 bit W3 23 bit W7ss has it filed a form 900 T for this year? #760 to line 35, provide an explanation on Schedule O 34 bit W7ss has it filed a form 900 T for this year? #760 to line 35, provide an explanation of Schedule O 35 bit W7ss has it filed a form 900 T for this year? #760 to line 35, provide an explanation of Schedule O 36 bit W7ss has it filed a form 900 T for this year? #760 to line 35, provide an explanation of Schedule O 36 bit W7ss has it filed a foreign country 37 bit I Y*ss visit the name of the foreign country 38 was the organization party to a prohibited tax shelter transaction at any time during that year? 39 bit I Y*ss visit the name of the foreign country 30 bit was the organization party to a prohibited tax shelter transaction at the year? 30 bit W7ss visit the organization that it was or is a party to a prohibited tax shelter transaction? 30 bit W7ss visit the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductibles a charaltable contributions? 30 bit W7ss visit the organization include with every solicitation an express statement that such contributions orgits were not tax ceductibles? 30 bit the organization receive a payment in excess of \$5 is made payty as a contribution where section 1700, 31 bit the organization receive a payment in excess of \$5 is made payty as a contribution where section 1700, 32 bit W7ss visit the organization netwer than excess basiness of the goods or services provided? 33 bit the organization receive apayment in excess of \$5 is made payty as a contribution of the payor? 34 bit W7ss visit the organization where the product of the payor and the payor and			ı	1		Yes	No		
b If a least one is reported on line 2a, did the organization flee all required federal amployment tax returns? 2b X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c X	2 a								
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes,* has it filed a Form 9901 for this year? If Ye'r to lime 3b, provide an explanation on Schedule 0 4c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Be if Yes,* visit the name of the foreign country 5c Be instructions for illing requirements for FINCEN Form 11-14, Report of Foreign Bank and Financial Accounts (FBAR). 5c But Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c But Was the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible a characteristic organization and the organization in foreign and the organization in foreign any contributions that were not tax deductible and the organization include with every solicitation an express statement that such contributions orgits were not tax deductible and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization statemacy receive deductible contributions under section 170(c). 8 bit in experization statemacy receive deductible contributions under section 170(c). 9 bit were given that many receive deductible and the organization state orga				-					
b If "Yes," talk iffled a Form 890-T for this year? If "Not *to line 3b, provide an explanation on Schedule O. A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? See instructions for filing requirements for fini-CEV Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibitote tax shelter transaction at any time during the tax year? Sa Did any taxelibe party notify the organization file Form 888-17 Sa Does the organization a party to a prohibitote tax shelter transaction at any time during the tax year? Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? So Did any taxenous that many receive deductible as charitable contributions? So Did the organization receive anyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? So Diff the organization receive anyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? So Diff the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282. If If Yes, "indicate the number of Forms 8282 filed during the year If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? So Did the organization received a contribution of public cut and payor and	b		ns? .			X			
4a A arry time during the calendary war, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If 'Yes,' enter the name of the foreign country 5ce instructions for fling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes' to line be a rot b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' to line be a rot b, did the organization to fine the very solicitation and the any contributions that were not tax deductibles of charable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution and express statement that such contributions or gifts were not tax deductibles a charable contribution. 6c Does the organization shall any receive deductible contribution and express statement that such contributions or gifts were not tax deductibles or an organization shall any receive deductible contribution or an approximation property for which it was required to life form 8282? 7c Organization shall any receive deductible contribution or an approximation property for which it was required to life form 8282? 7d If 'Yes,' indicate the number of Forms 8282? filed during the year 7d If the organization receives a contribution or qualified intellectual property, did the organization flore that year and the support of the property of th		•					<u> </u>		
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibete tax shelter transaction at any time during the tax year? Sa Dos the organization a party to a prohibete at the was or is a party to a prohibete tax shelter transaction? Sb Z X b Did any taxoble party notify the organization file Form 8896 17 Se Time 1 was the organization and party to a prohibete tax shelter transaction? Se Dos the organization and party of a prohibete that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible as charitable contributions? Se Different to the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? Organization receive a payment in excess of \$15 made party as a contribution and party for goods and services provided to the payor? B If "Yes," did the organization receive appment in excess of \$15 made party as a contribution and party for goods and services provided to the payor? B If "Yes," did the organization receive appment in excess of \$15 made party as a contribution and party for goods and services provided to the payor? B If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization curve of Forms \$282 filed during the year Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of qualified intellectual property, did the organization file Form 1084C? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization have exceeded as	_				3b				
b if Yes,* onter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization and party to a prohibited tax shelter transaction? 5b X 6 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles of charables contributions? 6b X 6c Vers,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charable contribution and express statement that such contributions or gifts were not tax deductible and charable contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170c). 8d bid the organization notify the donor of the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Foreign Bazer of the organization network and private, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization netwer and contribution or qualified intellectual property, did the organization flore and payor granization netwer and contribution or granization received a contribution or granization and property of the organization flore form 8899 as required? 7 In the organization netwer administrating donor advised funds. 8 Did the sponsoring organization makes and distributions included on Payor Vill, line 12 organization flore from 8899 as required. 9 Section S01(c)(1	4a			•			v		
See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5			iccou	nt)?	4a				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file Form 888617 5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c Organizations that may receive deductible contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6c Organizations that may receive deductible contributions under section 170(c). 6c Organizations that may receive deductible contributions under section 170(c). 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 7d If "Yes," indicate the number of Forms 8882 filed during the year organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-07 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did	р			(ED A D)					
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.									
If "Yes," complete Form 6069.	17								
					17				
					Γα	gan	(2022)		

