Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A F | or the | e 2022 calendar year, or tax year beginning and endi | ing | _ | |
|---------------------------|--------------------|---|---------|----------------------------|-------------------------------|
| B 0 | heck if | C Name of organization | | D Employer identifi | cation number |
| | Addre | Earthworks | | | |
| | Name chang | | | 52-15577 | 65 |
| | Initial return | | m/suite | E Telephone numbe | r |
| | Final return | | 4 | 202-887- | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 7,596,774. |
| _ | Ameno | Washington, DC 20006-2027 | | H(a) is this a group re | |
| | Application pendir | F Name and address of principal officer: O etiti I E I KI I I I | | for subordinates | |
| | | same as C above | | 7 | reluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | If "No," attach a | list. See instructions |
| | Vebsit | | | H(c) Group exemptio | |
| | | | L Year | of formation: 1988 | State of legal domicile: DC |
| Pa | rt I | Summary | | | - 1 th- |
| Se | 1 | Briefly describe the organization's mission or most significant activities: Protect | CO | mmunities a | no the |
| nan | f ' | environment from the adverse impacts of min | | | |
| Activities & Governance | 1 | Check this box if the organization discontinued its operations or disposed of | | | ssets. |
| S | | Number of voting members of the governing body (Part VI, line 1a) | | | 11 |
| లర ഗ | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 57 |
| iție | | Total number of volunteers (estimate if necessary) | | | 0 |
| ctiv | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| Ā | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | The amounted business and so motion in infinition of fit divide in the fit | T | Prior Year | Current Year |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 7,731,202. | 7,542,805. |
| | | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 2,472. | 9,321. |
| Œ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 9,216. | 13,986. |
| | ı | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 7,742,890. | 7,566,112. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 262,668. | 478,062. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,248,726. | 4,489,478. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 10,000. | 16,250. |
| άx | | Total fundraising expenses (Part IX, column (D), line 25) 463,921 | | 1 516 116 | 1 006 005 |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,546,416. | 1,886,295. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,067,810. | 6,870,085. |
| or Ses | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 2,675,080. | 696,027. |
| its o | 00 | Tabel accepts (Dark V. User 4.0) | Ве | 6,094,009. | End of Year 6,555,297. |
| Net Assets Fund Balanc | 20 | Total assets (Part X, line 16) | | 627,839. | 393,154. |
| Vet und | 21 | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | | 5,466,170. | 6,162,143. |
| Pa | rt II | Signature Block | | 3,400,1700 | 0,102,113. |
| | _ | ities of perjury, I declare that I have examined this return, including accompanying schedules and | statem | ents, and to the best of m | v knowledge and belief, it is |
| | | et, and complete. Declaration of preparer (other than officer) is based on all information of which p | | , | y mio moogo ama bonon, mo |
| | | mw//w. | | 4/17 | 123 |
| Sigr | n | Signature of officer | | Date | |
| Her | | Jennifer Krill, Executive Director | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | 44-1 | Date Check | PTIN |
| Paid | 1 | Lori A. Collingsworth | DO | 4/17/23 if self-employ | |
| - | агег | Firm's name Rogers & Company FLLC | | Firm's EtN 5 | 8-2676261 |
| Use | Only | Firm's address 8300 Boone Boulevard, Suite 600 | | | |
| | | Vienna, VA 22182 | | Phone no. (7 | 03) 893-0300 |
| May | the II | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

| Pa | t III Statement of Program Service Accomplishments |
|-----------|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | The Corporation is organized exclusively for charitable and |
| | educational purposes. Earthworks is dedicated to protecting |
| | communities and the environment from the impacts of irresponsible |
| | mineral and energy development while seeking sustainable solutions. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 3,333,812 • including grants of \$ 154,600 •) (Revenue \$) |
| та | The Energy Program includes our work on oil, gas and petrochemicals. |
| | This program, also known as the Oil & Gas Accountability Project, works |
| | to change federal, state, and local government policy and to support |
| | and empower communities impacted by existing and proposed energy |
| | extraction, to raise awareness about the impacts of unconventional oil |
| | and methane gas, and to reduce the destructive impacts of all forms of |
| | energy extraction. |
| | energy excraccion. |
| | |
| | |
| | |
| | |
| | 4 540 505 |
| 4b | |
| | The Mining Program includes efforts in the U.S. and internationally to |
| | reform mining policies and practices, including work to ensure that |
| | clean energy revolution does not lead to more harmful mining. This |
| | program protects communities and special places by stopping mining |
| | where it doesn't belong, reins in the riskiest and dirtiest mining |
| | practices, and reforms and defends state, federal and international |
| | policies that protect communities, water, wildlife, oceans and other |
| | natural resources. |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 575,288 • including grants of \$ 145,000 •) (Revenue \$) |
| | General Programming includes Media and Communications, Research and |
| | Publications and Digital Engagement and Advocacy |
| | Media and Communications - Press outreach and storytelling to promote |
| | and publicize the work of Earthworks and its allies. |
| | Research and Publications - Analysis and development of policy |
| | proposals, research on impacts of mining and energy extraction, and |
| | publishing fact sheets, reports, and information |
| | Digital Engagement and Advocacy - Outreach, engagement and advocacy |
| | using digital tools, providing information to the public and Earthworks |
| | members, and responding to inquiries. |
| | momocro, and responding to inquiries. |
| | |
| <u></u> | Other measures and issay (Describe on Cabadula O.) |
| 4d | Other program services (Describe on Schedule O.) |
| _ | (Expenses \$ 138,727 • including grants of \$ 64,792 •) (Revenue \$) Total program service expenses 5,560,532 • |
| <u>4e</u> | |
| | Form 990 (2022) |

Form 990 (2022) Earthworks 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)? | 1 | х | |
| 2 | If "Yes," complete Schedule A | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| Ü | 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 | | | 7.7 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | 1 |
| Ü | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | Х | |
| b | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | Λ | |
| D | 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 | 1110 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40- | Х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | 21 | |
| b | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | _ | |
| | 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 | | 7.7 | |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 46 | | X |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | ^ |
| " | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| - | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 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 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| 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 | _ | 37 | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |

Form 990 (2022) Earthworks 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 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | x |
| | Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| А | 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 | | Х |
| 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% | | | l |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 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 | | | 37 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| а | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? | | | |
| | "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 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | ۱ |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| 04 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | x |
| 35.2 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 55a | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| D- | Note: All Form 990 filers are required to complete Schedule 0 | 38 | Х | |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | No |
| 10 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40 | | Yes | INO |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

Form 990 (2022) Earthworks Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | | Yes | No |
|------------|---|----------|-----------------------|-----|-----|----|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | F 77 | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 57 | | v | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | X | Х |
| | | | | 3a | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | 4- | | х |
| L | financial account in a foreign country (such as a bank account, securities account, or other financial a | accou | nt) ? | 4a | | 21 |
| D | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar | 200110 | uto (EDAD) | | | |
| 50 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | | | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | $ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ and \ and \ services \ and \ servi$ | vices p | rovided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as req | uired | | | |
| | to file Form 8282? | | | 7с | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | 37 |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri | | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | |
| п 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations can be organizations can be organizations and cars, boats, airplanes, or other vehicles, did the organizations can be organizations can be organizations can be organized to the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, and or other vehicles, did the organization of cars, and or other vehicles, did the organization of cars, and or other vehicles, did the organization of cars, and or other vehicles, did the organization of cars, and organization of cars, and organization of cars, and organization of cars, and organization organization of cars, and organization or | | | 7h | | |
| 0 | | | - | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| | Did the agree of a constitution and the constitution of the distribution and the constitution (1000) | | | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | |
| 40 | amounts due or received from them.) | 11b | | 40 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | , | 12a | | |
| 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| _ | Note: See the instructions for additional information the organization must report on Schedule O. | | | 100 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | 77 |
| | excess parachute payment(s) during the year? | | | 15 | | Х |
| 40 | If "Yes," see the instructions and file Form 4720, Schedule N. | | 0 | | | v |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investmen | t inco | me ⁻ ? | 16 | | X |
| 17 | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust or any disqualified or other person engage in any ac- | tivition | | | | |
| ., | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |
| | , , | | | | | |

