		PUBLIC DISCLOSURE COPY - STATE REGIST			83 OMB No. 1545-0047				
For	<u> </u>	90 Return of Organization Exempt F		2012					
		benefit trust or private foundatio							
	rtment nal Reve	reporting requirements.	Open to Public Inspection						
AF	or th	e 2012 calendar year, or tax year beginning $ { m JUL}1,2012$ and e	ending J	UN 30, 2013					
	Check if			D Employer identifica	ation number				
	Addre								
	_chang _Name _chang			13-34	24419				
	Initial		Room/suite						
	Termi				89-1165				
	Amer	Gity, town, or post office, state, and ZIP code		G Gross receipts \$	8,545,131.				
	Appli tion pend	10001-2519		H(a) Is this a group retu					
	pond	F Name and address of principal officer: CHERYL DORSEY		for affiliates?	Yes X No				
		SAME AS C ABOVE	507	H(b) Are all affiliates inclu					
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or te: ► WWW • ECHOINGGREEN • ORG	r 🛄 527	· ·	st. (see instructions)				
		f organization: X Corporation Trust Association Other	I Year	H(c) Group exemption of formation: 1987					
	art I	Summary							
_	1	Briefly describe the organization's mission or most significant activities: ASSIS	TING	TOP EMERGING	SOCIAL				
Governance		ENTREPRENEURS TO CREATE INNOVATIVE SOCIAL	CHAN	GE WORLDWIDE	•				
srne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass					
No.	3	Number of voting members of the governing body (Part VI, line 1a)			18				
ي ھ	4	Number of independent voting members of the governing body (Part VI, line 1b) \ldots			17				
Activities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			23				
tivit	6	Total number of volunteers (estimate if necessary)			430				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	d d	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		Current Year				
	8	Contributions and grants (Part VIII, line 1h)		4,921,009.	7,602,156.				
nue	9	Program service revenue (Part VIII, line 2g)		598,550.	741,256.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,444.	16,429.				
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,118.	78,966.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,582,121.	8,438,807.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,657,036.	2,719,351.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 766,06		1,823,952. 45,000.	2,152,218. 82,768.				
Sen	16a	Total fundraising averages (Part IX, column (A), line 11e)	8	43,000.	02,700.				
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,503,002.	1,679,516.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,028,990.	6,633,853.				
	19	Revenue less expenses. Subtract line 18 from line 12		<446,869.>					
or				ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		6,329,026.	8,465,263.				
at As	21	Total liabilities (Part X, line 26)		2,734,992.	3,066,275.				
		Net assets or fund balances. Subtract line 21 from line 20		3,594,034.	5,398,988.				
	art II	-	and at-t-	anda and to the best of	manulada a and ballet at the				
		alties of perjury, I declare that I have examined this return, including accompanying schedules ct, and complete. Declaration of preparer (other than officer) is based on all information of whic			knowledge and belief, it is				
		Signature of officer		Date					
Sig	n			Duit					

Sign	olghaidhe er eilieth		2410							
Here		SIDENT								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check DTIN							
Paid	FREDERICK MARTENS		^{if} self-employed P00298107							
Preparer	Firm's name ▶ LUTZ AND CAR	R, CPAS LLP	Firm's EIN 13-1655065							
Use Only	Firm's address 👞 300 EAST 42N	D STREET								
	NEW YORK, NY	10017	Phone no. $212 - 697 - 2299$							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

orm	990 (2012) ECHOING GREEN, INC. 13-3424419 Pag
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	ECHOING GREEN UNLEASHES NEXT GENERATION TALENT TO SOLVE THE WORLD'S
	BIGGEST PROBLEMS. SINCE OUR FOUNDING ALMOST 25 YEARS AGO BY THE
	PRIVATE EQUITY FIRM, GENERAL ATLANTIC, WE HAVE FOCUSED OUR EFFORTS ON
	IDENTIFYING AND FUNDING PROMISING SOCIAL ENTREPRENEURS TO HELP THEM
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?
	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 \$ 3,580,566. including grants of \$ 2,719,351.) (Revenue \$ 805,238
	FELLOWSHIP AND ALUMNI PROGRAM - THE ECHOING GREEN FELLOWSHIP PROGRAM
	FOCUSES ON IDENTIFYING AND FUNDING PROMISING SOCIAL ENTREPRENEURS TO
	HELP THEM LAUNCH INNOVATIVE SOCIAL CHANGE ORGANIZATIONS WORLDWIDE.
	WE'VE INVESTED CLOSE TO \$30 MILLION IN SEED FUNDING TO NEARLY 500
	SOCIAL ENTREPRENEURS WHO WORK TO SOLVE DEEP-ROOTED PROBLEMS IN THE
	WORLD THROUGH THEIR INNOVATIVE IDEAS. THROUGH OUR TWO-YEAR ECHOING
	GREEN FELLOWSHIP PROGRAM, WE PROVIDE START-UP CAPITAL AND TECHNICAL
	ASSISTANCE TO HELP NEW LEADERS LAUNCH THEIR ORGANIZATIONS AND BUILD
	CAPACITY. WE OFFER GRANTS OF UP TO \$90,000, A HEALTH INSURANCE
	REIMBURSEMENT STIPEND, A YEARLY PROFESSIONAL DEVELOPMENT STIPEND,
	ACCESS TO CONFERENCES LED BY ORGANIZATIONAL DEVELOPMENT EXPERTS, ACCES
	TO TECHNICAL SUPPORT AND PRO BONO PARTNERSHIPS TO HELP GROW YOUR
4b	(Code:) (Expenses \$ 307,545. including grants of \$ 0.) (Revenue \$ 14,984 YOUTH ENGAGEMENT - A MULTI-MEDIA PLATFORM THAT SERVES AS A KEY HUB OF
	YOUTH ACTIVITY ON SOCIAL ENTREPRENEURSHIP AND DRIVES THE MOBILIZATION
	OF YOUNG PROFESSIONALS INTO CAREERS OF SOCIAL CHANGE. THE ACTIVITIES
	INCLUDE PUBLISHING OUR NEW, 2ND-EDITION BE BOLD BOOK, WORK ON PURPOSE,
	WHICH DELVES MORE DEEPLY INTO THE LIFE JOURNEYS AND LESSONS OF TOP
	SOCIAL ENTREPRENEURS; EXPANDING ECHOING GREEN'S JUNIOR BOARD, THE
	SOCIAL INVESTMENT COUNCIL TO PARTNER WITH ECHOING GREEN AND OUR
	FELLOWS; AND DEVELOPING ECHOING GREEN'S WEBSITE AND SOCIAL MEDIA
	OFFERINGS TO HELP YOUNG PEOPLE NAVIGATE THE CHANGEMAKING LANDSCAPE.
4c	(Code:) (Expenses \$ 832,780. including grants of \$ 0.) (Revenue \$
	THOUGHT LEADERSHIP - DEVELOP AND DISSEMINATE RESEARCH AND LEARNING FRO
	SEEDING AND SUPPORTING EARLY STAGE SOCIAL ENTREPRENEURS TO KEY
	POPULATIONS WHO WORK IN THE FIELD. KEY TOOLS CREATED IN THIS PROGRAM
	INCLUDE THE SEQ FRAMEWORK, FOR UNDERSTANDING THE QUALITIES THAT
	SUCCESSFUL SOCIAL ENTREPRENEURS POSSESS, AND THE INNOVATION INDEX, TO
	DETECT EMERGING TRENDS IN YOUNG PEOPLES' EFFORTS TO CHANGE THE WORLD.
	ECHOING GREEN WILL BUILD OUT A CALENDAR OF TARGETED SPEAKING
	ENGAGEMENTS THAT ALLOWS US TO AMPLIFY OUR MESSAGE TO KEY STAKEHOLDERS
	AS WELL AS NEW ONES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	
32002	Form 990 (2)
2-10-	12 SEE SCHEDULE O FOR CONTINUATION(S)
<u>م</u> د	2
50	313 759420 6678 2012.05060 ECHOING GREEN, INC. 6678

	Form 990 (2012)	브	CHO	LNG	GREE
ĺ	Part IV	Checklist	of Rec	quired	Sche	dules

ECHOING GREEN, INC.

			Vac	No
4	In the experimentation dependence in election $F(1/c)/2$ or $40.47/c)/(1)$ (other then a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	4	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	X	
2 3	Did the organization required to complete schedule b, schedule of commutors,	2		
3		3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	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	-		
5	similar amounts as defined in Revenue Procedure 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	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		77	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

232003 12-10-12

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ECHOING GREEN, INC. Form 990 (2012) ECHOING GREEN, INC Part IV Checklist of Required Schedules (continued)

			Yes	Na
04	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		res	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		<u> </u>
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	~~~		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	37
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	(2012)

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Form	990 (2012) ECHOING GREEN, INC. 1	3-34244	19	Pa	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gan	ning			
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	r, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	L	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	n solicit			
	any contributions that were not tax deductible as charitable contributions?	L	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	L	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided		7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	····· [_'	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				37
	to file Form 8282?	·····	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year 7d		_		v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		$\frac{x}{x}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as r	· · · -	7g 71		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supportin		7h		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during	-			
9		, the year !	8		
a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	·····			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b					
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.) 11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand 13c				
	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 in Schedule O	<u></u> 1	14b		

Form **990** (2012)

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Form 990 (2012

ECHOING GREEN, INC.