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 oa, ob, or 10b below, describe the circumstances, processes, or charges on schedule O. see instructions.			
Sec	Check if Schedule O contains a response or note to any line in this Part VI			X
360	tion A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6		163	NO
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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)(3))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DANIEL NEPSTAD - (415) 449-9900			
	2111 SAN PABLO AVE, #2739, BERKELEY, CA 94702			

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DANIEL NEPSTAD	40.00	.,		Ι,,				170 160	0	20 200
EXECUTIVE DIRECTOR	40.00	Х	_	Х				179,160.	0.	20,380.
(2) KELLY DOUGHERTY DIRECTOR OF FINANCE	40.00	-		х				171,339.	0.	11 0/11
(3) CLAUDIA MARGRET STICKLER	40.00			^				1/1,339.	0.	11,841.
SCIENTIST	40.00					x		108,035.	0.	17,333.
(4) DAVID MCGRATH	40.00									
DEPUTY DIRECTOR				Х				32,265.	0.	0.
(5) ERIC HOFFMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) RICHARD GLEDHILL	1.00									
AUDIT COMMITTEE		Х						0.	0.	0.
(7) SUSAN MCGRATH	1.00									
SECRETARY		Х		X				0.	0.	0.
(8) KATE JACKSON	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(9) ANA LUISA DA RIVA	1.00									
AUDIT COMMITTEE		Х						0.	0.	0.
	•	•	•	•		•	•	•		Form 990 (2022)

	990 (2022) EARTH INN									27-344	14564	l F	age 8
Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	not c	ss per d a di	ition more rson is irecto	Highest compensated than compensated that the second that the	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	col / oi a	(F) Estimat amount other mpens from the ganiza nd rela ganizat	of ation ne tion ted
		line)	Individ	Institut	Officer	Key em	Highes employ	Former			l or	gariizai	10115
											_		
	Subtotal								490,799.			19,5	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								490,799.).). 4	19,5	$\frac{0.}{54.}$
2	Total number of individuals (including but no												_
	compensation from the organization											Yes	<u>5</u> No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	oyee on		1.00	
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the sur										. 3		X
•	and related organizations greater than \$150	-		-					•	-	4	Х	
5	Did any person listed on line 1a receive or a					-			-		_		X
Sec	rendered to the organization? If "Yes," compation B. Independent Contractors	plete Schedule	9 <i>J t</i>	or su	ich r	oers	on .				5		<u> </u>
1	Complete this table for your five highest con	•	•							•	nsation f	rom	
	the organization. Report compensation for the (A)	ne calendar ye	ear e	nair	ig w	ith c	or Wit	nin	(B)			(C)	-
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices	Comp	ensatio	on
								+					
2	Total number of independent contractors (in	•	ot lin	nited	to t	_		ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	ation				0	,				Forn	990	(2022)

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Form 990 (2022) **Part VIII** S