Form 990 (2022) Earthworks

52-1557765 Page **6**

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

| _ | Check if Schedule O contains a response or note to any line in this Part VI | | | | X |
|------------------|--|---------------------------|---------|----------|------|
| Sec ⁻ | tion A. Governing Body and Management | | | | |
| | 1 | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 11 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | <u>, 11</u> | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | th any other | | | |
| | officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the di | rect 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 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets | ? | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appo | int one or | | | |
| | more members of the governing body? | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc | kholders, or | | | |
| | persons other than the governing body? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by | the following: | | | |
| а | The governing body? | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | d 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 Rever | nue Code.) | | | |
| | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapter of the control of | ters, 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 be | efore filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to disclose annually discl | onflicts? | 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 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | / independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | Х | |
| b | Other officers or key employees of the organization | | 15b | Х | |
| | 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 | t 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 it | s participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization | tion'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 AL, AR, CA, FL, GA, | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9 | 990-T (section 501(c)(3 | s only |) availa | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | |
| | X Own website X Another's website X Upon request Upon request Other (explain on | Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, confliction | ct of interest policy, an | d finar | ncial | |
| | statements available to the public during the tax year. | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books $Jennifer\ Krill\ -\ 202-887-1872$ | and records | | | |
| | 1612 K Street, NW. 904, Washington, DC 20006-2827 | | | | |

Form 990 (2022) Earthworks 52-1557765 Page **7**

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

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

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

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

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

| Check this box if neither the organization ne | or any related | orga | aniza | ation | COI | npei | nsat | ed any current officer, o | director, or trustee. | |
|---|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|-------|---------------------------------|------------------------------|--------------------------|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Pos | | than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson | is bot or/trus | h an | compensation | compensation | amount of |
| | week | ⊢ | _ | lu a u | recio | or/trus | iee) | from | from related | other |
| | (list any | irecto | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | rustee | l trus | | ee (ee | nben | | 1099-NEC) | 1099-NEO) | and related |
| | below | dualt | itiona | _ |) oldu | st co. | J. | 1000 (120) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Forme | | | 3 |
| (1) Jennifer Krill | 40.00 | | | | | | | | | |
| Executive Director | | | | Х | | | | 165,337. | 0. | 31,921. |
| (2) Lauren Pagel | 40.00 | | | | | | | | | |
| Policy Director | | | | | | Х | | 177,316. | 0. | 16,933. |
| (3) Lorraine Osinski | 40.00 | | | | | | | | | |
| Finance & Operations Director | | | | | | Х | | 170,861. | 0. | 18,441. |
| (4) Ann Corbett | 40.00 | | | | | | | | _ | |
| Philanthrophy Director | | | | | | Х | | 157,334. | 0. | 31,745. |
| (5) Justin Wasser | 40.00 | | | | | | | | _ | |
| Interim Comm Dir/ Energy Prog Comm M | | | | | | Х | | 152,881. | 0. | 20,297. |
| (6) Payal Sampat | 40.00 | | | | | | | | _ | |
| Mining Program Director | | | | | | Х | | 133,700. | 0. | 36,628. |
| (7) Wilma Subra | 3.00 | | | | | | | _ | _ | _ |
| Chair | | Х | | Х | | | | 0. | 0. | 0. |
| (8) Patricia Weber | 2.00 | l | | l | | | | | | |
| Vice Chair | | Х | | Х | | | | 0. | 0. | 0. |
| (9) Mark Squillace, J.D. | 2.00 | | | | | | | 0 | | • |
| Secretary | 0 00 | Х | | Х | | | | 0. | 0. | 0. |
| (10) Ken Colburn | 2.00 | ,, | | ,, | | | | 0 | | • |
| Treasurer | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (11) Karolo Aparicio | 1.00 | ٠,, | | | | | | 0 | 0 | • |
| Board Member | 1 00 | X | | | | | | 0. | 0. | 0. |
| (12) Ranjana Bhandari | 1.00 | | | | | | | ^ | 0 | ^ |
| Board Member | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (13) Robin Broad | 1.00 | X | | | | | | 0. | 0. | 0. |
| Board Member | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| (14) Casey Camp Horinek | 1.00 | x | | | | | | 0. | 0. | 0. |
| 80ard Member (15) Gene Collins | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) Gloria Flora | 1.00 | <u> </u> | - | _ | | \vdash | | 0. | 0. | . |
| Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) Laura Martin | 1.00 | | | | | | | 0. | 0. | . |
| Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| DOCE TIONINGE | | 1 | | | | 1 | | | | <u></u> |

| 52-1 | 557 | 765 | P | age 8 | | | | |
|--|---------------------------|--|------|--------------|--|--|--|--|
| (continued) (E) Reportable compensation from related organization (W-2/1099-MEC) | e on d ns SC/ | (F) Estimated amount of other compensation from the organization and related organizations | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 0. | 15 | 5,9 | | | | | |
| | 0. | 1 5 | 5,9 | 0. | | | | |
| 00 of reportab | _ | 13 | 5,9 | 05. | | | | |
| 30 of Topolias | ,,, | | | 11 | | | | |
| | | | Yes | No | | | | |
| yee on | | 3 | | Х | | | | |
| e organization | | | v | | | | | |
| al for services | | 4 | Х | | | | | |
| | | 5 | | Х | | | | |
| | | | | | | | | |
| 00,000 of cor | npens | ation 1 | from | | | | | |
| ar. /ices | (C) Compensation | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | (A) Name and title | (B) Average hours per week | box | not c , unle | ss pe | itior more rson | than is bot | 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 | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | c | mper from rganiz and re | sation the ation | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Subtotal | | | | | | | | 957,429. | 0 | . 1 | 55, | 965. | |
| С | Total from continuation sheets to Part V | II, Section A | | | | | | | 0. | 0 | | | 0. | |
| <u>d</u> 2 | Total (add lines 1b and 1c) Total number of individuals (including but n | | | | | | | | 957,429. | 0 000 of reportable | • 1 | 55, | 965. | |
| | compensation from the organization | ot invited to the | 1030 | iiote | ,u ai | 50 V | c, wi | 10 11 | eccived more than proc | ,,ood of reportable | | | 11 | |
| 3 | Did the organization list any former officer, | director, trust | ee. k | ev e | emp | love | e. or | hio | nhest compensated emr | olovee on | | Ye | s No | |
| | line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | 3 | | X | |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | | | | | | | | | | 4 | Х | | |
| 5 | Did any person listed on line 1a receive or a | accrue comper | nsat | ion f | rom | any | / unr | | | | | | 7,7 | |
| Sec | rendered to the organization? If "Yes," combined to the organization of the contractors | plete Schedul | e J f | or su | ıch | pers | son . | | | | . 5 | | X | |
| 1 | Complete this table for your five highest co | mpensated in | depe | ende | nt c | onti | racto | rs t | that received more than | \$100,000 of compe | nsatio | n from | 1 | |
| | the organization. Report compensation for | the calendar y | ear e | endi | ng v | vith | or w | ithir T | | year. | | <u>(0)</u> | | |
| | (A) Name and business | address | NC | ONE | 3 | | | | (B) Description of s | services | Com | (C) pensa | tion | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i | - | ot li | mite | d to | | _ | stec | d above) who received n | nore than | | | | |
| | \$100,000 of compensation from the organi | zation | | | | (| <u> </u> | | | | For | n 99 (| (2022) | |