13-3424419 Page 6 below, and for a "No" response

1 0111 990 (-	5 10 1 1 1	- 14
Part VI	Governance, Management	, and Disclosure For each "Yes" response to lines 2 through 7	b below,	and for a "No"	' respons
		e the circumstances, processes, or changes in Schedule O. See in			

C	heck if Sc	hedu	le O	contair	าร	a res	ponse	to an	y que	estion	in this	s Part VI	

X

Sec	tion A. Governing Body and Management				-	-		
			1 4		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	1	8				
	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 in Schedule 0.			_				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form					X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	ppoint	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, s	stockh	olders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:					
а	The governing body?			8a	X			
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 read	ached	at the					
				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenu	e Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c							
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a				12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y							
	in Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)						
	The organization's CEO, Executive Director, or top management official			15a				
b	Other officers or key employees of the organization			15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith 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	-	-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inizatio	n's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only) availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain in Schedule O)							
19	9 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and							
	statements available to the public during the tax year.							
20								
	$\frac{\text{MATT SMITH} - 212 - 400 - 3950}{404 \text{ Smith NEW NORK NK 10001}}$							
23200						(00.10)		
12-10-	12			Fori	n 990	(2012)		
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Form 990 (2012)	ECHOING G	REEN, I	INC.	13-3424419	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and Independent Contractors							
Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	-			from	from related	other			
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			Isated		organization (W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) DAVID HODGSON	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) MAYA AJMERA	1.00									
VICE CHAIR		X		Х				0.	0.	0.
(3) CHERYL DORSEY	40.00									
PRESIDENT/EXECUTIVE DIRECTOR		X		Х				221,651.	0.	23,000.
(4) ESTHER BENJAMIN	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) STEVE BUFFONE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) PETER CAMPBELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) GUY DE CHAZAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) BETSY FADER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MARIANNE GIMON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DAVID ISSROFF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ANDREW KASSOY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MARIE KELLY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) AJAY NAGPAL	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(14) DIANA PROPPER DE CALLEJON	1.00									_
BOARD MEMBER		х						0.	0.	0.
(15) MARC SAIONTZ	1.00									_
BOARD MEMBER		х						0.	0.	0.
(16) JEROME VASCELLARO	1.00									_
BOARD MEMBER		х						0.	0.	0.
(17) ROBB VORHOFF	1.00							_	_	-
BOARD MEMBER		Х						0.	0.	0.
232007 12-10-12						7				Form 990 (2012)

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2012.05060 ECHOING GREEN, INC.

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Form 990 (2012) ECHOING	-								13-34	244	119	Pa	ige 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)) than c is both	one n an	(D) (E) Reportable Reportable compensation compensatio			Est amo	(F) imate	
	week (list any hours for related organizations below line)	tee or director	ional trustee	Officer		compensated ee	,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC))	comp fro orga	m the nizati relate	e on ed
(18) DANIEL WEISS BOARD MEMBER	1.00	x						0.		ο.			0.
(19) LARA GALINSKY VICE PRESIDENT	40.00			x				191,032.		ο.	18	8,53	
(20) ARMAND BIROONAK SECRETARY	40.00			x				35,630.		ο.		8,90	
(21) CAMILA PAZOS SECRETARY	40.00			x				0.		ο.			0.
(22) RICHARD LEIMSIDER DIRECTOR OF FELLOW & ALUMNI PROGRAM	40.00					x		133,173.		0.		7,7	
(23) ANA VAZQUEZ DIRECTOR OF DEVELOPMENT	40.00					x		130,288.		0.		.,72	
										-			
1b Sub-total c Total from continuation sheets to Part V								711,774.		0. 0.	64	,91	13.
d Total (add lines 1b and 1c)								711,774.		0.	64	.,91	
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	iose	liste	d al	0006	e) wh	io r	eceived more than \$100	,000 of reportable			-	4
3 Did the organization list any former officer,	-		e, key	y er	nplo	oyee,	or	highest compensated e	mployee on			Yes	No
 line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su 	um of reportab	le co	ompe	ensa	atior	n and	l ot				3	x	X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion fr	rom	any	unre	elat	ted organization or indivi			4	^	v
rendered to the organization? If "Yes," corr Section B. Independent Contractors	piete Schedui	eJī	or su	icn j	pers	son .					5		X
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensa	ation fr	om	
(A) Name and business	address							(B) Description of s	ervices	C	(C) ompen		
MBO PARTNERS PO BOX 823673, PHILADELPI	HIA, PA	19	918	2			- 1	ACCOUNTING & FINANCIAL CO	NSULTING		135	5,1	77.
	\$100,000 of compensation from the organization 1												
232008 12-10-12										I	Form 9	9 U (2	2012)

Form 990 (20	12)
Part VIII	0

ECHOING GREEN, INC. Statement of Revenue 13-3424419 Page 9

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax un sections 51 513, or 51
and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant All other contributions, gifts, grant	1b 1c 1d ons) 1e	798,697.				
and Other	g	similar amounts not included abox Noncash contributions included in lines Total. Add lines 1a-1f	/e 1f 6 /	,803,459.	7,602,156.			
	2 a b	GRANT ASSIGNMEN RECOVERABLE GRA	T REVEN NT DIST	Business Code 900099 900099		671,256. 70,000.		
Řevenue		All other program service reve	nue					
_		Total. Add lines 2a-2f			741,256.			
	4	Investment income (including other similar amounts) Income from investment of tax	-exempt bond	proceeds	16,429.			16,4
	5	Royalties	(i) Real	(ii) Personal				
	b	Gross rents			-			
		Rental income or (loss) Net rental income or (loss)			-			
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		-	-			
		Gain or (loss)						
		Net gain or (loss) Gross income from fundraising		·····				
Pevenue	0 4	including \$ 798,6 contributions reported on line	97. of 1c). See	101 000				
	b	Part IV, line 18		101,236.	-			
5		Less: direct expenses Net income or (loss) from fund		, <u>±01,250</u>	0.			
		Gross income from gaming ac	-					
		Part IV, line 19	a	ı				
		Less: direct expenses						
		Net income or (loss) from gam		····· ·				
	10 a	Gross sales of inventory, less and allowances		20,072.				
	b	Less: cost of goods sold		5,088.				
		Net income or (loss) from sale			14,984.	14,984.		
		Miscellaneous Revenue	е	Business Code				
	11 a	OTHER INCOME		900099	63,982.	63,982.		
	b							
	C d							
		All other revenue		L	63,982.			
	е 12	Total revenue. See instructions.			8,438,807.	820,222.	0.	16,4
200				····· /			3.	Form 990

Check if Schedule O contains a response to any question in this Part VIII

ECHOING GREEN, INC.

13-3424419 Page 10

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).

Secti	on 501(c)(3) and 501(c)(4) organizations must com		v	omplete column (A).	
	Check if Schedule O contains a respon	se to any question in thi (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	1 000 011	1 000 011		
	organizations in the United States. See Part IV, line 21	1,290,611.	1,290,611.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,045,405.	1,045,405.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	383,335.	383,335.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E10 240	202 402	129 662	107 104
	trustees, and key employees	519,249.	283,403.	128,662.	107,184.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	1,244,583.	679,089.	238,448.	327,046.
7	Other salaries and wages Pension plan accruals and contributions (include	<u>т,244,303</u> .	013,003.	430,440.	521,040.
8	section 401(k) and 403(b) employer contributions)	49,316.	5,511.	39,235.	1 570
~		202,628.	49,846.	126,628.	<u>4,570.</u> 26,154.
9 10	Other employee benefits	136,442.	37,400.	80,418.	18,624.
10	Payroll taxes	10,442.	57,400.	00,410.	10,024.
11	Fees for services (non-employees):	502,476.	310,705.	174,764.	17,007.
	Management	708.	708.	1/1,/01.	17,007.
b		187,420.	34,053.	139,228.	14,139.
	Accounting	107,120.	51,055.	135,220.	11,135.
d e	Lobbying Professional fundraising services. See Part IV, line 17	82,768.			82,768.
f	Investment management fees	0277001			0277001
' g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	562.		562.	
13	Office expenses	175,344.	67,953.	80,537.	26,854.
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy	241,973.	142,575.	41,205.	58,193.
17	Travel	168,828.	123,873.	33,698.	11,257.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,950.	42,284.	17,506.	17,160.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EVENT FEES & CATERING	261,654.	203,916.	7,798.	49,940.
b	MISCELLANEOUS	63,601.	20,224.	38,205.	5,172.
c					<u> </u>
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,633,853.	4,720,891.	1,146,894.	766,068.
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)				
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10 2012.05060 ECHOING GREEN, INC. Form **990** (2012)

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11 2012.05060 ECHOING GREEN, INC.