			Check if Schedule O c	conta	ains a r	esponse	or note to any lir	ne in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			1b		-			
S S			Fundraising events			1c		-			
fts,			Related organizations			1d		-			
ij gi								-			
ons,			Government grants (contri		Г	1e		-			
utic		T	All other contributions, gifts,				033 131				
ĕ			similar amounts not included			1f	933,121.	-			
ont		•	Noncash contributions included in I		_	1g \$		022 121			
O g		n	Total. Add lines 1a-1f					933,121.			
			COMMUNICAL DELICE	.	_		Business Code	0 660 451	0 660 451		
<u>c</u> e	2		CONTRACT REVE			10		2,669,451.			
erv		b	PROGRAM SERVI	CE	FEE	<u> </u>	900099	1,545.	1,545.		
Program Service Revenue		С									
ran 3ev		d									
og F		е									
۵			All other program service					0.570.005			
		g	Total. Add lines 2a-2f					2,670,996.			
	3		Investment income (include	ling o	dividen	ds, intere	est, and	_			_
			other similar amounts)					5.			5.
	4		Income from investment o	f tax	-exemp	ot bond p	roceeds				
	5		Royalties								
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	<u></u>			<u></u>				
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
en		С	Gain or (loss)								
Pe			Net gain or (loss)								
her Revenue	8		Gross income from fundraisir								
됩			including \$	-	-						
			contributions reported on	line	1c). Se	e					
			Part IV, line 18		•						
		b	Less: direct expenses								
			Net income or (loss) from				•				
	9		Gross income from gamin		_						
			Part IV, line 19	-							
		b	Less: direct expenses								
			Net income or (loss) from				I				
	10		Gross sales of inventory, le								
		u	and allowances								
		h	Less: cost of goods sold					-			
			Net income or (loss) from								
$\overline{}$			THE INCOME OF 11033/ 1101113	JuiGS	J UI 111V	circoly	Business Code				
ns	11	2					Buomoso sous				
Miscellaneous Revenue	• •	a b									
lla ven											
Sce Be		Ç	All other revenue					1			
Ξ			All other revenue								
	40		Total Add lines 11a-11d					3,604,122.	2 670 996	0.	5.
	12		Total revenue. See instruction	1115				D,00=,144.	<u> </u>	1 0.	<u>J.</u>

Form 990 (2022) EARTH INNOVATION INSTITUTE Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in t	his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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	438,564.	438,564.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	414,984.	277,422.	132,067.	5,495
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	500 064		100 105	10 500
7	Other salaries and wages	729,364.	536,669.	180,105.	12,590
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	F2 40C	45.060	F 100	1 1
9	Other employee benefits	53,406.	45,063.	7,183.	1,160
0	Payroll taxes	100,261.	71,365.	27,298.	1,598
1	Fees for services (nonemployees):				
а		71 000	71 522	200	
b		71,923. 72,910.	71,533.	390.	
С	• • • • • • • • • • • • • • • • • • •	12,910.	10,490.	62,420.	
	Lobbying				
e	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1,779,772.	1,754,536.	20,633.	4,603
_	column (A), amount, list line 11g expenses on Sch O.)	1,113,114.	1,754,550.	20,033.	4,003
2	Advertising and promotion	20,185.	18,425.	1,661.	99
ა 4	Office expenses	150.	150.	1,001.	
4 5	Information technology	150.	150.		
6	Royalties				
7	Occupancy	124,507.	124,507.		
8	Payments of travel or entertainment expenses	121/3071	121/30/1		
U	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	9,407.		9,407.	
4	Other expenses, Itemize expenses not covered	,		Í	
	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	PY ADJUSTMENTS	180,585.	180,585.		
b	OTHER PROGRAM IMPLEMENT	49,916.	49,916.		
С	OFFICE EQUIPMENT & FURN	21,629.	89.	21,540.	
d	COMPUTERS & ELECTRONICS	18,766.	5,456.	13,201.	109
е	All other expenses	21,592.	9,228.	12,161.	203
5	Total functional expenses. Add lines 1 through 24e	4,107,921.	3,593,998.	488,066.	25,857
6	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 (2022)