| . u | | Check if Schedule O | contains a response | or note to any lin | ne in this Part VIII | | | |
|--|----------|---|------------------------|--------------------|----------------------|--------------------------|--------------------------------------|--|
| | | Oneok II ochleddie O | contains a response | or note to any iii | (A) Total revenue | (B) Related or exempt | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Grants | b | Membership dues | 1a 1b | | | | | |
| Gifts, ilar An | d | Fundraising events Related organizations | 1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Government grants (continuations, gifts, similar amounts not included | grants, and | 542,805. | | | | |
| Contrik and Ot | _ | Noncash contributions included in | | 30,662. | 7,542,805 . | | | |
| | | | | Business Code | | | | |
| 9 | 2 a | l | | | | | | |
| اه کَ | b | | | | | | | |
| S n | С | ; | | | | | | |
| ran Sev | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| ۱ ۵ | | All other program service | | | | | | |
| \rightarrow | | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (include | ding dividends, intere | est, and | 0 240 | | | 0 240 |
| | _ | | | | 9,340. | | | 9,340. |
| | 4 | Income from investment of | | | | | | |
| | 5 | Royalties | (i) Real | (ii) Personal | | | | |
| | 6 0 | Gross rents | 6a | (ii) i cisoriai | | | | |
| | | Gross rents Less: rental expenses | 6b | | | | | |
| | | Rental income or (loss) | 6c | | | | | |
| | | Net rental income or (loss) | | 1 | | | | |
| | | Gross amount from sales of | <u> </u> | (ii) Other | | | | |
| | | assets other than inventory | 7a 30,643. | ., | | | | |
| | b | Less: cost or other basis | | | | | | |
| e ne | | and sales expenses | 7b 30,662. | | | | | |
| her Revenue | С | Gain or (loss) | | | | | | |
| Be | d | Net gain or (loss) | <u></u> | | -19. | | | -19. |
| Other | 8 a | Gross income from fundraisi including \$ | ng events (not of | | | | | |
| | | contributions reported on | line 1c). See | | | | | |
| | | Part IV, line 18 | 8a | | | | | |
| | b | Less: direct expenses | | | | | | |
| | С | Net income or (loss) from | fundraising events | | | | | |
| | 9 a | Gross income from gamin | - | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | · | | | | | |
| | | Net income or (loss) from | | | | | | |
| | 10 a | Gross sales of inventory, | | | | | | |
| | L | and allowances | | | | | | |
| | | Less: cost of goods sold | | 1 | | | | |
| \exists | С | Net income or (loss) from | sales of inventory | Business Code | | | | |
| Miscellaneous Revenue | 11 a | Honoraria & C | CC rewards | 900099 | 7,212. | | | 7,212. |
| ane nue | | Fiscal agent | | 900099 | 6,774. | | | 6,774. |
| eve | c | | | | , | | | , |
| Aisc | | All other revenue | | | | | | |
| 2 | | Total. Add lines 11a-11d | | | 13,986. | | | |
| | 12 | Total revenue. See instruction | | | 7,566,112. | 0. | 0. | 23,307. |

Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a respon | se or note to any line in | this Part IX | | |
|-------|---|---------------------------|--------------------------|---------------------------------|------------------------|
| Do | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | <i>ол</i> ,ролосс | денения емренное | |
| - | and domestic governments. See Part IV, line 21 | 408,670. | 408,670. | | |
| 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 | 69,392. | 69,392. | | |
| 4 | Benefits paid to or for members | - | - | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 197,258. | 156,661. | 24,694. | 15,903. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 3,547,791. | 2,826,229. | 441,450. | 280,112. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 97,524. | 74,815. | 13,107. | 9,602. |
| 9 | Other employee benefits | 342,631. | 269,606. | 43,582. | 29,443. |
| 10 | Payroll taxes | 304,274. | 237,602. | 39,934. | 26,738. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | | 30,748. | 3,378. | 27,370. | |
| С | Accounting | 26,046. | | 26,046. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | 16,250. | | | 16,250. |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | 492,246. | 432,409. | 59,537. | 300. |
| 12 | Advertising and promotion | 158,830. | 152,628. | 6,202. | |
| 13 | Office expenses | 302,071. | 197,680. | 53,249. | 51,142. |
| 14 | Information technology | 53,290. | 51,498. | | 1,792. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 91,247. | 72,381. | 11,029. | 7,837. |
| 17 | Travel | 350,232. | 341,930. | 3,474. | 4,828. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 122,336. | 112,037. | 10,299. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 112,676. | 106,345. | 3,919. | 2,412. |
| 23 | Insurance | 33,860. | 10,041. | 23,819. | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | Exceptional expense | 48,349. | | 48,349. | |
| b | Dues and subscriptions | 44,001. | 36,546. | 845. | 6,610. |
| С | State registrations | 11,806. | 684. | 170. | 10,952. |
| d | Contributions | 8,557. | | 8,557. | |
| е | All other expenses | | | | |
| 25 | Total functional expenses . Add lines 1 through 24e | 6,870,085. | 5,560,532. | 845,632. | 463,921. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| 00001 | 0 12-13-22 | | | | Form 990 (2022) |

Form 990 (2022) Part X Balance Sheet

| ra | LA | Dalance 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 | Cash - non-interest-bearing | | | 5. | 1 | 16. |
| | 2 | Savings and temporary cash investments | | | 5,128,411. | 2 | 5,158,071. |
| | 3 | Pledges and grants receivable, net | | | 457,440. | 3 | 373,477. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any currer | | | | | |
| | | trustee, key employee, creator or founder, su | ubstantial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of | these perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disq | ualified pers | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons descr | ibed in sect | tion 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 46,901. | 9 | 31,878. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 774,719. | | | |
| | b | Less: accumulated depreciation | 261,186. | 10c | 305,905. | | |
| | 11 | Investments - publicly traded securities | | 144,742. | 11 | 177,753. | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 55,324. | 15 | 508,197. | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | equal line 33 | 3) | 6,094,009. | 16 | 6,555,297. |
| | 17 | Accounts payable and accrued expenses | | | 327,839. | 17 | 192,684. |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 300,000. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | ete Part IV o | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or t | ormer office | er, director, | | | |
| Ħ | | trustee, key employee, creator or founder, su | ubstantial co | ontributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of | these perso | ns | | 22 | |
| _ | 23 | Secured mortgages and notes payable to ur | related thire | d parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrel | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | nes 17-24). | Complete Part X | 0 | | 200 470 |
| | | of Schedule D | | | 0. | | 200,470. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 77 | 627,839. | 26 | 393,154. |
| S | | Organizations that follow FASB ASC 958, | check here | X | | | |
| nce | | and complete lines 27, 28, 32, and 33. | | | 747 075 | | 1 006 160 |
| ala | 27 | Net assets without donor restrictions | | | 747,975. | 27 | 1,886,160. |
| В | 28 | Net assets with donor restrictions | | | 4,718,195. | 28 | 4,275,983. |
| Ë | | Organizations that do not follow FASB AS | C 958, che | ck here | | | |
| ō | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current fur | | | | 29 | |
| \SS(| 30 | Paid-in or capital surplus, or land, building, o | | | | 30 | |
| et ⊿ | 31 | Retained earnings, endowment, accumulated | | ••••• | 5,466,170. | 31 | 6,162,143. |
| Ź | 32 | Total net assets or fund balances | | | 6,094,009. | 32 | 6,555,297. |
| | 33 | Total liabilities and net assets/fund balances | | | 0,094,003. | 33 | Garm 990 (2022) |

Form **990** (2022)

| 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) | | 7,56 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,87 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 27. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 | | | | 70. |
| 5 | Net unrealized gains (losses) on investments | 5 | | - | 54. |
| 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 | 6,16 | 2,1 | 43. |
| Pa | rt XII Financial Statements and Reporting | • | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Earthworks