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4586(17)), person described in section 4586(17), person described in the section 4586(17), person 45		4	Accounts receivable, net			8,470.	4	6,159.	
Part I of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 501c()(9) voluntary employeer: baneficial or granizations of section 501c()(9) voluntary employeer: baneficial or granizations (see instr). Complete Part II of Sch L 6 7 Notes and ioans receivable, net 7 9 8 Inventories for sale or use 14, 683; 8 9, 9554. 9 Prepaid expenses and deferred charges 40, 024. 9 17, 857. 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 394, 118. 11 70, 000. 11 Investments - other securities. See Part IV, line 11 0. 12 70, 0000. 13 11 Investments - other securities. See Part IV, line 11 0. 14 6. 329, 026. 16 8, 465, 223. 16 Total assets. Add lines 1 through 15 (must equal line 34) 6, 329, 026. 16 8, 465, 223. 19 26 19 20 19 104, 633. 19 20 21 20 21 22 22 21 21 22 21 21 23 22 21 21 22 21 22 21 22		5	Loans and other receivables from current and for	ormer off	icers, directors,				
Part I of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 501c()(9) voluntary employeer: baneficial or granizations of section 501c()(9) voluntary employeer: baneficial or granizations (see instr). Complete Part II of Sch L 6 7 Notes and ioans receivable, net 7 9 8 Inventories for sale or use 14, 683; 8 9, 9554. 9 Prepaid expenses and deferred charges 40, 024. 9 17, 857. 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 394, 118. 11 70, 000. 11 Investments - other securities. See Part IV, line 11 0. 12 70, 0000. 13 11 Investments - other securities. See Part IV, line 11 0. 14 6. 329, 026. 16 8, 465, 223. 16 Total assets. Add lines 1 through 15 (must equal line 34) 6, 329, 026. 16 8, 465, 223. 19 26 19 20 19 104, 633. 19 20 21 20 21 22 22 21 21 22 21 21 23 22 21 21 22 21 22 21 22			trustees, key employees, and highest compensi	ated emp	ployees. Complete				
6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 4958()(3)(8), and contributing employees' beneficiary organizations of section 501(c)(9) volutinary employees' beneficiary organizations of section 501(c)(9) volutinary and estimates and hoars receivable, net 6 7 Notes and loans receivable, net 6 9 Prepaid expenses and deferred charges 14, 683. 8 9, 954. 9 Prepaid expenses and deferred charges 40, 024. 9 17, 857. 10a 394, 118. 20 291, 030. 180, 038. 10c 103, 088. 11 Investments - publicly traded securities 11 70, 000. 113 114 11 Investments - publicly traded securities 11 13 144 16, 329, 0226. 16, 8, 465, 263. 12 Investments - publicly traded securities 36, 773.1 15, 36, 773.3. 15, 36, 773.3. 15, 36, 773.3. 16, 329, 0226. 16, 8, 465, 263. 13 Test assets. Add in assets. Add in account albitity. 6 3207, 252.4. 18, 2, 871, 637. 14 Intargible assets. 17, 46, 8.1.7. 19, 46, 538. 27, 527, 524.1. 19,					-		5		
general section 4958(0(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6							
employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes in the section 501(c)(9) voluntary employees in the section 501(c)(9) voluntary preparations that dependation 6 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 394, 118. 10b 394, 118. 10b 394, 118. 10c 394, 038. 10c 103, 088. 11 10 Investments - publicly traded securities 11 10a 103, 088. 11 11 10a 304, 118. 10b 291, 030. 180, 038. 10c 103, 088. 11 10 Investments - publicly traded securities 11 10a 103, 088. 11 11 10a 36, 773. 11 10a 100, 088. 11 11 10a 36, 773. 13 13 (5, 773. 14 104, 638. 20, 77, 524. 18 2, 877, 524. 18 2, 871, 637. 20 21 Ecrow or custodial account lability. Complete Part IV of Schedule D 2 20 <th colspaster="" crea<="" expression="" of="" parties="" payables="" td="" the="" to="" torestraster=""><th></th><th></th><td>-</td><td>-</td><td></td><td></td><td></td><td></td></th>	<th></th> <th></th> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>			-	-				
general propersion imployees beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 investments or use 14,683,8 9,954. 9 Prepaid expenses and deferred charges 40,024.9 17,857. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 394,118. 11 Investments - publicly traded securities 11 0.12 70,000. 11 Investments - program-related. See Part IV, line 11 0.12 70,000. 13 Investments - program-related. See Part IV, line 11 36,773.15 36,773.15 15 Other assets. See Part IV, line 11 36,773.15 36,773.15 16 Total assets. Add lines 11 frough 15 (must equal line 34) 6,329,026.16 8,465,263.2 17 Accounts payable and accrued expenses 207.468.17 194,638.2 18 Grants payable 20 12 20 12 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensa					-				
8 Inventories for sale or use 7 Second deferred charges 10a Land, buildings, and equipment: cost or other 10a 394, 118. 10a Land, buildings, and equipment: cost or other 10a 394, 118. 11 10b 291, 030. 180, 038. 10c 103, 088. 11 Investments - program-related securities 11 0.12 70, 000. 13 Investments - program-related. See Part IV, line 11 0.12 70, 000. 14 final sests. 14 635, 773. 15 36, 773. 16 Total assets. Add lines 1 through 15 (must equal line 34) 6, 329, 026. 16 8, 4655, 263. 17 Accounts payable and accrued expenses 207, 468. 17 194, 638. 20 Tax exampt born diabilities 20 20 21 21 Lans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualifed persons. 22 27, 7524. 18 2, 734, 992. 26 3, 066, 275. 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 27, 734, 992. <td< td=""><th></th><th></th><td></td><td></td><td>•</td><td></td><td>6</td><td></td></td<>					•		6		
9 Prepaid expenses and deferred charges 40,024. 9 17,857. 10a Land, buildings, and equipment: cost or other 10a 394,118. 10b 100 291,030. 180,038. 10c 103,088. 11 Investments - publicly traded securities 11 11 10b 291,030. 180,038. 10c 103,088. 12 Investments - other securities. See Part IV, line 11 0.12 70,000. 11 11 14 Intargible assets 14 14 14 14 15 Other assets. See Part IV, line 11 13 6,329,026. 16 8,4657,263. 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,329,026. 16 8,4657,263. 17 Accounts payable and accourd expenses 2,07,468. 17 194,638. 18 Grants payable 2,07,468. 17 194,638. 21 Escrew or custodial account liabilities 2,00 22 23 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified parsons. Complete Part I 05 Chedule L 22 23 <	ŝts	7							
9 Prepaid expenses and deferred charges 40,024. 9 17,857. 10a Land, buildings, and equipment: cost or other 10a 394,118. 10b 100 291,030. 180,038. 10c 103,088. 11 Investments - publicly traded securities 11 11 10b 291,030. 180,038. 10c 103,088. 12 Investments - other securities. See Part IV, line 11 0.12 70,000. 11 11 14 Intargible assets 14 14 14 14 15 Other assets. See Part IV, line 11 13 6,329,026. 16 8,4657,263. 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,329,026. 16 8,4657,263. 17 Accounts payable and accourd expenses 2,07,468. 17 194,638. 18 Grants payable 2,07,468. 17 194,638. 21 Escrew or custodial account liabilities 2,00 22 23 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified parsons. Complete Part I 05 Chedule L 22 23 <	ss					14 683.		9 954.	
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Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Check if Schedule O contains a response to any question in this Part X

(B) End of year

914,590.

6,159.

4,304,271.

3,002,571.

6678___1

(A) Beginning of year

168,400.

8,470.

3,145,710.

2,734,928.

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232012 12-10-12

12 2012.05060 ECHOING GREEN, INC.

6678___1

Form	990 (2012) ECHOING GREEN, INC.	13-	3424419	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,438				
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,633				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,804				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,594	1,0	34.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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 the	e audit,					
review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit				
	Act and OMB Circular A-133?		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Inter	nal Reve	nue Service	► At	tach to Form 990 or Fo	ach to Form 990 or Form 990-EZ. ► See separate instructions.							
Na	ne of t	the organizati	on				Employer	identificati	on nu	mber		
				GREEN, INC.				3-3424	419			
Pa	art I	Reason	for Public Char	ity Status (All organiz	ations must complet	e this part.) See instructi	ons.					
The	organ	ization is not a	a private foundation	because it is: (For lines [·]	1 through 11, check of	only one box.)						
1		A church, co	nvention of churches	s, or association of chur	ches described in se	ction 170(b)(1)(A)(i).						
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3				tal service organization								
4		A medical res	search organization of	operated in conjunction	with a hospital descr	ibed in section 170(b)(1)(A)(iii). Enter	the hospital	's nam	ıe,		
		city, and stat										
5		An organizati	on operated for the	benefit of a college or u	niversity owned or op	perated by a government	al unit descrik	oed in				
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6		A federal, sta	te, or local governm	ent or governmental uni	t described in sectio	n 170(b)(1)(A)(v).						
7	X	An organizati	on that normally rec	eives a substantial part	of its support from a	governmental unit or fro	m the general	public desc	ribed i	in		
		section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its support fi	rom contributions, memb	ership fees, a	and gross re	ceipts	from		
		activities rela	ted to its exempt fur	nctions - subject to certa	ain exceptions, and (2	2) no more than 33 1/3%	of its suppor	t from gross	invest	ment		
		income and u	Inrelated business ta	axable income (less sec	tion 511 tax) from bu	sinesses acquired by the	organization	after June 3	30, 197	75.		
		See section	509(a)(2). (Complete	e Part III.)								
10		An organizati	on organized and op	perated exclusively to te	st for public safety. S	See section 509(a)(4).						
11		An organizati	on organized and op	perated exclusively for the	ne benefit of, to perfo	orm the functions of, or to	o carry out the	e purposes o	of one of	or		
		more publicly	supported organiza	ations described in secti	on 509(a)(1) or sectic	on 509(a)(2). See section	509(a)(3). Ch	eck the box	that			
		describes the	e type of supporting	organization and compl	ete lines 11e through	n 11h	_					
		a 🛄 Type I	ь 🗔 ту	/pell c L T	ype III - Functionally i	ntegrated d	J Type III - No	n-functional	ly inteç	grated		
e	∍∟	By checking	this box, I certify tha	at the organization is not	controlled directly of	r indirectly by one or mo	e disqualified	persons oth	her tha	in		
		foundation m	anagers and other t	han one or more publicly	y supported organiza	tions described in section	n 509(a)(1) or	section 509)(a)(2).			
f	F	If the organiz	ation received a writ	ten determination from	the IRS that it is a Ty	pe I, Type II, or Type III						
		supporting or	rganization, check th	nis box						. Ш		
ę	9	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or contribution	from any of the followin	g persons?					
		(i) A perso	n who directly or ind	irectly controls, either al	one or together with	persons described in (ii)	and (iii) below	/,	Yes	No		
		the gove	erning body of the su	upported organization?				11g(i)				
		(ii) A family	member of a persor	n described in (i) above?				11g(ii)				
		(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) above?			11g(iii)				
I	ı	Provide the f	ollowing information	about the supported or	ganization(s).							
				i		,						
(i) Name	of supported	(ii) EIN	(inf) i jpe et et gammanet	(iv) Is the organization		(vi) Is the nization in col.	(vii) Amount	t of mor	netary		
	organization (described on lines 1-9 in col. (i) listed in your organization in col. (i) organized in the support											

organization	(1) LIN	above or IRC section	n col. (i) listed in your governing document? (organization in col. (i) of your support?		organization in col. (i) organized in the U.S.?		support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
Total										

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

OMB No. 1545-0047

Open to Public

Schedule A (Form 990 or 990-EZ) 2012 ECHOING GREEN, INC. Part II Support Schedule for Organizations Described in Sections