Part X | Balance Sheet

Part X		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	72,345.		73,163.
2		Savings and temporary cash investments	1,433.		1,551.
3		Pledges and grants receivable, net		3	737,590.
4		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%			
		controlled entity or family member of any of these persons		5	
6	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>ဖ</u> 7	7	Notes and loans receivable, net		7	
Assets	3	Inventories for sale or use		8	
ĕ 9		Prepaid expenses and deferred charges	1 2/11/7	9	10,522
10)a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
11	1	Investments - publicly traded securities		11	
12	2	Investments - other securities. See Part IV, line 11		12	
13	3	Investments - program-related. See Part IV, line 11		13	
14	1	Intangible assets		14	
15	5	Other assets. See Part IV, line 11	<u>210,977.</u>	15	175,068
16	<u> </u>	Total assets. Add lines 1 through 15 (must equal line 33)		16	997,894
17	7	Accounts payable and accrued expenses	232,222.	17	666,867
18	3	Grants payable	5,731.	18	1,533
19	•	Deferred revenue		19	
20)	Tax-exempt bond liabilities		20	
21	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖွ 22	2	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
- 23		Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1 1 1 1 1 1		120 510
		of Schedule D			130,512.
26		Total liabilities. Add lines 17 through 25	253,070.	26	798,912.
σ l		Organizations that follow FASB ASC 958, check here			
ဦ		and complete lines 27, 28, 32, and 33.	260 141		258,440.
<u>a</u> 27		Net assets without donor restrictions		27	-59,458.
<u>කි</u> 28		Net assets with donor restrictions	334,040.	28	-33,430.
<u>.</u> .		Organizations that do not follow FASB ASC 958, check here	J		
<u>ة</u> م		and complete lines 29 through 33.		00	
29 29		Capital stock or trust principal, or current funds		29	
88 30		Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances 25 29 30 31 35		Retained earnings, endowment, accumulated income, or other funds		31	198,982.
_		Total net assets or fund balances	055 054	32	997,894.
33	3	Total liabilities and net assets/fund balances	955,851.	33	997,89

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)	1	3,60				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,10				
3	Revenue less expenses. Subtract line 2 from line 1	3	-50				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	702	2,7	81.		
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	198	8,9	82.		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	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 separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		

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.

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

Employer identification number Name of the organization EARTH INNOVATION INSTITUTE 27-3444564 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and			• •		• •	
	membership fees received. (Do not						
	include any "unusual grants.")	6231687.	2968623.	2709440.	1407215.	933,121.	14250086.
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	6231687.	2968623.	2709440.	1407215.	933,121.	14250086.
	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)						4280765.
6	Public support. Subtract line 5 from line 4.						9969321.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	6231687.	2968623.	2709440.	1407215.	933,121.	14250086.
	Gross income from interest,					•	
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	168.	10,930.	3,011.	7.	5.	14,121.
9	Net income from unrelated business		,	,		-	<i>'</i>
-	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.)	-197,415.	-184.011.				-381,426.
11	Total support. Add lines 7 through 10						13882781.
	Gross receipts from related activities,	etc (see instructio	ns)			12 3	,952,872.
	First 5 years. If the Form 990 is for th	•	,			<u> </u>	700270120
	organization, check this box and stop	-		•			
Sed	ction C. Computation of Publi						
14	Public support percentage for 2022 (li	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	71.81 %
15	Public support percentage from 2021	Schedule A, Part	I, line 14			15	57.59 %
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te			=		3	
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio						s
	· ·		•	. ,			(Form 990) 2022

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		Ī	1	<u> </u>	1	1
alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6					1	
loa 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						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here	<u></u>	······································	<u></u>	<u></u>	<u></u>	<u></u> [
ection C. Computation of Public	Support Per	centage				
5 Public support percentage for 2022 (lii	ne 8, column (f), d	livided by line 13, o	column (f))		15	
6 Public support percentage from 2021	Schedule A, Part	III, line 15			16	
ection D. Computation of Inves						
7 Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
8 Investment income percentage from 2	•				18	
9a 33 1/3% support tests - 2022. If the						7 is not
more than 33 1/3%, check this box an						· · ·
b 33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
line 18 is not more than 33 1/3%, chec						_
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	L

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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")? |f "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?
- 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).
- 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
4		
1		
2		
_		
За		
3b		
3c		
_		
4a		
4b		
76		
4c		
_		
5a		
5b		
5c		
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9a		
9b		
00		
9c		
10a		
10b		
ule A (Forr	n 990)	2022