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

| . u | | Trodocti for Fabile | onanty otataon | (All Organizations must c | ompicie ii | iis part.) C | occ monactions. | |
|------|-------|--|-------------------------|--|-------------------------------------|--------------------|-----------------------------|----------------------------|
| he d | organ | ization is not a private found | lation because it is: (| For lines 1 through 12, o | check only | one box.) | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in s e | ection 170 | (b)(1)(A)(i | ii). | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | l described | d in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owner | d or opera | ted by a g | overnmental unit describ | ped in |
| | | section 170(b)(1)(A)(iv). (C | | , | • | | | |
| 6 | | A federal, state, or local go | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | |
| | X | An organization that norma | · · | | | | ` ' | public described in |
| | | section 170(b)(1)(A)(vi). (C | - | and part of its support | rom a gov | orranion ta | anne or morn and gorioral | pasio accorisca in |
| 8 | | A community trust describe | | (1)(A)(vi) (Complete Par | + 11 \ | | | |
| 9 | | An agricultural research org | | | | ed in conju | inction with a land-grant | college |
| 9 | | • | - | | | - | - | - |
| | | or university or a non-land-o | grant college or agric | ulture (see iristructions). | . Enter the | marrie, city | y, and state of the colleg | le oi |
| 10 | | university: | III | then 00 1/00/ of its own | | | | |
| IU | | An organization that norma | | | | | | |
| | | activities related to its exen | | • | | | | - |
| | | income and unrelated busin | | (less section 511 tax) from | om busine | sses acqu | ired by the organization | after June 30, 1975. |
| | | See section 509(a)(2). (Con | | | | | | |
| 11 | Н | An organization organized | • | * | - | | | _ |
| 12 | | An organization organized | | • | • | | • | |
| | | more publicly supported or | • | | | | | Check the box on |
| | | lines 12a through 12d that | | | | • | • | |
| а | | Type I. A supporting orga | anization operated, s | supervised, or controlled | by its sup | ported org | ganization(s), typically by | y giving |
| | | the supported organization | on(s) the power to re | gularly appoint or elect a | a majority | of the dire | ctors or trustees of the s | supporting |
| | _ | organization. You must o | complete Part IV, Se | ections A and B. | | | | |
| b | | Type II. A supporting org | anization supervised | d or controlled in connec | tion with it | s support | ed organization(s), by ha | iving |
| | | control or management o | of the supporting orga | anization vested in the s | ame perso | ons that co | ontrol or manage the sup | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connec | tion with, | and functionally integrat | ed with, |
| | | its supported organizatio | n(s) (see instructions | s). You must complete I | Part IV, Se | ections A, | D, and E. | |
| d | | Type III non-functionally | y integrated. A supp | orting organization oper | ated in co | nnection v | vith its supported organi | zation(s) |
| | | that is not functionally int | egrated. The organiz | zation generally must sat | tisfy a dist | ribution re | quirement and an attent | iveness |
| | | requirement (see instruct | - | • • | • | | • | |
| е | | Check this box if the orga | · | - | | | | |
| | | functionally integrated, or | | | | | 31 / 31 / 31 | |
| f | Ente | r the number of supported o | organizations | | | | | |
| | | ride the following information | • | ed organization(s). | | | | • 1 |
| | |) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | above (see instructions)) | | | | |
| | | | | | | | | |
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | ction A. Public Support | | | | | | |
|------|---|-----------------------|-----------------------|------------------------|--------------------|------------|-------------|
| Cale | ndar 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.") | 3,509,953. | 4,869,711. | 4,583,174. | 7,731,202. | 7,542,805. | 28,236,845. |
| 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 | 3,509,953. | 4,869,711. | 4,583,174. | 7,731,202. | 7,542,805. | 28,236,845. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 8,789,655. |
| _6 | Public support. Subtract line 5 from line 4. | | | | | | 19,447,190. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 3,509,953. | 4,869,711. | 4,583,174. | 7,731,202. | 7,542,805. | 28,236,845. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | 4,653. | 10,176. | 6,985. | 1,767. | 9,340. | 32,921. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 28,269,766. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 95,760. |
| 13 | First 5 years. If the Form 990 is for the | - | rst, second, third, f | fourth, or fifth tax y | ear as a section 5 | 501(c)(3) | |
| _ | organization, check this box and stor | | | | | | <u></u> |
| | ction C. Computation of Publ | | | | | | CO 70 |
| | Public support percentage for 2022 (| | | | | 14 | 68.79 % |
| 15 | Public support percentage from 2021 | | | | | 15 | 70.15 % |
| 16a | 33 1/3% support test - 2022. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2021. If the d | - | | | | | |
| 4- | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | • | | | | | • |
| | and if the organization meets the fact | | | = | • | _ | |
| | meets the facts-and-circumstances to | _ | • | | - | | |
| b | 10% -facts-and-circumstances tes | - | | | | | 10% or |
| | more, and if the organization meets the | | • | | • | | |
| | organization meets the facts-and-circ | | | | | | |
| 18 | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |

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.)

| Se | ction A. Public Support | | , | | | | |
|------|--|----------------------|-----------------------|----------------------|-------------------|---------------------|-----------|
| Cale | endar 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 | | | | | | |
| Ŭ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| , , | 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received | | | | | | |
| • | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | () 22/2 | #20040 | | 1,0004 | | |
| | endar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 108 | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fi | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizat | tion, |
| | check this box and stop here | | | | | | |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2022 (| ine 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| Se | ction D. Computation of Inve | stment Incom | e Percentage | | | | _ |
| 17 | Investment income percentage for 20 | 122 (line 10c, colur | mn (f), divided by li | ine 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | a 33 1/3% support tests - 2022. If the | | | | | 33 1/3%, and line | |
| | more than 33 1/3%, check this box a | | | | | | |
| ŀ | 33 1/3% support tests - 2021. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | • | | | • | • | |
| 20 | Private foundation. If the organization | | | | | | |

Schedule A (Form 990) 2022 Earthworks 52-1557765 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Yes | No |
|------|----------|-------|------|
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| Par | t IV Supporting Organizations _(continued) | | | |
|------|---|------------|------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations | 2 | | |
| Seci | ion C. Type ii Supporting Organizations | | | - · · |
| _ | | | Yes | No |
| | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| | ion D. All Type III Supporting Organizations | | | <u> </u> |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 103 | 140 |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction | s). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instructio | ns). | |
| | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | 01- | | |
| | these activities but for the organization's involvement. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 20 | | |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3a | | |
| | and any animation exercises a substantial degree of direction even the policies, programs, and activities of each | | | |

52-1557765 Page 5

Schedule A (Form 990) 2022

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | |
|--|--|----------------|---------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruc | | | | |
| | All other Type III non-functionally integrated supporting organizations must | st complete | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrate | d Type III supporting org | anization (see |
| | instructions). | | | |

Schedule A (Form 990) 2022

| | Schedule A (Form 990) 2022 Earthworks 52-1557765 Page 7 | | | | | |
|-------|--|-----------------------------------|---------------------------------------|----|---|--|
| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
| Secti | on D - Distributions | | • | | Current Year | |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | | |
| | organizations, in excess of income from activity | | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | ns | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | Э | | | |
| | (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 | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | าร | (iii) Distributable Amount for 2022 | |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | | |
| а | From 2017 | | | | | |
| b | From 2018 | | | | | |
| С | From 2019 | | | | | |
| d | From 2020 | | | | | |
| e | From 2021 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| | Applied to 2022 distributable amount | | | | | |
| i | | | | | | |
| i | 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 | | | | | |
| | Applied to 2022 distributable amount | | | | | |
| | 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 | | | | | |
| | Excess from 2022 | | | | | |
| | LACCOC II OIII LOLL | | | | | |

Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number 52-1557765

| Organization type (check one): | | | | | | |
|---|--|--|--|--|--|--|
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| , , | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General Rule | | | | | | |
| ~ | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special Rules | | | | | | |
| sections 509(a)(1) contributor, during | 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, dury year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this 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). | | | | | | |

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

Schedule B (Form 990) (2022)

Earthworks 52-1557765

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$ | Person X Payroll |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Name, audiess, and ZiF + 4 | \$ 1,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| | Name, address, and ZIP + 4 | \$ 320,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

52-1557765

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$1,100,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$ 600,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

Earthworks 52-1557765

| Part II | Noncash Property (see instructions). Use duplicate copies of Part I | i if additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | _ \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | _ | |
| | | \$ | |

Name of organization Employer identification number 52-1557765 Earthworks Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2022

Open to Public

Inspection

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** 52-1557765 Earthworks Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$____ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Nο 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ ______ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ______\$ ___ 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (d) Amount paid from (a) Name (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

| Pá | art II-A | Complete if the organization section 501(h)). | on is exempt under section 501(c)(3) and fil | ed Form 5768 (el | ection under |
|----|------------------|---|---|--|------------------------------------|
| | Check Check | if the filing organization belong expenses, and share of excess | gs to an affiliated group (and list in Part IV each affiliated s lobbying expenditures). ed box A and "limited control" provisions apply. | group member's name | e, address, EIN, |
| | | Limits on Lobb | oying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1: | a Total lob | obying expenditures to influence pub | lic opinion (grassroots lobbying) | 47,799. | |
| | | , , , , | gislative body (direct lobbying) | 38,865. | |
| | | , , , | d 1b) | 86,664. | |
| | | | | 6,759,826. | |
| | e Total ex | | s 1c and 1d) | 6,846,490. | |
| | | | unt from the following table in both columns. | 492,325. | |
| | If the am | ount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| | Not ove | r \$500,000 | 20% of the amount on line 1e. | | |
| | Over \$5 | 00,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| | Over \$1 | ,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| | Over \$1 | ,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| | Over \$1 | 7,000,000 | \$1,000,000. | | |
| | | | | | |
| | g Grassro | ots nontaxable amount (enter 25% o | f line 1f) | 123,081. | |
| | h Subtrac | t line 1g from line 1a. If zero or less, e | 0. | | |
| | | t line 1f from line 1c. If zero or less, e | | 0. | |
| | j If there | is an amount other than zero on eithe | r line 1h or line 1i, did the organization file Form 4720 | _ | |
| | reportin | g section 4911 tax for this year? | | L | Yes No |
| | | | 4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all | of the five columns be | elow. |