13-3424419	Page 2
170(b)(1)(A)(yi)	

 (·····································
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4680009.	5512455.	3502438.	4921009.	7602156.	26218067.
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	4680009.	5512455.	3502438.	4921009.	7602156.	26218067.
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)						11163567.
6	Public support. Subtract line 5 from line 4.						15054500.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(a) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	4680009.	5512455.	(c) 2010 3502438.	4921009.	7602156	(f) Total 26218067.
		40000000	5512455.	5502450.	4921009.	7002130.	20210007.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	22 610	2 1 6 1	17 540	17 444	16 400	77 104
	and income from similar sources	22,618.	3,161.	17,542.	17,444.	16,429.	77,194.
9							
	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 IV.)	1,320.	1,505.	818.	40.	4,800.	8,483.
11	Total support. Add lines 7 through 10						26303744.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	178,742.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	57.23 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	57.13 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this be	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
U		-					
	more, and if the organization meets the						¯ ⊾□
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	п ии пот спеск а		a, 100, 17a, or 17t			

Schedule A (Form 990 or 990-EZ) 2012

232022 12-04-12

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ► (a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do n	ot					
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	t					
are not an unrelated trade or bus iness under section 513						
4 Tax revenues levied for the organ	····	+				
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit the organization without charge	to					
6 Total. Add lines 1 through 5		+				
7a Amounts included on lines 1, 2, a		+				
3 received from disqualified perso						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.						
Section B. Total Support			•			•
Calendar year (or fiscal year beginning in)► (a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from busines acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busin activities not included in line 10b, whether or not the business is regularly carried on	ess					
12 Other income. Do not include gai or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and						
14 First five years. If the Form 990 i	s for the organization'	s first, second, thi	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						▶∟
Section C. Computation of P	ublic Support Pe	ercentage				
15 Public support percentage for 20	12 (line 8, column (f) c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2 Section D. Computation of Ir					16	%
17 Investment income percentage for					17	%
18 Investment income percentage fr						%
19a 33 1/3% support tests - 2012. If						
more than 33 1/3%, check this b	-					
b 33 1/3% support tests - 2011.						
line 18 is not more than 33 1/3%						
20 Private foundation. If the organiz			•	. , .		
232023 12-04-12	ation did not check a				hedule A (Form 99	
202020 12-04-12			15	50	neuule A (FOIII 99	0 01 330-EZ) 20 12

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2012.05060 ECHOING GREEN, INC.

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Schedule B (Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Name	UI.	uie	organization	

ECHOING GREEN, INC

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2012)
------------	------------	---------	------------	--------

Name of organization

Employer identification number

ECHOING GREEN, INC.

13-3424419

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
<u> 1 </u>		\$403,873.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
2		\$160,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
3		\$ <u>1,305,553.</u>	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$871,605.	Person X Payroll Noncash (Complete Part II if the is a noncash contribu
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 		\$900,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6 		\$1,521,078.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2012)
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Name of organization

Part I

Employer identification number

13-3424419

ECHOING GREEN, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$ <u>160,000.</u>	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$	Person Payroll Noncash (Complete Part II if the is a noncash contributed)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if the is a noncash contribu
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if the is a noncash contribu
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if the is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
Name of organization

Page 3

Employer identification number

13-3424419

ECHOING GREEN, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 12-21-12		\$ \$ Schedule B (Form §	990, 990-EZ, or 990-PF)

CHOING art III	GREEN, INC.	dividual contributions to section 50	13-3424419 1(c)(7), (8), or (10) organizations that total more than \$1,000 ations completing Bart III enter
y t	he total of <i>exclusively</i> religious, charitable,	etc., contributions of \$1,000 or less	1(c)(7), (8), or (10) organizations that total more than \$1,000 ations completing Part III, enter for the year. (Enter this information once.) \$
a) No.	Jse duplicate copies of Part III if addition	onal space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		.	
		(e) Transfer of	aift
			-
	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.		I	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>		.	[
		(e) Transfer of	gift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
	,,		
<u> </u>			
—		[
a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Fulpose of gift		
from Part I			
from		(e) Transfer of	
from	Transferee's name, address,		gift Relationship of transferor to transferee
from	Transferee's name, address,		
from	Transferee's name, address,		
from	Transferee's name, address,		

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

Nam	ne of the organization ECHOING GREEN, INC.	Employer identification number 13-3424419
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	unds
•	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
-	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confi	
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IN	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat	• •
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Yea
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
с	Number of conservation easements on a certified historic structure included in (a)	
d		
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	anization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes 📖 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the c	organization's accounting for
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service, provide, in Part XIII
	the text of the footnote to its financial statements that describes these items.	
b		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	service, provide the following amoun
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	, , ,	
b	Assets included in Form 990, Part X	► \$
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 201
23205 12-10-	-12 21	
	<u>41</u>	

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2012.05060 ECHOING GREEN, INC.



Sche		GREEN, INC						Page 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Ot	her Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a	significant	use of its	collectior	n items
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	U Other					
с	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's e	xempt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of				lar assets		-	
	to be sold to raise funds rather than to be m					<u></u>	Yes	└── No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes"	to Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod						-	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance						1	
	Did the organization include an amount on F					L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete					<u></u>		
Fai	Endowment Funds. Complete					vaara baak	(-) Four	vooro book
4	Deviation of year balance	(a) Current year 239,335.	(b) Prior year 239, 335.	(c) Two years back 239,335		39,335.	• •	years back 100,000.
	Beginning of year balance	239,335.	239,333.	239,333		<u>, , , , , , , , , , , , , , , , , , , </u>		139,335.
b	Contributions	1,021.	522.	916		1,116.		3,119.
C	Net investment earnings, gains, and losses	1,021.	522.	510	•	1,110.		5,115.
	Grants or scholarships							
е	Other expenditures for facilities	1,021.	522.	916		1,116.		3,119.
	and programs	1,021.	522.	510	•	1,110.		5,115.
	Administrative expenses	239,335.	239,335.	239,335	2	39,335.		239,335.
g	End of year balance	,	,	,	• 2	55,555.		235,335.
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	• 00	%	a)) neio as.				
	Permanent endowment \blacktriangleright 100.00	%	70					
	Temporarily restricted endowment	•00 %						
U	The percentages in lines 2a, 2b, and 2c sho							
39	Are there endowment funds not in the posse		ation that are held a	nd administered fo	r the organia	zation		
ou	by:				r the organiz	ation	Г	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" to 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipn							
	Description of property	(a) Cost or of		or other (c)	Accumulate	be	(d) Book	value
	,	basis (investr			lepreciation		(, 200)	
1 a	Land							
	Buildings							
	Leasehold improvements		9	3,679.	56,5		37	7,097.
	Equipment			8,007.	148,0			0.
	Other			2,432.	86,4		65	5,991.
	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part						3,088.
		. ,				Schedule		990) 2012
								-

Schedule D	(Form 990) 2012

ECHOING GREEN, INC.

	Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
	Financial derivatives				
	Closely-held equity interests				
	Other				
	A)				
	В)				
	C)				
	D)				
	E)				
	F)				
	G)				
	H)				
	l)				
	I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Pa	rt VIII Investments - Program Related. Se				
	(a) Description of investment type	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
	1)				
	2)				
	3)				
	4)				
	5)				
	6)				
	7)				
	8)				
	9)				
	0)				
	I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Pa	rt IX Other Assets. See Form 990, Part X, line				()
		Description			(b) Book value
	1)				
	2)				
	3)				
	4)				
(5)				
(6)				
(7)				
(7) 8)				
(7)				
((((1	7) 8) 9) 0)				
(((1 (1	7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line			>	
(((1 :ot a P a	7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line I rt X Other Liabilities. See Form 990, Part X, li				
(((1 (1 (1 (1) (1) (1) (1) (1) (1) (1)	7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. See Form 990, Part X, li (a) Description of liability		(b) Book value		
(((1 (1 (1 (1) (1) (1) (1) (1) (1) (1)	7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line I rt X Other Liabilities. See Form 990, Part X, li		(b) Book value	►	
(1 (1 (1 (1 (1) (1) (1) (1) (1) (1) (1)	7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. See Form 990, Part X, li (a) Description of liability 1) Federal income taxes 2)		(b) Book value	►	
(1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. See Form 990, Part X, li (a) Description of liability 1) Federal income taxes 2) 3)		(b) Book value	►	
(1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. See Form 990, Part X, li (a) Description of liability 1) Federal income taxes 2)		(b) Book value		
(((1) (1) (1) (1) (1) (1) (1) (1) (1)	7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. See Form 990, Part X, li (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)		(b) Book value		
(((1) (1) (1) (1) (1) (1) (1) (1) (1)	7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line 11 Column (b) must equal Form 990, Part X, li 12 (a) Description of liability 13 Federal income taxes 23 39 40 50 60		(b) Book value		
(((1) () () () () () () () () () () () () ()	7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line 11 (Column (b) must equal Form 990, Part X, line 12 (a) Description of liability 13 Federal income taxes 2) 3) 4) 5) 6) 7)		(b) Book value		
(((((((((((((((((((7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. See Form 990, Part X, li (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7) 8)		(b) Book value		
() () () () () () () () () () () () () (7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line 11 (Column (b) must equal Form 990, Part X, line 12 (a) Description of liability 13 Federal income taxes 2) 3) 4) 5) 6) 7)		(b) Book value		
() () () () () () () () () () () () () (7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. See Form 990, Part X, li (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7) 8)		(b) Book value		
(((1) () () () () () () () () () () () () ()	7) 8) 9) 0) al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. See Form 990, Part X, li (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7) 8) 9)		(b) Book value		

Schedule D (Form 990) 2012

232053 12-10-12

10330313 759420 6678

Sche	dule D (Form 990) 2012 ECHOING GREEN, INC.			13-	3424419	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R			0
1	Total revenue, gains, and other support per audited financial statements			1	8,535	,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities		97,110.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		,110.
3	Subtract line 2e from line 1			3	8,438	,807.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5				5	8,438	,807.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Witl	n Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1	6,730,	,963.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a	97,110.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	. 2d				
е	Add lines 2a through 2d			2e	97	,110.
3	Subtract line 2e from line 1			3	6,633	,853.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,633	,853.
Pa	rt XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a a	nd 4; Part IV, lines 1	b and :	2b; Part V, line	4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	o provide an	y additional informat	ion.		