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Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			l
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		l
_	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			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	Type in cupporting organizations		Yes	Na
4	Were a majority of the experization's directors or trustees during the tax year also a majority of the directors		res	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			l
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		
Sec	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			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	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			l
	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			l
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	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	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 year (see instructions).	ı		
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 ins	struction		
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			l
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D	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.	217		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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 (F	orm 99	N) 2022

5

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A				INNOVATION		27-3
Part V	Type III	Non-Fur	nctionally Inte	grated 509(a)(3)	Supporting Organizations	s (continued)

Fai	Trype in Non-1 unctionally integrated 309	(a)(b) Supporting Orga	inzations (continu	uea)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	}	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	ns	(iii) Distributable
			Pre-2022		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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

EARTH INNOVATION INSTITUTE

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

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name of the organization

Employer identification number

27-3444564

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

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 INNOVATION INSTITUTE

Employer identification number 27-3444564

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		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, re	leased, extinguished, or terminated by the	e 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 per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relativest floars develor to membering, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

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

	t III Organizations Maintaining Co	ollections of Ar	t. Histo	orical Tre	easures, or Oth	er S	imilai		Contin		age Z
3	Using the organization's acquisition, accession								(COITIII	ueu)	
Ū	collection items (check all that apply):	ori, and other record	o, oncor	arry or the	ionowing that make	Joigin	iioaiii c	100 01 110			
а	Public exhibition	c	. 🗀	l nan or exc	hange program						
b	Scholarly research	6			mango program						
C	Preservation for future generations	,	, <u> </u>	Otrici							
4	Provide a description of the organization's co	llections and explain	n how th	ev further th	ne organization's ex	emnt.	nurno	se in Part	XIII		
5	During the year, did the organization solicit or							oc iiii ait.	AIII.		
J	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang										<u></u>
	reported an amount on Form 990, Par		010 11 1110	organizatio	manoworda 100	01110	000	, , , , , , , , , , , , , , , , , , , ,			
1a	Is the organization an agent, trustee, custodia	an or other intermed	liarv for c	contribution	s or other assets n	ot incl	uded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	gg								Amount	:	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo								Yes	\top	No
	If "Yes," explain the arrangement in Part XIII.					-			_		Ī
Par											
		(a) Current year		rior year	(c) Two years back		Three y	ears back	(e) Four	years	back
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 curre	ent vear end balanc	e (line 1a	ı. column (a)) held as:						
а	Board designated or quasi-endowment	•	%	,,	,,						
b	Permanent endowment	%	_								
С		 %									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administered for	the					
	organization by:	· ·								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990, Part	X, line	10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other (c) Accu	ımulate	ed	(d) Book	ς valu	
	•	basis (investr	nent)	basis	(other)	depre	ciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		X colum	n (R) line 1	0c.)						0.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n 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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description	Tru. dee Form 330, Fart X, line 13.	(b) Book value
(1) ADVANCES TO SUBGRANTEES	, cooripaion		175,068
(2)			173,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		175,068
Part X Other Liabilities.			•
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED REVENUE			130,512
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2022

130,512.

(6) (7) (8)

Par	t XI	Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		red services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)	1 4 . 1		
е	Add li	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	
Pai	rt XII	Reconciliation of Expenses per Audited Financial S		es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV,		ГТ	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ed services and use of facilities			
b		year adjustments			
С		losses			
d		(Describe in Part XIII.)	<u></u>		
_		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	<u></u>	4.5	
		nes 4a and 4b			
5 Par	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	<u> 18.)</u>	5	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1.4: Part IV lines 1b and 2b: Pa	rt V line 4: Part V line 2: Part	
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide		11 v, 1110 4, 1 art A, 1110 2, 1 art A	ν,
	20 and	1 45, and 1 are mi, into 24 and 45. Mos complete this part to provide	arry additional information.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** EARTH INNOVATION INSTITUTE 27-3444564