See the separate instructions for lines 2a through 2f.)

| | Lobbying Expen | ditures During 4-Yea | ar Averaging Period | | |
|---|-----------------|----------------------|---------------------|------------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | 362,461. | 362,539. | 402,891. | 492,325. | 1,620,216. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 2,430,324. |
| c Total lobbying expenditures | 105,510. | 101,838. | 88,188. | 86,664. | 382,200. |
| d Grassroots nontaxable amount | 90,615. | 90,635. | 100,723. | 123,081. | 405,054. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 607,581. |
| f Grassroots lobbying expenditures | 33,657. | 54,083. | 5,126. | 47,799. | 140,665. |

Schedule C (Form 990) 2022

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

| or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a) | | (l |) |
|---|---|--|--------------|------|
| f the lobbying activity. | Yes | No | Amo | ount |
| During the year, did the filing organization attempt to influence foreign, national, state, or | | | | |
| local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| or referendum, through the use of: | | | | |
| a Volunteers? | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? | | | | |
| e Publications, or published or broadcast statements? | | | | |
| f Grants to other organizations for lobbying purposes? | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i Other activities? | | | | |
| j Total. Add lines 1c through 1i | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | n 501(c)(| 5), or s | ection | |
| (-)(-) | | | Yes | N |
| More substantially all (000/ or more) dues restrict resided with the resemble of | | 4 | | |
| were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| , | | | | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the carry lile. Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | e prior year? n 501(c)(| 2 3 5), or s | | e 3, |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | e prior year? in 501(c)(t "No" OR | 2 3 5), or s (b) Par | | e 3, |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the carry lile. Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | e prior year? n 501(c)(t "No" OR | 2 3 5), or s (b) Par | | e 3, |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Earthworks

Employer identification number 52-1557765

| Pa | TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | Similar Funds or A | Accounts. Complete if the |
|----|--|-----------------------------|---------------------------|---|
| - | | (a) Donor advised | d funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in w | - | | |
| | are the organization's property, subject to the organization's ex | | | |
| 6 | Did the organization inform all grantees, donors, and donor adv | visors in writing that gra | int funds can be used | only |
| | for charitable purposes and not for the benefit of the donor or | • | | |
| D- | impermissible private benefit? | | | |
| Pa | 1 6 | | s" on Form 990, Part IV | /, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | ` | | |
| | Preservation of land for public use (for example, recreation | on or education) | | orically important land area |
| | Protection of natural habitat | | Preservation of a cert | tified historic structure |
| _ | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | ed conservation contribu | ution in the form of a c | onservation easement on the last Held at the End of the Tax Year |
| | day of the tax year. | | | |
| | Total number of conservation easements | | | 2a |
| | Total acreage restricted by conservation easements | | | |
| | Number of conservation easements on a certified historic structure. | | | 2c |
| a | Number of conservation easements included in (c) acquired af | • | | |
| 2 | historic structure listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or t | erminated by the orga | mization during the tax |
| 4 | year Number of states where property subject to conservation ease | oment is located | | |
| 5 | Does the organization have a written policy regarding the period | | ion handling of | |
| 3 | violations, and enforcement of the conservation easements it h | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | d enforcing conservat | |
| Ū | Cital and volunteer nours devoted to monitoring, inspecting, in | arraining or violations, ar | ia critorollig cortocivat | ion deserrents dering the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | ng of violations, and en | forcina conservation e | asements during the year |
| | 3, | | g | |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirement | s of section 170(h)(4)(| B)(i) |
| | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | balance sheet, and include, if applicable, the text of the footnot | te to the organization's | financial statements t | hat describes the |
| | organization's accounting for conservation easements. | - | | |
| Pa | t III Organizations Maintaining Collections of | Art, Historical Tre | asures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | , not to report in its reve | enue statement and ba | alance sheet works |
| | of art, historical treasures, or other similar assets held for publi | c exhibition, education, | or research in furthera | ance of public |
| | service, provide in Part XIII the text of the footnote to its finance | cial statements that des | cribes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958 | , to report in its revenue | statement and baland | ce sheet works of |
| | art, historical treasures, or other similar assets held for public e | exhibition, education, or | research in furtherand | ce 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 treas | sures, or other similar as | ssets for financial gain, | , provide |
| | the following amounts required to be reported under FASB AS | C 958 relating to these | items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| b | Assets included in Form 990, Part X | | | • |

| | dule D (Form 990) 2022 Earthwor | | | | | | | 155776 | | |
|-----|--|-----------------------|-------------|----------------|----------------|--------------|-------------------------|-----------------|----------|----------|
| Pai | t III Organizations Maintaining C | ollections of A | rt, His | torical Tr | reasures, | or Othe | r Similar As | sets(cont | inued) | |
| 3 | Using the organization's acquisition, accession | n, and other record | ls, chec | k any of the | following that | at make si | gnificant use o | f its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progr | am | | | | |
| b | Scholarly research | е | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | n how tl | hev further t | the organizat | ion's exen | npt purpose in | Part XIII. | | |
| 5 | During the year, did the organization solicit or | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | | □No |
| Pai | t IV Escrow and Custodial Arrang | | | | | | | | | |
| 1 0 | reported an amount on Form 990, Part | | oto ii tiic | organizatio | on answered | 103 0111 | om 550, r an | . 10, 1110 0, 1 | , | |
| 12 | Is the organization an agent, trustee, custodia | | liany for | contribution | ne or other as | eeste not i | ncluded | | | |
| Ia | on Form 990, Part X? | | • | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII a | | | | | | | 163 | | _ INO |
| D | ii res, explain the arrangement in Part Alli a | ind complete the lo | llowing | lable. | | | | Amou | nt | |
| | Destination below a | | | | | | 4- | Amou | | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | _ |
| | Did the organization include an amount on Fo | | | | | | ty? | Yes | 늗 | ∐ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | <u> </u> | |
| Pai | t V Endowment Funds. Complete if | | | | | | | | | |
| | | (a) Current year | (b) F | Prior year | (c) Iwo yea | rs back (| d) Three years b | ack (e) Fo | ur 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 | | | | | | | | | |
| | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent vear end balanc | e (line 1 | a. column (| a)) held as: | <u> </u> | | I | | |
| | Board designated or quasi-endowment | , | % | 3, | ,, | | | | | |
| | Permanent endowment | % | | | | | | | | |
| c | Term endowment 9 | | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c shou | - | | | | | | | | |
| 22 | Are there endowment funds not in the posses | • | ation th | at are hold a | and administ | arad for th | 0 | | | |
| Ja | ' | ssion of the organiza | ation the | at are rielu a | and administ | erea ioi tii | C | | Yes | No |
| | organization by: | | | | | | | 2-(:) | + | 110 |
| | (i) Unrelated organizations | | | | | | | | | |
| | (ii) Related organizations | | | | | | | 3a(ii | 4 | ├ |
| b | If "Yes" on line 3a(ii), are the related organizate | | | |) | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment | funds. | | | | | | |
| Pai | t VI Land, Buildings, and Equipm Complete if the organization answered | |), Part I | V, line 11a. S | See Form 990 | 0, Part X, I | ine 10. | | | |
| | Description of property | (a) Cost or o | | | t or other | | cumulated | (d) Bo | ok valu | ie |
| | 2000piio oi proporty | basis (investr | | ` ' | (other) | . , | reciation | (4, 50 | | |
| | | | | | . , | | | | | |

| | , | , | , , | |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 3,723. | 3,723. | 0. |
| d Equipment | | 700,972. | 451,475. | 249,497. |
| e Other | | 70,024. | 13,616. | 56,408. |
| Total. Add lines 1a through 1e. (Column (d) must equ | 305,905. | | | |

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022 Earthworks | | 52 | -1557765 Page |
|---|----------------------------|---|------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" of | | | d af |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| 1) Financial derivatives | | | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 990 Part IV line | e 11c. See Form 990. Part X. line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-vear market value |
| | (b) I som takes | (c) memera or raisanem ever er end | a or your market raids |
| (1) | | | |
| (3) | | 1 | |
| (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" of | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | |
| (a) D | Description | | (b) Book value |
| (1) Due from affiliate | | | 266,723 |
| (2) Right-of-use assets - oper | rating lease | | 241,474 |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Fotal. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | 508,197 |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25 | |
| (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) Lease liabilities operati | ing lease | | 200,470 |
| (3) | | | |
| (4) | | | |
| (5) | · | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

200,470.