PART V, LINE 4: INTEREST EARNED ON THE ENDOWMENT FUND IS IMMEDIATELY

AVAILABLE FOR USE IN GENERAL OPERATIONS.

PART X, LINE 2: MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS AND

CONCLUDED THAT NO DISCLOSURES RELATED TO UNCERTAIN TAX POSITIONS ARE

REQUIRED IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2012

232054 12-10-12

SCHEDULE F (Form 990)		Complete if the	ivities Outside the Un e organization answered "Yes" to Fo		ates	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Part IV, line 14b, 15, or 16. Form 990. See separate instruction	ons.		Open to Public Inspection
Name of the organization					Employer ide	entification number
ECHOING GREEN,	INC.				13-3424	1419
		ctivities Ou	tside the United States. Compl	ete if the orgar		
to Form 990, Par						
-	•		ds to substantiate the amount of its gr the selection criteria used to award th			X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance	outside the
3 Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		i
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
FUDODE		0	GRANTING TO INDIVIDUALS AND		PROGRAM AND	
EUROPE	0	0	ORGANIZATIONS ONLY	RELATED ACT	TVITIES	11,842.
			GRANTING TO INDIVIDUALS AND	FELLOWSHIP	PROGRAM AND)
SUB-SAHARAN AFRICA	0	0	ORGANIZATIONS ONLY	RELATED ACT	TIVITIES	107,016.
			GRANTING TO INDIVIDUALS AND	FELLOWSHIP	PROGRAM AND)
NORTH AMERICA	0	0	ORGANIZATIONS ONLY	RELATED ACT	TIVITIES	52,588.
EAST ASIA AND THE			GRANTING TO INDIVIDUALS AND	FELLOWSHIP	PROGRAM AND)
THE PACIFIC	0	0	ORGANIZATIONS ONLY	RELATED ACT		4,395.
MIDDLE EAST AND			GRANTING TO INDIVIDUALS AND	FFIIOWCUTD	DDOCDAM AND	
NORTH AFRICA	0	0	ORGANIZATIONS ONLY	RELATED ACT		2,407.
						,
SOUTH ASIA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP RELATED ACT	PROGRAM AND	
SOUTH ASTA		0	ORGANIZATIONS ONET	KEDRIED AC		205,087.
3 a Sub-total	0	0				383,335.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				383,335.

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

Schedule F (Form 990) 2012

OMB No. 1545-0047

232071 12-10-12

10330313 759420 6678

6678___1

1

(a) Name of organization

(b) IRS code section

and EIN (if applicable)

(c) Region

Schedule F (Form 990) 2012 ECHOING GREEN, INC. 13-3424419								
Part II Gr	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any							
ree	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.							

(e) Amount

of cash grant

(d) Purpose of

grant

	SOUTH ASIA	FELLOWSHIP AWARD	80,000.	WIRE TRANSFER	0.		
		FELLOWSHIP PROGRAM -					
	AFRICA	CASH ASSISTANCE	5,852.	WIRE TRANSFER	0.		
	NORTH AMERICA	FISCAL SPONSORSHIP	47,500.	WIRE TRANSFER	0.		
	SOUTH ASIA	FISCAL SPONSORSHIP	14,250.	WIRE TRANSFER	0.		
		recognized as charities by the n 501(c)(3) equivalency letter					2
3 Enter total number of							2
						Schedu	lle F (Form 990) 2012

26

12 2121110

(f) Manner of

cash disbursement

(g) Amount of

non-cash

assistance

(h) Description of non-cash

assistance

Page 2

(i) Method of valuation (book, FMV,

appraisal, other)

ASSISTANCE

ASSISTANCE

FELLOWSHIP PROGRAM - NONCASH

FELLOWSHIP PROGRAM - CASH	SUB-SAHARAN				
ASSISTANCE	AFRICA	4	17,045.WIRE TRANSFER	0.	
	SUB-SAHARAN				
FELLOWSHIP PROGRAM - AWARD	AFRICA	2	78,918.WIRE TRANSFER	0.	
FELLOWSHIP PROGRAM - CASH					
ASSISTANCE	NORTH AMERICA	2	5,088.WIRE TRANSFER	0.	
FELLOWSHIP PROGRAM - CASH					
ASSISTANCE	EUROPE	3	11,842.WIRE TRANSFER	0.	
FELLOWSHIP PROGRAM - CASH	EAST ASIA AND THE				
ASSISTANCE	PACIFIC	2	4,395.WIRE TRANSFER	0.	
FELLOWSHIP PROGRAM - CASH	MIDDLE EAST AND				

882.WIRE TRANSFER

27

0

17,315.WIRE TRANSFER

88,918.WIRE TRANSFER

SOUTH ASIA

SOUTH ASIA

NORTH AFRICA

SUB-SAHARAN

AFRICA

ECHOING GREEN, INC.

(b) Region

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

(d) Amount of

cash grant

(c) Number of

recipients

6

2

2

1

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2012

(a) Type of grant or assistance

FELLOWSHIP PROGRAM - CASH

FELLOWSHIP PROGRAM - AWARD

ASSISTANCE

(f) Amount of

non-cash

assistance

0

0

0

387. TRAVEL EXPENSES

ACTUAL Schedule F (Form 990) 2012

(g) Description of

non-cash assistance

(h) Method of

valuation

(book, FMV, appraisal, other)

13 - 3424419

(e) Manner of

cash disbursement

Schedule F (Form 990) ECHOING GREEN, INC. Part III Continuation of Grants and Other Assistance to Individuals Outside the United State				1	Page 3		
Part III Continuation of Grants and Grants and Grant or assistance	nd Other Assistance to ((b) Region	(c) Number of recipients	i de the United s (d) Amount of cash grant	States. (Schedule F (Form 990), Pa (e) Manner of cash disbursement	art III) (f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIP PROGRAM - NONCASH ASSISTANCE	MIDDLE EAST AND NORTH AFRICA	1	0.		925.	TRAVEL EXPENSES	ACTUAL

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)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to 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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2012

Supplemental Information

Part V

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: FELLOWSHIP PROGRAM: THE ORIGINAL APPLICATION SPECIFIES THE DESIGNATED USE OF THE FUNDS. FELLOWS ARE REQUIRED TO SUBMIT 4 REPORTS (1 EVERY 6 MONTHS) OVER THE COURSE OF THEIR FELLOWSHIP. THESE REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY, AND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE ORIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO REQUEST EXTRA DETAIL INFORMATION NECESSARY TO PROVE SATISFACTORY EXPENDITURES OF GRANT FUNDS, IN ADDITION TO AN OBLIGATION TO SIGN AN AFFIDAVIT CONFIRMING DETAILS OF THE USE OF FUNDS, IF REQUESTED.

232075 12-10-12

10330313 759420 6678

30 2012.05060 ECHOING GREEN, INC. Schedule F (Form 990) 2012

SCHEDULE G

(Form 990 or 990-EZ

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open To Public

OMB No. 1545-0047

Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions.											
Name of the organization							ntification number				
ECHOING	GREEN, INC.					13-3424	419				
Part I Fundraising Activities required to complete this part	• Complete if the organization answe	ered "Y	'es" to	9 Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not				
1 Indicate whether the organization rai	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
a X Mail solicitations e Solicitation of non-government grants											
b X Internet and email solicitations f Solicitation of government grants											
c X Phone solicitations g X Special fundraising events											
d In-person solicitations		l (in all c	alia ar a	fficeus slivesteve two		-					
2 a Did the organization have a written of key employees listed in Form 900.	or oral agreement with any individua Part VII) or entity in connection with p	•	Ũ			or X Yes	No				
b If "Yes," list the ten highest paid ind	, , ,			0							
compensated at least \$5,000 by the	(71		Jagre	ements under which			be				
(i) Name and address of individual		(iii) Did fundraiser		(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid				
or entity (fundraiser)	(ii) Activity		ustody htrol of	from activity	Ì.	fundraiser	to (or retained by) organization				
		contributions?			lisi	ed in col. (i)					
SUSAN ULIN ASSOCIATES LTD	GALA EVENT FUNDRIASING	Yes	No								
156 FIFTH AVENUE, SUITE 1100,	CONSULTING		X	899,933.		44,000.	855,933.				
DEVELOPMENT GUILD/DDI - 233	FUNDRAISING STRATEGY		v	0.		20 760	0				
HARVARD STREET, SUITE 107,	DESIGN		X	υ.		38,768.	0.				
		<u> </u>									
	I	•	•								

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS 232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

82,768.

31

899,933

855,933.

Schedule G (Form 990 or 990 EZ) 2012 ECHOING GREEN, INC.