Part I General Infor			side the United States. Compl	ete if the organization answered "Y	
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assistance?	Yes X No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's _l	procedures for monitoring the use of its	s grants and other assistance outs	ide the
	he following Part	I line 3 table ca	an be duplicated if additional space is r	needed)	
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments
		in the region	· · · · · · · · · · · · · · · · · · ·	.,	in the region
				IMPLEMENTATION OF REDD+ AND POLICIES & SUPPLY	
			PROGRAM SERVICES, GRANTS &	CHAIN INITIATIVES FOR	
SOUTH AMERICA	1	61	CONTRACTS	LOW EMISSION RURAL DEVT.	438,564.
				IMPLEMENTATION OF REDD+ AND POLICIES & SUPPLY	
			PROGRAM SERVICES, GRANTS &	CHAIN INITIATIVES FOR	
ASIA	0	3	CONTRACTS	LOW EMISSION RURAL DEVT.	0.
				IMPLEMENTATION OF REDD+	
				AND POLICIES & SUPPLY	
			PROGRAM SERVICES, GRANTS &	CHAIN INITIATIVES FOR	
EUROPE	0	2	CONTRACTS	LOW EMISSION RURAL DEVT.	0.
				IMPLEMENTATION OF REDD+	
				AND POLICIES & SUPPLY	
			PROGRAM SERVICES, GRANTS &	CHAIN INITIATIVES FOR	
NORTH AMERICA	0	8	CONTRACTS	LOW EMISSION RURAL DEVT.	0.
3 a Subtotal	1	74			438,564.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	74			438,564.

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

Schedule F (Form 990) 2022

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is r	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SEE SUPPLEMENTAL INFO	294,400.	WIRE TRANSFER	0.		FMV
		SOUTH AMERICA	SEE SUPPLEMENTAL INFO	24,944.	WIRE TRANSFER	0.		FMV
		SOUTH AMERICA	SEE SUPPLEMENTAL INFO	16,501.	WIRE TRANSFER	0.		FMV
		SOUTH AMERICA	SEE SUPPLEMENTAL INFO	67,340.	WIRE TRANSFER	0.		FMV
		SOUTH AMERICA	SEE SUPPLEMENTAL INFO	25,760.	WIRE TRANSFER	0.		FMV
2 Enter total number of	recipient organizatio	ns listed above that are	I recognized as charities by the f	oreign country,	recognized as a tax			1

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a	tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3	Enter total number of oth	er organizations or entities	

			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
(communication of complete trip parties provide any administration occurrence)
SCHEDULE F, PART II, COLUMN (D):
REGION: SOUTH AMERICA (D) IMPLEMENTATION OF REDD+ AND POLICIES AND
SUPPLY CHAIN INITIATIVES FOR LOW EMISSION RURAL DEVELOPMENT.

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

EARTH INNOVATION INSTITUTE

Employer identification number 27-3444564

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
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.			
	Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study			
	XIndependent compensation consultantXCompensation survey or studyXForm 990 of other organizationsXApproval by the board or compensation committee			
	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u> X</u>
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		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	_		Х
e	not described on lines 5 and 6? If "Yes," describe in Part III	7		$\stackrel{\wedge}{\vdash}$
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		Х
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		
J	Regulations section 53.4958-6(c)?	9		
	1 regulation 3 3 5 5 tion 30.43 30 5 (c):	J		

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.

	(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANIEL NEPSTAD	(i)	179,160.	0.	0.	0.	20,380.	199,540.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KELLY DOUGHERTY	(i)	171,339.	0.	0.	0.	11,841.	183,180.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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.

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Internal Revenue Service	Go	to ww	w.irs.gov/Form	1990 T	or insti	ruction	is and the lat	test ir	itormation.			In	speci	ion	
Name of the organization	ו										-	ident		on nu	mber
			OVATION									445	<u>64</u>		
	Benefit Trans														
Complete if	the organization						ne 25a or 25b	o, or F	orm 990-EZ, P	art V, I	ine 40	b.			
1 (a) Name of disquali	fied person	(b) F	Relationship bety person and or			ified	(0	c) Des	scription of tran	nsactio	n		<u> </u>		ected?
			person and or	gariiza	211011		`		·				- Y	es	No
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2 Enter the amount of	f tax incurred by	the or	rganization man	agers	or disq	ualified	d persons dur	ring th	e year under						
3 Enter the amount or	f tax, if any, on li	ne 2, a	above, reimburs	ed by	the org	ganizat	ion				\$				
Part II Loans to	and/or Fron	n Inte	erested Pers	ons											
	the organization					Dart \	/ line 382 or F	Form (000 Part IV lin	o 26. (or if th	e oraș	nizatic	'n	
•	amount on Forr					, i ait v	, iiile ooa oi i	OIIII .	990, r art iv, iii	ie 20, () II (II	e orga	illzatic	<i>7</i> 11	
(a) Name of	(b) Relatio		(c) Purpose	(d) Lo	an to or	(е) Original	(f)	Balance due	(g) In		proved	(i) V	Vritten
interested person with organi		ization of loan		from the organization?		princ	cipal amount				default?		by board or committee?		ement?
				То	From					Yes	No	Yes	No	Yes	No
													<u> </u>		
								-				<u> </u>	<u> </u>		
															