(6) (7) (8)

232054 09-01-22 Schedule D (Form 990) 2022

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.

OMB No. 1545-0047
2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Earthworks

| 52-1557765|
| Part | General Information on Activities Outside the United States. Complete if the organization answered "Yes" on
| Form 990, Part IV, line 14b.
| For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,
| the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | X Yes | No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

| | | 1 | an be duplicated if additional space is i | | 1 10- : : |
|----------------------------------|-----------------------|--------------------------|---|---|------------------------|
| (a) Region | (b) Number of | (c) Number of employees, | (d) Activities conducted in the region | | (f) Total expenditures |
| | offices in the region | agents, and independent | (by type) (such as, fundraising, program services, investments, grants to | is a program service, describe specific type | for and |
| | In the region | contractors | recipients located in the region) | of service(s) in the region | investments |
| | | in the region | recipients located in the region) | or service(s) in the region | in the region |
| | | | | | |
| | | | | PEO salaries and fees | |
| Europe | 1 | 0 | Program Service | for S. African Resident | 77,365 |
| | | | | | |
| East Asia and the | | | | Fee for Mining research | |
| Pacific | 1 | 0 | Program Service | report | 9,663 |
| | | | | | , , , , , |
| | | | | | |
| | | | | Honorarium for | 500 |
| North America | 1 | U | Program Service | presentation | 500 |
| | | | | | |
| | | _ | | | |
| North America | 4 | 0 | Program Service | Translation services | 5,654 |
| | | | | | |
| Central America and | | | | | |
| the Caribbean | 1 | . 0 | Program Service | Translation services | 686 |
| | | | | | |
| | | _ | | | |
| South America | 1 | 0 | Program Service | Translation services | 1,350 |
| | | | | | |
| East Asia and the | | | | | |
| Pacific | 2 | 0 | Program Service | Translation services | 1,777 |
| | | | | | |
| -, -, -, -, -, -, | _ | | | | |
| Sub-Saharan Africa | 1 | 0 | Administration | Gift for PEO Staff | 154 |
| 3 a Subtotal | 12 | С | | | 97,149 |
| b Total from continuation | 6 | l c | | | 00 224 |
| sheets to Part I | | - | | | 99,224 |
| c Totals (add lines 3a | | | | | |

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

Schedule F (Form 990) 2022

196,373.

and 3b)

Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (b) Number of (c) Number of (e) If activity listed in (d) (f) Total (a) Region (d) Activities conducted in region offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in describe specific type for region program services, grants to of service(s) in region recipients located in the region) region North America 0 Program Service 569. Program Supplies GGON Meeting travel 0 Program Service expenses 2,025. Europe Travel, Lodging and Expenses from COP 26 Middle East and North Africa 0 Convention Program Service 6,919. Travel, Lodging and Expenses from trip to Rio Tinto AGM Europe 0 Program Service 2,647. Travel, Lodging and Expenses from trip to United Nations 0 Sub-Saharan Africa Program Service Environment Assembly 1,643. Central America and Travel Expenses Pan 5,460. the Caribbean 0 Program Service American Silver Summit Travel Expenses Pan North America 0 Program Service American Silver Summit 7,787. Travel, Lodging and Expenses from trip El Salvador, Meet local Central America and the Caribbean 0 Program Service organizers 1,529. Travel, Lodging and Expenses from trip El Central America and Salvador. Meet local the Caribbean 0 organizers 1,253. Program Service Central America and Grants to recipients the Caribbean 0 located in region 27,500. **Totals**

| Schedule F (Form 990) | Earthwor | | | 52-155// | 0 D Page 1 |
|-----------------------|-------------------------------------|--|--|--|---|
| Part I Continuation | on of Activitie | s per Regio | n.(Schedule F (Form 990), Part I, line 3) | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| | | | | | |
| East Asia | C | 0 | Grants to recipients located in region | | 15,000. |
| | | | Grants to recipients | | |
| North America | C | 0 | located in region | | 17,000. |
| | | | Grants to recipients | | |
| South America | 0 | 0 | located in region | | 9,892. |
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| Totals | • 6 | | | | 99,224. |

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 needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (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) |
|----------------------------|---|-------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---|---|
| | | | Environmental | | | | | |
| | | | Protection work from | | | | | |
| | | East Asia and the | nickel industry in | | | | | |
| | | Pacific | Indonesia | 15,000. | Wire | 0. | N/A | N/A |
| | | | | | | | | |
| | | | | | | | | |
| | | Central America | Subgrant from SAGE | | | | | |
| | | and the Caribbean | | 17,500. | Wire | 0. | N/A | N/A |
| | | | Support Maxima Acuna | | | | | |
| | | | Chaupe in her legal | | | | | |
| | | · · | defense against | | | | | |
| | | Peru | Newmont and their | 8,200. | Wire | 0. | N/A | N/A |
| | | | | | | | | |
| | | | | | | | | |
| | | | Subgrant from SAGE | | | | | |
| | | | Fund | 10,000. | Wire | 0. | N/A | N/A |
| | | Central America | | | | | | |
| | | and the | | | | | | |
| | | ' | Subgrant from SAGE | | | _ | | |
| | | Guatemala | Fund | 10,000. | Wire | 0. | N/A | N/A |
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| 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 other organizations or entities |

→ 8

Page 2

Schedule F (Form 990) 2022

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

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 3

Schedule F (Form 990) 2022

| 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.

Part I, Line 2:

The organization maintain records to substantiate the amount of the grants, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance.

Earthworks Partnership Programs grants are passed through as requested and the organization then becomes responsible party for any monitoring of the use of grant funds.

Part I, line 3:

Foreign expenses are directly tracked and accounted for on the accrual method of accounting.

Part II, Column (d):

Region: South America, Peru

| (d) | Pur | pose | οt | Grant | :: Supp | port | Maxi | Lma | Acuna | Chaupe | in | her | Leg | ga⊥ | detense | ! |
|------|----------------------|------|--------|-------|---------|------|------|-----|---------|--------|-------|-----|-----|------|----------|------|
| 242 | inat | Norm | nont | and | +hoir | ongo | ina | har | raggmon | + 202 | ina+ | hor | 2.0 | aho | contin | 1100 |
| aya. | IIISC | MEMI | IIOIIC | and | CHETT | ongo | TIIG | maı | assille | c aya. | LIISC | пет | as | Sile | COIICIII | ues |
| to p | to protect her land. | | | | | | | | | | | | | | | |
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Inspection
Employer identification number