Pa	nrt I	Fundraising Events. Complete if the of fundraising event contributions and gr	•			
		or remarkationing event contributions allo gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	899,933.			899,933.
	2	Less: Contributions	798,697.			798,697.
	3	Gross income (line 1 minus line 2)	101,236.			101,236.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages	101,236.			101,236.
	8 9	Entertainment Other direct expenses				1.01.0.05
	10	, , , , , , , , , , , , , , , , , , , ,				(101,236,
Pa	rt l	Net income summary. Combine line 3, colum III Gaming. Complete if the organization	n (d), and line TU answered "Yes" to Form	990, Part IV, line 19, or	reported more than	0.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ш —	1	Gross revenue				
ses	2	Cash prizes				
zpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			()
	8	Net gaming income summary. Combine line	1, column d, and line 7			
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain:	ctivities in each of these			
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
2320	32 0 ⁻	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

32 2012.05060 ECHOING GREEN, INC.

chedule G (Form 990 or 990-EZ) 2012 ECHOING GREEN, INC.	13-3424	419	Page
1 Does the organization operate gaming activities with nonmembers?		Yes	
2 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			,
to administer charitable gaming?		Yes	r
3 Indicate the percentage of gaming activity operated in:			
a The organization's facility			
b An outside facility			
4 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
Name			
Address ►			
5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt		
of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
6 Gaming manager information:			
Name			
Gaming manager compensation 🕨 \$			
Description of services provided			
Description of services provided			
Description of services provided			
Description of services provided			
 Director/officer Employee Independent contractor 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to 			
 Director/officer Employee Independent contractor 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to 		Yes	r
Director/officer Employee Independent contractor 7 Mandatory distributions:		Yes	r
 Director/officer Employee Independent contractor 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ 	n the		
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SCHEDULE I (Form 990)				l Other Assistance s, and Individuals	-			OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.											
Name of the organization	ECHOING G	REEN INC	٩					Employer identification num 13 - 342441				
Part I General Infor	mation on Grants a	-	•									
1 Does the organization	on maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	ction				
criteria used to awa	rd the grants or assi	stance?						X Yes	No			
2 Describe in Part IV t	he organization's pro	ocedures for moni	toring the use of grant	funds in the Unite	d States.							
			d Organizations in th			anization answered "\	es" to Form 990, Parl	t IV, line 21, for any				
			be duplicated if addit			(f) Method of						
1 (a) Name and addre or goverr	•	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ANGAZA DESIGN, INC. 1028 15TH AVENUE												
REDWOOD CITY, CA 94	063	27-2842254		80,000.	0.			FELLOWSHIP AWARD				
COBVRWAS INTERNATION ORGANIZATION TO TRAI		27-3092740	501(C)(3)	80,000.	0.			FELLOWSHIP AWARD				
ANJNA PATIENT EDUCA 234 ESCUELA AVENUE, MOUNTAIN VIEW, CA 9	APT 18	27-3252911		80,000.	0.			FELLOWSHIP AWARD				
GIRLTREK 3933 PARK AVENUE FAIRFIELD, CT 06825		06-1811886		90,000.	0.			FELLOWSHIP AWARD				
INSTIGLIO 125 WESTERN AVENUE BOSTON, MA 02163		45-5015494		90,000.	0.			FELLOWSHIP AWARD				
WECYCLERS 1209 ORANGE STREET WILMINGTON, DE 1980		46-1021941		80,000.	0.			FELLOWSHIP AWARD				
	of other organization	s listed in the line		ne line 1 table					6 • 9 • 012)			

THE RESET FOUNDATION

WASHINGTON, DC 20009

81 WESTBOURNE TER #2 BROOKLINE, MA 02446

BOSTON, MA 02116

200 CLAREDON STREET, 9TH FLOOR

THE SCHOOL OF JUSTICE PROJECT, INC. - 2627 13TH STREET NW -

GLOBAL CYCLE SOLUTIONS, INC.

211111						
619 CORHETT AVENUE						
SAN FRANCISCO, CA 94114	45-4783061	501(C)(3)	80,000.	0.		FELLOWSHIP AWARD
LABOR VOICES INC.						
690 W FREMONT AVENUE, SUITE 3						
SUNNYVALE, CA 94087	27-3560200		80,000.	0.		FELLOWSHIP AWARD
B HOLDING GROUP LLC						
738 SAINT NICHOLAS AVE, SECOND FLOO	Þ					
NEW YORK, NY 10031	45-0611207		70,000.	0.		FELLOWSHIP AWARD
CODE 2040						
C/O IMPACT HUB, 901 MISSION						
STREET, SUITE 105 - SAN FRANCISCO,						
CA 94103	45-5026246		70,000.	0.		FELLOWSHIP AWARD
GIGA BRYTE						
1396 EL CAMINO REAL						
MILLBRAE, CA 94030	90-0936330		70,000.	0.		FELLOWSHIP AWARD
QLOVI						
5102 HENRY STREET						
MUSKEGON, MI 49441	45-5289237		70,000.	0.		FELLOWSHIP AWARD

ECHOING GREEN, INC. Schedule I (Form 990)

(b) EIN

46-2275654

46-1625412

27-0259245

(a) Name and address of

organization or government

ZAYA

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section

if applicable

(d) Amount of

cash grant

70,000

70,000

30,293,

35

0

0

0

(e) Amount of

non-cash

assistance

(f) Method of

valuation

(book, FMV, appraisal, other) (g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

FELLOWSHIP AWARD

FELLOWSHIP AWARD

FISCAL SPONSORSHIP

Schedule I (Form 990)

3710 CEDAR STREET, SUITE 227					
AUSTIN, TX 78705	20-2987586	501(C)(3)	20,000.	0.	
CIVIC					
P.O. BOX 40677					
SAN FRANCISCO, CA 94140	80-0875881	501(C)(3)	11,875.	0.	
AFRICAN COMMUNITIES TOGETHER					
204 WEST 133RD STREET, APT. 1E					
NEW YORK, NY 10030	46-1689772		51,325.	0.	
VERA SOLUTIONS, BENEFIT LLC					
7800 LEESBURG DRIVE					
BETHESDA, MD 20817	27-3440108		5,000.	0.	
OKCOPAY, INC.					

(c) IRC section if applicable

(d) Amount of cash grant

(e) Amount of

non-cash assistance (f) Method of valuation

(book, FMV, appraisal, other) (g) Description of non-cash assistance

Schedule I (Form 990)	ECHOING G	GREEN, INC	Y •				
Part II Continuation of	of Grants and Other	Assistance to Ge	overnments and Organ	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)

(h) Purpose of grant or assistance

AUSTIN, TX 78705	20-2987586	501(C)(3)	20,000.	0.	FISCAL SPONSORSHIP
CIVIC			i l		
P.O. BOX 40677	1				
SAN FRANCISCO, CA 94140	80-0875881	501(C)(3)	11,875.	ο.	FISCAL SPONSORSHIP
	[
AFRICAN COMMUNITIES TOGETHER	1				
204 WEST 133RD STREET, APT. 1E	1				
NEW YORK, NY 10030	46-1689772		51,325.	٥.	FISCAL SPONSORSHIP
VERA SOLUTIONS, BENEFIT LLC	1				
7800 LEESBURG DRIVE	1				FELLOWSHIP PROGRAM - CASH
BETHESDA, MD 20817	27-3440108		5,000.	0.	ASSISTANCE
	1				
OKCOPAY, INC.	1				
420 E WATERSIDE DRIVE, UNITE 2303	1				FELLOWSHIP PROGRAM - CASH
CHICAGO, IL 60601	45-2788325		5,387.	0.	ASSISTANCE
	1		i		
INVENTURE CAPITAL CORPORATION	1				
1450 2ND STREET, SUITE 126	1				FELLOWSHIP PROGRAM - CASH
SANTA MONICA, CA 90401	90-0703746	++	5,536.	0.	ASSISTANCE
ONE DEGREE	1				
2370 MARKET STREET, SUITE 162	1				FELLOWSHIP PROGRAM - CASH
SAN FRANCISCO, CA 94114	36-4729392	501(C)(3)	7,234.	٥.	ASSISTANCE
SAN FRANCISCO, CA 94114	30-4/29392	501(0)(3)	/,234.		ASSISTANCE
ID INSIGHT	1				
75 BERKELEY STREET, UNIT 1	1				FELLOWSHIP PROGRAM - CASH
BOSTON, MA 02116	27-4933181		7,800.	٥.	ASSISTANCE
DODION , MI 02110	27 3300202	++	,,		
SHINING HOPE FOR COMMUNITIES	1				
14 RED GLEN ROAD	1				FELLOWSHIP PROGRAM - CASH
MIDDLETON, CT 06457	27-1493201	501(C)(3)	8,029.	0.	ASSISTANCE

36

(b) EIN

(a) Name and address of organization or government

ENGLISH AT WORK

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IEDHA CORP. 17 SOUTH STREET							FELLOWSHIP PROGRAM - CAS
ATICK, MA 01760	27-3525991		16,707.	0.			ASSISTANCE

37

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Schedule I (Form 990) (2012)

ECHOING GREEN, INC.

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

PISCAL SPONSORSHIP - U.S. INDIVIDUALS 6 17,489. 0. Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. SCHEDULE I, PART I, LINE 2: FELLOWSHIP PROGRAM: THE ORIGINAL APPLICATION SPECIFIES THE DESIGNATED USE OF THE FUNDS. FELLOWS ARE REQUIRED TO SUBMIT 4 REPORTS (1 EVERY 6 MONTHS) OVER THE COURSE OF THEIR FELLOWSHIP. THESE REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY, AND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE ORIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. SCHEDULE I, PART I, LINE 2: FELLOWSHIP PROGRAM: THE ORIGINAL APPLICATION SPECIFIES THE DESIGNATED USE OF THE FUNDS. FELLOWS ARE REQUIRED TO SUBMIT A REPORTS (1 EVERY 6 MONTHS) OVER THE COURSE OF THEIR FELLOWSHIP. THESE REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY, ND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE DESCRIPTION DESCRIPTIONS OF THE COURSE FOR RETURN OF GRANT FUNDS TO SCHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO						
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SPECIFIES THE DESIGNATED USE OF THE FUNDS. FELLOWS ARE REQUIRED TO SUBMIT A REPORTS (1 EVERY 6 MONTHS) OVER THE COURSE OF THEIR FELLOWSHIP. THESE REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY, AND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE DRIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO	Part IV Supplemental Information. Complete this part to pro-	vide the informatio	n required in Part I,	line 2, Part III, colum	nn (b), and any other additional in	nformation.
REPORTS (1 EVERY 6 MONTHS) OVER THE COURSE OF THEIR FELLOWSHIP. THESE REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY, AND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE DRIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO	CHEDULE I, PART I, LINE 2: FELLO	WSHIP PRO	GRAM: THE	ORIGINAL A	PPLICATION	
REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY, AND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE DRIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO	SPECIFIES THE DESIGNATED USE OF T	HE FUNDS.	FELLOWS	ARE REQUIR	ED TO SUBMIT	
REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY, AND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE DRIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO	REPORTS (1 EVERY 6 MONTHS) OVER	THE COUR	SE OF THEI	R FELLOWSH	IIP. THESE	
AND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE ORIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO						
DRIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO					· · · · · ·	
CHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO						
	CHOING GREEN. FACILITY EXISTS WI	THIN THE	CONTRACT F	OR ECHOING	GREEN TO	
EQUEST EXTRA DETAIL INFORMATION NECESSARY TO PROVE SATISFACTORY	EQUEST EXTRA DETAIL INFORMATION	NECESSARY	TO PROVE	SATISFACTO	RY	

EXPENDITURES OF GRANT FUNDS, IN ADDITION TO AN OBLIGATION TO SIGN AN

AFFIDAVIT CONFIRMING DETAILS OF THE USE OF FUNDS, IF REQUESTED.