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Total	A: - +		- f :L: lt				\$								
	r Assistance		•												
	the organization								(al) T		$\overline{}$		\ D		
(a) Name of interes	stea person	'	(b) Relationship interested pers the organiza	on an			assistance		(d) Type assistan			•) Purp assista		'1
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 EARTH	INNOVATI	ON INSTITUTE	3	27-3444	564	Page 2
Part IV Business Transactions Involv	ing Intereste	ed Persons.				<u> </u>
Complete if the organization answered	"Yes" on Form	990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person		nip between interested	(d) Description of		aring of zation's	
	person ar	nd the organization	transaction	transaction		nues?
					Yes	No
DAVID MCGRATH	BROTHER	OF DIRECTOR		EMPLOYEE WA		X
CLAUDIA STICKLER	WIFE OF	EXECUTIVE D	114,249.	EMPLOYEE WA		X
Part V Supplemental Information.						
Provide additional information for response	onses to questic	ons on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTI	ONS INVOLVIN	G INTERESTE	D PERSONS:		
(-)						
(A) NAME OF PERSON: DAVID	MCGRATH					
(D) DEGGDEDETON OF EDING				•		
(D) DESCRIPTION OF TRANSAC	TION: EM	PLOYEE WAGES	& BENEFITS	5		
/A NAME OF DEDGON. GLAUDT	3 CMT CZZ	TID.				
(A) NAME OF PERSON: CLAUDI.	A STICKL	EK				
(B) RELATIONSHIP BETWEEN I	NIMED E CME	ים אור מער אור	. ODC3NT73MT	OM.		
(B) RELATIONSHIP BETWEEN I	NIEKESIE	D PERSON AND	ORGANIZATI	.ON:		
WIFE OF EXECUTIVE DIRECTOR						
WIFE OF EXECUTIVE DIRECTOR						
(D) DESCRIPTION OF TRANSAC	тт∩и• вм	DI.OVEE WACES	. PENEETTO	!		
(D) DESCRIPTION OF TRANSAC	IION. EM	FLOTER WAGES	& DEMERTIS)		

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.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

EARTH INNOVATION INSTITUTE

Employer identification number 27-3444564

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

EARTH INNOVATION INSTITUTE WORKS TO ADVANCE CLIMATE-FRIENDLY RURAL

DEVELOPMENT THROUGH INNOVATIVE APPROACHES TO SUSTAINABLE FARMING,

FORESTRY AND FISHERIES IN TROPICAL REGIONS AROUND THE WORLD.

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

IN COLOMBIA, EII'S WORK IS FOCUSED ON THE DEPARTMENTS OF CAQUET AND

META, SUPPORTING BOTH JURISDICTIONS TO DEVELOP LOW-EMISSION DEVELOPMENT

STRATEGIES AND IMPLEMENTING PILOT INITIATIVES IN SMALLHOLDER

COMMUNITIES. AT THE NATIONAL AND REGIONAL LEVEL, EII IS WORKING WITH

BANCOLOMBIA TO INTRODUCE SUSTAINABILITY CRITERIA INTO LENDING

DECISIONS.

IN ALL OF THESE REGIONAL PROGRAMS, EII USES A SIMILAR APPROACH TO

SUPPORT THE TRANSITIONS OF ENTIRE JURISDICTIONS TO A PATHWAY OF

SUSTAINABLE, LOW-EMISSION RURAL DEVELOPMENT. THIS APPROACH INCLUDES THE

ESTABLISHMENT OF JURISDICTION-WIDE GOALS THAT ARE UNDERSTOOD AND

SUPPORTED BY KEY SECTORS, A SYSTEM FOR MONITORING AND REPORTING ON

PROGRESS TOWARDS THOSE GOALS, AND INCENTIVE SYSTEMS FOR DRIVING

PROGRESS TOWARDS THESE GOALS. EII WORKS WITH JURISDICTIONS ON THE

IMPLEMENTATION PLAN TO MANAGE THESE TRANSITIONS.