Schedule G (Form 990) 2022

| Name of the organization | _ | | | | | | ntification number |
|--|--|---|---|---|---------|---|---|
| Earthwo | | | | | | 52-1557 | |
| Part I Fundraising Activities required to complete this part | Complete if the organization answ | ered "Y | es" o | n Form 990, Part IV, | line 1 | 7. Form 990-EZ | I filers are not |
| 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the | sed funds through any of the following the solicitates of solicita | ation of ation of I fundra Il (inclue profess | non-g gover aising ding o ional f | overnment grants nment grants events fficers, directors, true fundraising services? | stees | X Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have c or con contrib | itrol of | (iv) Gross receipts from activity | to (d | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | Strategy and writing for | Yes | No | | | | |
| Road, Alexandria, VA 22302 | fundraising appeals | | Х | 0. | | 16,250. | -16,250. |
| | | | | | | | |
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| Tatal | | | | | | 16,250. | -16,250. |
| 3 List all states in which the organization | on is registered or licensed to solicit | | | s or has been notified | l it ic | , | <u> </u> |
| or licensing. | or is registered of incerticed to condit | OOME | Jacioni | o or rido boor riotiliot | a 10 10 | compt from to | ogistration. |
| AL, AK, AZ, AR, CA, CO, CT, | | | | | | | |
| MT, NE, NV, NH, NJ, NM, NY, | NC, ND, OH, OK, OR, PA | RI, | SC, | SD,TN,TX,U | Т,\ | /T,VA,WA | ,WV,WI,WY |
| DC | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Pa | Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 | | | | | | | | | |
|-----------------|---|---|----------------------------|-----------------------------|--------------------|--|--|--|--|--|
| | | of fundraising event contributions and gro | | | | ots greater than \$5,000. | | | | |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | | | | |
| e | | | (event type) | (event type) | (total number) | (-1) | | | | |
| Revenue | | Grass racaints | | | | | | | | |
| Ä | 1 | Gross receipts | | | | | | | | |
| | 2 | Less: Contributions | | | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | | | | | |
| | 4 | Cash prizes | | | | | | | | |
| Direct Expenses | 5 | Noncash prizes | | | | | | | | |
| | 6 | Rent/facility costs | | | | | | | | |
| Direct E | 7 | Food and beverages | | | | | | | | |
| | 8 | Entertainment | | | | | | | | |
| | 9 | Other direct expenses | | | | | | | | |
| | 10 | Direct expense summary. Add lines 4 through | | | | | | | | |
| Da | 11 irt l | | | | | | | | | |
| 1 0 | | \$15,000 on Form 990-EZ, line 6a. | answered les on on | 1990, Fait IV, IIIIe 19, 01 | reported more than | | | | | |
| | | , | (a) Pingo | (b) Pull tabs/instant | (a) Other gaming | (d) Total gaming (add | | | | |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) | | | | |
| Rev | | | | | | | | | | |
| | 1 | Gross revenue | | | | | | | | |
| ses | 2 | Cash prizes | | | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | | | | |
| Direct | 4 | Rent/facility costs | | | | | | | | |
| | 5 | Other direct expenses | | | | | | | | |
| | | | Yes % | Yes % | Yes % | | | | | |
| | 6 | Volunteer labor | └── No | ∟ No | └── No | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | | | |
| a | Ent | ter the state(s) in which the organization condu | icts daming activities: | | | | | | | |
| а | ls t | the organization licensed to conduct gaming ac No," explain: | ctivities in each of these | | | Yes No | | | | |
| | | | | | | | | | | |
| | | ere any of the organization's gaming licenses re | | | year? | Yes No | | | | |
| ~ | | ·, | | | | | | | | |
| | | | | | | | | | | |

| Sch | edule G (Form 990) 2022 | Earthworks 52 | 2-1557 | 7765 | Page 3 |
|-----|---|---|---------------|---------|----------|
| | | ning activities with nonmembers? | | Yes | ☐ No |
| 12 | | ficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Ш | Yes | ∟ No |
| | Indicate the percentage of gaming | | 13a | | % |
| | | | | + | % |
| | | person who prepares the organization's gaming/special events books and records: | | 1 | |
| | Name | | | | |
| | Address | | | | |
| 15a | Does the organization have a cont | ract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| b | If "Yes." enter the amount of gami | ng revenue received by the organization \$ and the amour | nt | | |
| _ | of gaming revenue retained by the | <u> </u> | | | |
| c | If "Yes," enter name and address | | | | |
| | Name | | | | |
| | Address | | | | |
| 16 | Gaming manager information: | | | | |
| | Name | | | | |
| | Gaming manager compensation | \$ | | | |
| | Description of services provided | | | | |
| | | | | | |
| | Director/officer | Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | | |
| а | Is the organization required under | state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Ы | Yes | └─ No |
| b | Enter the amount of distributions rorganization's own exempt activiti | equired under state law to be distributed to other exempt organizations or spent in t | he | | |
| Pa | | es during the tax year \$ nation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an | d Part III. I | ines 9. | 9b. 10b. |
| | | applicable. Also provide any additional information. See instructions. | , | , | , , |
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| Schedule 6 | G (Form 990) | Earthworks | 52-1557765 Page 4 |
|------------|-----------------|----------------------------------|-------------------|
| Part IV | Supplemental In | Earthworks formation (continued) | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

| Name of the organization | | | | | | | Employer identification number |
|--|------------------|------------------------------------|---------------------------------------|-----------------------|--|---------------------------------------|---|
| Earthwork | | | | | | | 52-1557765 |
| Part I General Information on Grants a | and Assistance | | | | | | |
| 1 Does the organization maintain records | | | | | | | |
| criteria used to award the grants or assi | | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pr | | | | | | | |
| Part II Grants and Other Assistance to recipient that received more than | _ | | | | janization answered "` | Yes" on Form 990, Par | t IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash | (f) Method of valuation (book, FMV, appraisal, | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | assistance | other) | | |
| Carrizo Comecrudo Tribe of Texas | | | | | | | Permian Gulf Coast |
| | | | | | | | |
| 1250 Roemer Ln | 75-2830923 | E01/~\/2\ | 15 000 | | NT / 7 | NT / 3 | Coalition Organizing |
| Floresville, TX 78114 | 75-2630923 | 501(c)(3) | 15,000. | 0, | N/A | N/A | Grant Permian Gulf Coast |
| Chaparral Community Coalition | | | | | | | |
| 300-2 McCombs Rd PMB187 | | | | | | | Coalition Organizing Grant & Texas Climate |
| | 92-0359651 | E01/~\/2\ | 16 000 | | NT / 7 | NT / 3 | |
| Chaparral, NM 88081 | 92-0359651 | 501(c)(3) | 16,000. | 0. | N/A | N/A | Action Community Grant |
| Citizens for Clean Air & Water in | | | | | | | Permian Gulf Coast |
| Brazoria Co - 922 W 5th St - | | | | | | | Coalition Organizing |
| Freeport, TX 77541 | 88-2785430 | 501(c)(3) | 8,000. | 0. | N/A | N/A | Grant |
| , | | | , , , , , , , , , , , , , , , , , , , | | | | |
| Earthworks Action Fund | | | | | | | |
| 1612 K St. NW, Ste 904 | | | | | | | |
| Washington, DC 20006 | 82-3658089 | 501(c)(4) | 145,000. | 0. | N/A | N/A | General Operations Grant |
| Institute for Enhanced Equity | | | | | | | Permian Gulf Coast |
| 1100 Poydras St Ste 3500 | | | | | | | Coalition Organizing |
| New Orleans, LA 70163 | 85-1129350 | 501(c)(3) | 8,000. | | N/A | N/A | Grant |
| New Offeans, HA 70103 | 03-1129330 | 501(0/(3/ | 8,000. | 0. | N/A | N/A | Granc |
| Micah Six Eight Mission | | | | | | | Permian Gulf Coast |
| 624 W Verdine | | | | | | | Coalition Organizing |
| Sulphur, LA 70663 | 85-3549698 | 501(c)(3) | 8,000. | 0. | N/A | N/A | Grant |
| 2 Enter total number of section 501(c)(3) a | and government o | rganizations listed in t | he line 1 table | • | • | • | 16. |