ALUMNI PROGRAM: ECHOING GREEN'S ALUMNI PROGRAM AIMS TO SUPPORT THE ORGANIZATION'S GRANTEES WITH ADDITIONAL TECHNICAL ASSISTANCE AND PEER SUPPORT AFTER THE FUNDING PERIOD IS COMPLETED. ECHOING GREEN PROVIDES PRO-BONO SUPPORT IN THE FORM OF CONNECTING GRANTEES TO ONE ANOTHER AS PEERS, MENTORS AND ADVISORS, AS WELL AS ACTING AS TRUSTED ADVISORS FOR A SELECT GROUP OF ALUMNI AT KEY INFLECTION POINTS IN THEIR PERSONAL OR PROFESSIONAL LIVES. IN ADDITION, ECHOING GREEN GIVES ITS ALUMNI OPPORTUNITIES TO PARTICIPATE IN THE FELLOW SEARCH AND SELECTION PROCESS.

Schedule I (Form 990)

232291 05-01-12

	HEDULE J rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990,	20	0. 1545-00 012	2
	rtment of the Treasury Part IV, line 23.		to Pub ection	
	Attach to Form 990. See separate instructions.	mployer identifica		
INdii	ne of the organization ECHOING GREEN, INC.	13 - 34244		Inper
Da	art I Questions Regarding Compensation	10-04244	19	
Fa			Yes	
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 99 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 Payments for business use of personal resid Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, che 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, direct trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	ll use dence ef) <u>1b</u> tors,		No
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Compensation committee Image: Image: Compensation committee Image: Compensation committee Image: Committee Image: Committee <td>n to</td> <td></td> <td></td>	n to		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			v
a	Receive a severance payment or change-of-control payment?		-	X X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		+	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	<u>4c</u>		
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			37
а	The organization?			X
b	Any related organization?	<u>5</u> b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
a	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		x
8	not described in lines 5 and 6? If "Yes," describe in Part III			
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	·····	+	+
5	Regulations section 53.4958-6(c)?	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	rm 990) 2012

232111 12-10-12

10330313 759420 6678

Schedule J (Form 990) 2012

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 in 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 are not 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred in prior Form 990	
(1) CHERYL DORSEY	(i)	205,889.	15,762.	0.	11,900.	11,100.	244,651.	0.	
PRESIDENT/EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LARA GALINSKY	(i)	173,497.	17,535.	0.	10,767.	7,766.	209,565.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								

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13-3424419

Schedule J	(Form	990)	2012
Schedule J		3301	2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury

(Form	990	or	990	-EZ)
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Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

Open To Public

OMB No. 1545-0047

Internal Revenue Service	P	Atta	ich to Form 990) or Fo	orm 99	0-EZ.	See separ	rate i	nstructions.			l In	spec	tion	
Name of the organization	ו									Em	ployer	r ident	ificat	tion n	umber
			REEN, IN							13	-34	244	19		
Part I Excess B	Benefit Trans	sacti	ons (section 50	01(c)(3	B) and s	sectior	n 501(c)(4) org	ganiza	ations only).						
Complete if	the organizatio	n ansv	vered "Yes" on	Form 9	990, Pa	art IV, I	ine 25a or 25l	b, or	Form 990-EZ, F	Part V,	line 40	Jb.			
1 (a) Name of disqualit	fied person	(b) R	Relationship bet	ween	disqua	lified	14	c) De	scription of trar	nsactio	n		(d) Corre	ected?
			person and or	rganiza	ation			0,00					<u> </u>	/es	No
													+		
													+		
													+		
													+		
													+		
2 Enter the amount of	tax incurred by	the o	rganization mar	naders	or disc	gualifie	d persons du	ırina †	he vear under						
			•	•		•	•	Ŭ			▶ \$				
3 Enter the amount of											▶ \$				
						-									
Part II Loans to	and/or Fror	n Int	erested Per	sons	-										
Complete if	the organization	n ansv	vered "Yes" on	Form 9	990-EZ	, Part V	V, line 38a or l	Form	990, Part IV, lir	ne 26;	or if th	ne orga	anizat	tion	
	amount on Form									<u> </u>		(h) Ap	nrove	d	A /
(a) Name of interested person	í with	-	(c) Purpose of loan	fron	oan to or n the) Original ipal amount	(f)	Balance due) In ault?	by bo	ard or	agro	Vritten ement?
	organiza	ation			ization?		· · · · · · · · · · · · · · · · · · ·				1	comm	1	-	-
				То	From					Yes	No	Yes	No	Yes	No
															+
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											<u> </u>				
				 							──		┣──		
_											L				
Total	r Assistance	Ber	efiting Inter	reste	d Pe	rsons) \$								
	the organization		-												
(a) Name of interes							ane 27.		(d) Type	of		(o) Pur	pose c	of
			(b) Relationship interested pers	son an	en Id		assistance		assistan					tance	~
			the organiza	ation											
											\square				
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		1									1				

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L	. (Form 990 or 990-EZ) 2012	ECHOING	GREEN,	INC.
Part IV	Business Transaction	ons Involving	g Intereste	d Persons.

	Complet	e if the organization answered	<u>"Yes" on </u> Form 990, Part I	V, line 28a, 2	8b, or 28c.			
		interested person	(b) Relationship betweer person and the organ	n interested	(c) Amount of transaction	(d) Description of transaction	organiz reven	ues?
THE S	OCTAL.	ENTREPRENEURS '	THE ORGANIZAT		671 256	ECHOING GRE	Yes	No X
	OCIAL	ENIKEPKENEUKS	THE ORGANIZAT		071,230.	ECHOING GRE		
Part V		emental Information e this part to provide additiona	l information for response	s to questior	ns on Schedule L (see	instructions).		
SCH L	, PART	IV, BUSINESS T	RANSACTIONS I	NVOLVI	NG INTEREST	ED PERSONS:		
(A) N	AME OF	PERSON: THE SC	CIAL ENTREPRE	NEURS '	FUND, LLC			
(B) R	ELATIC	NSHIP BETWEEN I	NTERESTED PER	SON AN	D ORGANIZAT	ION:		
THE O	RGANIZ	ATION'S BOARD C	HAIR, DAVID C	. HODG	SON, IS A M	EMBER IN TH	E LL	С
(C) A	MOUNT	OF TRANSACTION	\$ 671,256.					
(D) D	ESCRIP	TION OF TRANSAC	TION: ECHOING	GREEN	ENTERED IN	TO AN AGREE	MENT	
WITH 2	A THE	SOCIAL ENTREPRE	NEURS' FUND.	LLC (T	HE "LLC") W	HICH PERMIT	s	
ECHOI	NG GRE	EN TO ASSIGN EX	ISTING FELLOW	ISHIP G	RANT OBLIGA	TIONS TO TH	또 나나	с.
SEE B	ELOW F	OR ADDITIONAL E	XPLANATION.					
(E) SI	HARING	OF ORGANIZATIO	N REVENUES? =	NO				
SCHED	ULE L	PART IV						
BUSIN	ESS TR	ANSACTION WITH	THE SOCIAL EN	ITREPRE	NEURS' FUND	, LLC		
ECHOI	NG GRE	EN ENTERED INTO	AN AGREEMENT	WITH	A THE SOCIA	L		
ENTRE	PRENEU	RS' FUND, LLC (THE "LLC") WH	IICH PE	RMITS ECHOI	NG GREEN TO		
ASSIG	N EXIS	TING FELLOWSHIP	GRANT OBLIGA	TIONS	TO THE LLC.	FELLOWSHIP		
GRANT	S ELIG	IBLE FOR ASSIGN	MENT MUST BE	THOSE	MADE TO FOR	-PROFIT		
GRANT	EES WH	IICH WERE NOT PR	EVIOUSLY FUND	ED BY	DONOR-RESTR	ICTED		
CONTR	IBUTIC	NS. IN ADDITION	TO ASSUMING	ANY EX	ISTING LIAB	ILITY OF		
ECHOI	NG GRE	EN, THE LLC WIL	L ALSO PAY EC	HOING	GREEN ANY A	MOUNTS		
232132 12-03-12					S	chedule L (Form 990	or 990-E	Z) 201
				44				

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 Schedule L (Form 990 or 990-EZ)
 ECHOING GREEN, INC.
 13-3424419 Page 2

 Part V
 Supplemental Information
 Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

 PREVIOUSLY PAID UNDER THE ASSIGNED FELLOWSHIP AGREEMENTS, PLUS AN

 AMOUNT EQUAL TO 3% INTEREST ACCRUED SINCE THE FELLOWSHIP AWARD. AMOUNTS

 ASSIGNED TO THE LLC, AND REIMBURSEMENT OF PRIOR PAYMENTS MADE IN

 CONNECTION WITH THE FELLOWSHIPS ASSIGNED, ARE RECOGNIZED AS REVENUE BY

 ECHOING GREEN.