EXPENSES \$ 1,667,156. INCLUDING GRANTS OF \$ 324,790. REVENUE \$ 705,986.

FORM 990, PART VI, SECTION A, LINE 2:

LINE 2 EXPLANATION - BOARD DIRECTOR AND EXECUTIVE DIRECTOR, DANIEL NEPSTAD,

IS NOT INDEPENDENT AS HE WAS COMPENSATED AS AN EMPLOYEE OF THE

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization EARTH INNOVATION INSTITUTE **Employer identification number** 27-3444564

ORGANIZATION. SUSAN MCGRATH, DIRECTOR, IS THE SIBLING OF CURRENT DEPUTY DIRECTOR DAVID MCGRATH AND IS ALSO NOT INDEPENDENT. THERE ARE NO OTHER BOARD MEMBERS WHO ARE NOT INDEPENDENT AS OF 12/31/22.

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

LINE 11B EXPLANATION - THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS, AND REVIEWED BY THE EXECUTIVE DIRECTOR. A COPY OF THE FINAL FORM 990 WAS PROVIDED TO THE BOARD PRIOR TO FILING WITH THE IRS.

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

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE EXECUTIVE DIRECTOR. IT IS THE DUTY OF ALL EARTH INNOVATION INSTITUTE'S EMPLOYEES, DIRECTORS AND OFFICERS TO FAMILIARIZE THEMSELVES WITH THE CONFLICT OF INTEREST POLICY AND TO DISCLOSE ALL CONFLICTS AND POTENTIAL CONFLICTS TO THE BOARD OF DIRECTORS. A COPY OF THE CONFLICT OF INTEREST POLICY IS FURNISHED ANNUALLY TO ALL INCUMBENT AND INCOMING DIRECTORS AND OFFICERS OF THE CORPORATION. IN ORDER TO ENSURE THAT NO CONFLICT OF INTEREST REGARDING BUSINESS TRANSACTIONS WILL HAVE INFLUENCE OVER THE CORPORATION, NO DIRECTOR OR OFFICER MAY BE PRESENT FOR A VOTE BY THE BOARD ON ANY DECISION THAT WOULD DIRECTLY OR INDIRECTLY BENEFIT SUCH DIRECTOR OR OFFICER.

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

WHEN EARTH INNOVATION INSTITUTE MAKES CHANGES TO COMPENSATION OF THE ORGANIZATION'S EXECUTIVE MANAGEMENT OR KEY EMPLOYEES, EII ENGAGES AN INDEPENDENT COMPENSATION CONSULTING COMPANY TO CONDUCT AN INDEPENDENT REVIEW FOR EARTH INNOVATION INSTITUTES EXECUTIVE DIRECTOR AND MEMBERS OF SENIOR MANAGEMENT. THE COMPENSATION CONSULTANT PROVIDES INFORMATION TO THE Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization EARTH INNOVATION INSTITUTE	Employer identification number 27 – 3444564
BOARD OF DIRECTORS USING COMPARABLE DATA FROM PEER GROUP	IRS 990 FORMS AND
PUBLISHED INFORMATION FROM NONPROFIT COMPENSATION SURVEYS	. THE BOARD
REVIEWS, DISCUSSES AND DELIBERATES ON THE INFORMATION AND	OPINION PROVIDED
BY THE CONSULTANT AND RESOLVED TO APPROVE THE COMPENSATION	N OF THE EXECUTIVE
DIRECTOR AND MEMBERS OF SENIOR MANAGEMENT DURING A BOARD I	MEETING. THIS
INCLUDES INCREASES IN SALARIES, WAGES AND BENEFITS AS REV	IEWED AND APPROVED
BY THE BOARD. NO INCREASES TO COMPENSATION WERE MADE IN	2022.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TRANSLATION FEES:	
PROGRAM SERVICE EXPENSES	3,751.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,751.
GRAPHIC DESIGN FEES:	
PROGRAM SERVICE EXPENSES	8,053.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,613.
TOTAL EXPENSES	10,666.
OUTSIDE CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	1,742,732.
MANAGEMENT AND GENERAL EXPENSES	2,310.
232212 10-28-22 1 2	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization EARTH INNOVATION INSTITUTE	Employer identification number 27 – 3444564
FUNDRAISING EXPENSES	1,990.
TOTAL EXPENSES	1,747,032.
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	18,323.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,323.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,779,772.
	_