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

3 Enter total number of other organizations listed in the line 1 table

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|-------------------------------------|------------|-----------------|---------------|-----------------------|---|---------------------|--------------------------|
| organization or government | (D) LIN | if applicable | cash grant | noncash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| Nez Perce Tribe | | | | | | | |
| PO Box 365 c/o Office of Legal Cour | | | | | | | Stibnite Gold Project |
| Lapwai, ID 83540 | 82-0255928 | 115 | 6,000. | 0. | N/A | N/A | analysis |
| | | | | | | | |
| Port Arthur Community Action | | | | | | | Permian Gulf Coast |
| Network - PO Box 1033 - Port | | | | | | | Coalition Organizing |
| Arthur, TX 77641 | 83-2604825 | 501(c)(3) | 16,000. | 0. | N/A | N/A | Grant |
| Rio Grande International Study | | | | | | | Permian Gulf Coast |
| Center - 1 West End Washington | | | | | | | Coalition Organizing |
| St., Bldg. P-11 - Laredo, TX 78040 | 74-2742037 | 501(c)(3) | 7,500. | 0 | N/A | N/A | Grant |
| 201, 210g. 1 11 20100, 111 10010 | | | 7,555. | • | | 1,722 | |
| Seventh Generation Fund for | | | | | | | |
| Indigenous Peoples - PO Box 4569 - | | | | | | | Western Shoshone |
| Arcata, CA 95518 | 68-0027247 | 501(c)(3) | 5,000. | 0. | N/A | N/A | delegation support |
| Conjetu of Notice Nations | | | | | | | Permian Gulf Coast |
| Society of Native Nations | | | | | | | Coalition Organizing |
| 10730 Potranco Road, Suite 122-282 | | 501(c)(3) | 16 100 | 0 | N/A | N/A | Grant & Honoraria |
| San Antonio, TX 78251 | 81-0984232 | 501(0)(3) | 16,100. | 0. | N/A | N/A | Permian Gulf Coast |
| Sunrise Movement Education Fund | | | | | | | Coalition Organizing |
| 50 F St NW Ste 700 | | | | | | | Grant & Texas Climate |
| Washington, DC 20001 | 46-4773036 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Action Community Grant T |
| | | | | | | | |
| Texas Campaign for the Environment | | | | | | | |
| Fund - 814 San Jacinto Blvd. Suite | | | | | | | Grant for Buttigieg |
| 408 - Austin, TX 78701 | 74-2808805 | 501(c)(3) | 15,000. | 0. | N/A | N/A | Actions |
| Texas Permian Future Generations | | | | | | | |
| PO Box 645 | | | | | | | |
| | 88-1319152 | 501(c)(3) | 20 500 | 0 | N/A | N/A | General Operations Grant |
| Forsan, TX 79733 | 20-1313137 | 501(6)(3) | 20,500. | 0. | N/A | Ν/ Δ | Beneral Oberacions etauc |
| Western Leaders Network | | | | | | | |
| PO Box 4433 | | | | | | | 1872 Mining Reform work |
| Durango, CO 81302 | 82-0625994 | 501(c)(3) | 27,000. | 0. | N/A | N/A | and Oil & Gas Regulation |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-----------------|-------------------------------|--------------------------|----------------------------------|--|--|--|
| Vestern Organization of Resource Councils - 220 S. 27th Street, Cuite B - Billings, MT 59101 | 84-1123481 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Western Mining Action Network conference support |
| Beyond Extreme Energy PO Box 91 Rochester, VT 05767 | 88-0873139 | 501(c)(3) | 62,542. | 0. | N/A | N/A | Pass Through Grants |
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Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV. line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (c) Amount of (d) Amount of non-(b) Number of (f) Description of noncash assistance cash assistance recipients cash grant Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part I, Line 2: The organization maintain records to substantiate the amount of the grants, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance. Earthworks Partnership Programs grants are passed through as requested and the organization then becomes responsible party for any monitoring of the

Part II, line 1, Column (h):

use of grant funds.

| Part IV Supplemental Information | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Name of Organization or Government: Sunrise Movement Education Fund | | | | | | | | |
| (h) Purpose of Grant or Assistance: Permian Gulf Coast Coalition | | | | | | | | |
| Organizing Grant & Texas Climate Action Community Grant To Sunrise El | | | | | | | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Earthworks
Part I Questions Regarding Compensation

 $Employer\ identification\ number \\ 52-1557765$

| | · | | Yes | No |
|----|--|----|-----|-----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 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 | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X 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: | | | |
| | Receive a severance payment or change-of-control payment? | 4a | | X |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| 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: | | | Х |
| | The organization? | 5a | | X |
| D | Any related organization? If "Yes" on line 5a or 5b, describe in Part III. | 5b | | -22 |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| 6 | contingent on the net earnings of: | | | |
| _ | | 6a | | Х |
| | The organization? | 6b | | X |
| b | Any related organization? If "Yes" on line 6a or 6b, describe in Part III. | OD | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| • | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| 5 | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| • | Regulations section 53 4958-6(c)? | 9 | | |

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) | (F) Compensation 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) Jennifer Krill | (i) | 161,077. | 0. | 4,260. | 8,444. | 23,477. | 197,258. | 0. |
| Executive Director | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) Lauren Pagel | (i) | 159,446. | 0. | 17,870. | 8,901. | 8,032. | 194,249. | 0. |
| Policy Director | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) Lorraine Osinski | (i) | 152,679. | 0. | 18,182. | 8,673. | 9,768. | 189,302. | 0. |
| Finance & Operations Director | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) Ann Corbett | (i) | 140,061. | 0. | 17,273. | 8,152. | 23,593. | 189,079. | 0. |
| Philanthrophy Director | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) Justin Wasser | (i) | 141,052. | 0. | 11,829. | 7,644. | 12,653. | 173,178. | 0. |
| Interim Comm Dir/ Energy Prog Comm M | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) Payal Sampat | (i) | 133,700. | 0. | 0. | 7,050. | 29,578. | - | 0. |
| Mining Program Director | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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Page 2

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2022

Earthworks 52-1557765 Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 30,662.Fair Market Value Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

| Schedule M | (Form 990) 2022 | Earthwor | ks | | | 52-1557765 | Page 2 |
|------------|-----------------|--------------|-------------------------|--|---|--|---------|
| Part II | Supplemental | Information. | Provide the information | n required by Part I, lins, the number of iter | nes 30b, 32b, and 33, ns received, or a comb | , and whether the organ bination of both. Also co | ization |
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SCHEDULE O (Form 990)

Department of the Treasury

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 Open to Public Inspection

Internal Revenue Service Name of the organization

Earthworks

Employer identification number 52-1557765

Form 990, Part I, Line 1, Brief Summary of Organization Mission: Earthworks is a nonprofit organization dedicated to protecting communities and the environment from the adverse impacts of mineral and energy development while promoting sustainable solutions.

Form 990, Part III, Line 1, Description of Organization Mission: Earthworks stands for clean water, healthy communities and corporate accountability. We're working for solutions that protect both the Earth's resources as well as our communities.

We fulfill our mission by working with communities and grassroots groups to reform government policies, improve corporate practices, influence investment decisions and encourage responsible materials sourcing and consumption.

We expose the health, environmental, economic, social and cultural impacts of mining and energy extraction through work informed by sound science.

Form 990, Part III, Line 4d, Other Program Services: Earthworks Partnership Programs: Earthworks provides back-office services (including payroll, accounting, and administration), a legal framework, and capacity building support to a variety of small programs (single staff or volunteer only organizations) that share our mission of protecting communities and the environment from the negative impacts of mineral and energy development. This year Earthworks served as the LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization Earthworks Earthworks Engloyer identification number 52-1557765

fiscal sponsor of the following projects:

Arizona Mining Reform Coalition: This project seeks to raise public

awareness and protect indigenous sacred sites and recreational areas in

the state of Arizona from irresponsible mineral development.

ARO Working Group: The ARO Working Group's mission is to activate an international network of experts and change-makers who are operating in various capacities on the issue of environmental liabilities. Our strategy is to reveal and leverage real-time insolvency in the oil and gas industry due to severely undervalued environmental liabilities and asset retirement obligations to force E&P companies to stop drilling new wells and building new infrastructure.

Beyond Extreme Energy: People taking action to retire fossil fuels.

Beyond Extreme Energy's immediate demand is for no new permits by the

Federal Energy Regulatory Commission for fossil fuel infrastructure.

Beyond Extreme Energy's vision is a world powered by

consumer-controlled renewable energy.

Central Louisiana Coalition for a Clean and Healthy Environment:

Initiated to oppose the open burning of hazardous waste materials at
the Clean Harbors Colfax, LLC facility located on Highway 471, Colfax,
LA.

Expenses \$ 138,727. including grants of \$ 64,792. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

A copy of the 990 is reviewed by the Audit Committee and then by the full Board prior to filing.

Form 990, Part VI, Section B, Line 12c:

Officers and directors are required to disclose any potential conflicts of interest. Board members of the organization must submit annual conflict of interest reports including a Conflict-of-Interest Statement and Conflict-of-Interest Questionnaire.

The reports are reviewed by the Board or an appointed Committee of the Board, which will attempt to resolve any actual or potential conflict(s) and, in the absence of resolution, refer the matter to the Board of Directors.

If not previously disclosed, officers and directors and required to make such disclosure before any relevant board or committee action.

The policy is addressed at each board meeting, and as necessary throughout the year.

Form 990, Part VI, Section B, Line 15:

The process for determining compensation of officers and key employees of the organization includes a review process and approval by the Board of Directors.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,UT

VA,WV,WI