FOR FELLOWSHIP GRANTS ASSIGNED, ECHOING GREEN RETAINS THE RIGHT TO RECEIVE PAYMENT FROM THE LLC FOR A PORTION OF ANY AMOUNTS RECEIVED BY THE LLC FROM A GRANTEE REPRESENTING RETURN ON INVESTMENT. AMOUNTS DUE TO ECHOING GREEN WOULD BE EQUAL TO 20% OF ANY AMOUNTS RECEIVED IN EXCESS OF THE RESPECTIVE TOTAL ORIGINAL FELLOWSHIP AWARD.

FOR THE YEAR ENDED JUNE 30, 2013, ECHOING GREEN ELECTED TO ASSIGN A TOTAL OF \$502,500 OF FELLOWSHIP GRANT OBLIGATIONS. IN ADDITION TO THE AMOUNT ASSIGNED, ECHOING GREEN RECEIVED \$167,500 FROM THE LLC IN REIMBURSEMENT OF FELLOWSHIP GRANT INSTALLMENTS PREVIOUSLY PAID, PLUS \$1,256 OF INTEREST THEREON. IN ACCORDANCE WITH ECHOING GREEN'S CONFLICT OF INTEREST POLICY, MR. HODGSON RECUSED HIMSELF FROM THE DISCUSSION AND DECISION MAKING BY THE ECHOING GREEN BOARD OF DIRECTORS IN CONNECTION WITH THIS MATTER.

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Schedule L (Form 990 or 990-EZ)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 13 - 3424419

Name of the organization

ECHOING GREEN, INC.

FORM 990, PART I, LINE 5

NUMBER OF VOLUNTEERS

THE NUMBER OF VOLUNTEERS INCLUDES APPROXIMATELY 400 FELLOWSHIP

APPLICATION JUDGES, AS WELL AS FELLOWSHIP FINALIST JUDGES.

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

LAUNCH INNOVATIVE SOCIAL CHANGE ORGANIZATIONS AROUND THE WORLD. SINCE

ITS INCEPTION, ECHOING GREEN HAS INVESTED IN NEARLY 500 SOCIAL

ENTREPRENEURS WHO WORK TO SOLVE DEEPLY-ROOTED PROBLEMS IN THE WORLD

THROUGH THEIR INNOVATIVE IDEAS. AMONG THE ORGANIZATIONS WE HELPED

LAUNCH INCLUDE TEACH FOR AMERICA, CITY YEAR, GENOCIDE INTERVENTION

NETWORK, THE SEED SCHOOL, GLOBAL FUND FOR CHILDREN, AND HUNDREDS OF

OTHERS. WE ALSO WORK TO BUILD A ROBUST ECOSYSTEM OF CHANGEMAKING BY

SUPPORTING YOUNG PEOPLE TO SELECT CAREERS IN SOCIAL CHANGE, WORKING

WITH DONORS TO APPROACH THEIR PHILANTHROPY IN AN ENGAGED MANNER, AND

PROVIDING DATA THAT BUILDS OUR FIELD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ORGANIZATION, AND A COMMUNITY OF LIKE-MINDED SOCIAL ENTREPRENEURS AND PUBLIC SERVICE LEADERS, INCLUDING THE ECHOING GREEN NETWORK OF NEARLY 500 ALUMNI WORKING ALL OVER THE WORLD.

 FORM 990, PART VI, SECTION A, LINE 1: THE PURPOSE OF THE EXECUTIVE

 COMMITTEE IS TO ACT ON SPECIFIC ISSUES ON THE BOARD'S BEHALF. TO ACCOMPLISH

 THIS, ITS RESPONSIBILITIES ARE TO ACT FOR THE BOARD BETWEEN MEETINGS;

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

 Schedule O (Form 990 or 990-EZ) (2012)

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2012.05060 ECHOING GREEN, INC.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization ECHOING GREEN, INC.	Employer identification number $13 - 3424419$
PROVIDED, HOWEVER, THAT IT MAY NOT APPROVE OR RECOMMEND T	O MEMBERS THE
DISSOLUTION OR MERGER OF ECHOING GREEN'S ASSETS; ELECT, A	PPOINT OR REMOVE
DIRECTORS OR PERMANENTLY FILL VACANCIES ON THE BOARD OR A	NY COMMITTEE OF
THE BOARD; ADOPT, AMEND OR REPEAL THE BYLAWS OR ARTICLES	OF INCORPORATION;
AMEND ANY COMMITTEE CHARTER OR RESOLUTION OF A BOARD COMM	ITTEE PREVIOUSLY
ESTABLISHED BY THE BOARD; HIRE OR FIRE THE EXECUTIVE DIRE	CTOR; APPROVE OR
CHANGE THE BUDGET; OR ADD OR ELIMINATE PROGRAMS PREVIOUSL	Y AUTHORIZED BY
THE BOARD.	

THE EXECUTIVE COMMITTEE CAN MAKE DECISIONS BETWEEN BOARD MEETINGS AND ON BEHALF OF THE ENTIRE BOARD. SUBJECT TO LIMITATIONS ON ITS AUTHORITY ESTABLISHED BY THE BOARD, THESE BYLAWS, OR LAW, THE EXECUTIVE COMMITTEE SHALL OVERSEE THE PERFORMANCE OF THE PRESIDENT AND MAKE RECOMMENDATIONS TO THE BOARD ON REASONABLE EXECUTIVE COMPENSATION AND RAISES. THE EXECUTIVE COMMITTEE MAY SERVE AS A SOUNDING BOARD FOR THE ORGANIZATION'S TOP IN ADDITION, THE EXECUTIVE COMMITTEE WILL REVIEW THE DRAFT AUDIT MANAGERS. ANNUALLY PRIOR TO A FULL BOARD VOTE FOR APPROVAL. THE REVIEW PROCESS WILL INCLUDE THE AUDITING FIRM OF RECORD.

THE COMMITTEE CONSISTS OF THREE OFFICERS, THREE BOARD MEMBERS AND THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION A, LINE 8B: THE ONLY COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD (GOVERNING BODY) IS THE EXECUTIVE COMMITTEE. MEETINGS FOR THE EXECUTIVE COMMITTEE ARE NORMALLY HELD ADJACENT TO THE FULL BOARD MEETINGS, BUT ARE NOT DOCUMENTED. TYPICALLY, DECISIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE RATIFIED AT THE NEXT BOARD MEETING AND DOCUMENTED AT THAT TIME. 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012) 47

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 Name of the organization
 Employer identification number

 ECHOING GREEN, INC.
 13-3424419

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IN DRAFT FORMAT IS FIRST REVIEWED BY THE DIRECTOR OF FINANCE AND THE FINANCE COMMITTEE. THE FINANCE COMMITTEE THEN MAKES A FORMAL RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL UPON REVIEW AT ITS NEXT MEETING. THE FINAL FORM 990 IS THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUESTS, AT THE END OF EACH FISCAL YEAR, THAT BOARD MEMBERS COMPLETE A DETAILED QUESTIONNAIRE THAT COVERS ALL FACETS OF CONFLICTS OF INTEREST, RELATED PARTIES, TRANSACTIONS WITH RELATED PARTIES, AND EXCESS BENEFIT TRANSACTIONS. THE ORGANIZATION MAKES ITS BEST EFFORTS TO COLLATE RESPONSES FROM THE BOARD MEMBERS TO THE QUESTIONNAIRE, AND TO ENSURE THAT ALL FACTS REGARDING BUSINESS RELATIONSHIPS ARE KNOWN. THE APPROPRIATE POLICY CONTAINS DETAILS OF THE PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST. THE PROCEDURE ALLOWS FOR THE INTERESTED PERSON TO PRESENT DETAILS OF THE TRANSACTION FOR THE BOARD TO INVESTIGATE, TO REVIEW POSSIBLE ALTERNATIVES, AND TO REACH A CONCLUSION ON THE BEST ROUTE FORWARD. REQUIRED ACTIONS IN THE EVENT OF A POLICY VIOLATION ARE ALSO CONTAINED WITHIN THE POLICY DOCUMENT.

 FORM 990, PART VI, SECTION B, LINE 15: THE CEO RECEIVED A SALARY INCREASE

 FROM BEGINNING OF THE FISCAL YEAR AND A COMPENSATION BONUS FOR PERFORMANCE

 THE PREVIOUS FISCAL YEAR. THIS ADJUSTMENT WAS DISCUSSED AND APPROVED BY THE

 EXECUTIVE COMMITTEE. THE SENIOR VP RECEIVED A SALARY INCREASE FROM

 BEGINNING OF THE FISCAL YEAR AND A COMPENSATION BONUS FOR PERFORMANCE THE

 PREVIOUS FISCAL YEAR. THIS ADJUSTMENT WAS DISCUSSED AND APPROVED BY THE CEO

 IN CONJUNCTION WITH THE EXECUTIVE COMMITTEE. ALL OTHER EMPLOYEES RECEIVED

 2012.05060 ECHOING GREEN, INC.

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization ECHOING GREEN, IN	IC.			Page Employer identification numbe 13-3424419
SALARY ADJUSTMENTS AFTER REVIEW		SENIOR	VP, WHICH	TOOK INTO ACCOUNT
COMPARABLE SALARIES FOR SIMILAR	NONPRO	FITS IN	NYC, AND A	LSO THE ADVICE OF
AN EXTERNAL HR CONSULTANT.				
FORM 990, PART VI, SECTION C, I	INE 19:	THE ORG	ANIZATION'S	S FINANCIAL
STATEMENTS ARE AVAILABLE ON ITS	WEBSIT	E WWW.EC	HOINGGREEN	ORG AFTER FORMAL
APPROVAL. OTHER ORGANIZATIONAL	DOCUMEN	TS ARE M	ADE AVAILA	BLE ON REQUEST.
232212 01-04-13		49	Sche	dule O (Form 990 or 990-EZ) (201
330313 759420 6678 201	2.05060		GREEN, INC	66781