Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information



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Α	For th	e 2019 calendar year, or tax year beginning $ { m JUL}1,2019$ and er	nding J	UN 30, 2020			
Β	B Check if applicable: C Name of organization D Employer identification number						
	Addre	ECHOING GREEN, INC.					
	Name	e Doing business as	13-34244	19			
	Initial return Final return		oom/suite	E Telephone number 212-689-1			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,670,493.		
	Amen	ded NEW YORK NY 10019		H(a) Is this a group re			
	Applie tion pendi	^{ra-} F Name and address of principal officer: CHERYL DORSEY SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	? Yes X No		
<u> </u>	Γον.ον	empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) or$	527		list. (see instructions)		
		te: ► WWW • ECHOINGGREEN • ORG	021	H(c) Group exemption			
		forganization: X Corporation Trust Association Other	I Year		State of legal domicile: NY		
	art I	Summary	- Four		otato or rogal dominino		
-	1	Briefly describe the organization's mission or most significant activities: ASSIS	TING	TOP EMERGIN	G SOCIAL		
Activities & Governance		ENTREPRENEURS TO CREATE INNOVATIVE SOCIAL	CHAN	GE WORLDWID	Ξ.		
rna	2	Check this box if the organization discontinued its operations or dispose					
Nel		Number of voting members of the governing body (Part VI, line 1a)			26		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		25			
80 00		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		35			
itie		Total number of volunteers (estimate if necessary)		975			
ć	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ā		Net unrelated business taxable income from Form 990-T, line 39			0.		
				Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		10,251,358.	9,576,654.		
Revenue	9	Program service revenue (Part VIII, line 2g)		65,585.	50,000.		
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,615.	16,714.		
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		52,570.	27,125.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,382,128.	9,670,493.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,778,006.	1,360,868.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,148,514.	4,302,080.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		16,795.	157,669.		
be		Total fundraising expenses (Part IX, column (D), line 25) 1 , 208, 882	1.	-			
ñ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,083,008.	2,650,754.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,026,323.	8,471,371.		
		Revenue less expenses. Subtract line 18 from line 12		355,805.	1,199,122.		
or	-			ginning of Current Year	End of Year		
t Assets or d Balances	20	Total assets (Part X, line 16)		9,804,254.	9,638,299.		
Ass	21	Total liabilities (Part X, line 26)		4,044,880.	2,778,604.		
Pund		Net assets or fund balances. Subtract line 21 from line 20		5,759,374.	6,859,695.		
Pa		Signature Block	I	<u> </u>			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SHARYANNE MCSWAIN, CHI Type or print name and title	IEF OPERATING OFFICER		Date				
Paid	Print/Type preparer's name JENNIFER COATES	Preparer's signature	Date	Check PTIN if self-employed PO2247728				
Preparer	Firm's name 🕨 LUTZ AND CARR, C			Firm's EIN ▶ 13-1655065				
Use Only	Firm's address 551 FIFTH AVENUE	E, SUITE 400						
	NEW YORK, NY 101	L76		Phone no. 212 - 697 - 2299				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)							

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 expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported. 4a (Code:) (Expenses 5, 106, 341. including grants of \$ 1, 360, 868.) (Revenue \$ FELLOWSHIP AND ALUMNI PROGRAM THE ECHOING GREEN FELLOWSHIP PROGRAM IDENTIFIES, SUPPORTS, AND FU SOCIAL ENTREPRENEURS WORLDWIDE. WE'VE INVESTED OVER \$47 MILLION I FUNDING TO NEARLY 850 SOCIAL ENTREPRENEURS WHO SOLVE DEEP-ROOTED PROBLEMS IN THE WORLD THROUGH THEIR INNOVATIVE IDEAS. OUR FELLOWS EXPERIENCE HARNESSES A COMMUNITY OF SOCIAL ENTREPRENEURS, PUBLIC-SERVICE LEADERS, AND INSTITUTIONAL SUPPORTERS FROM ALL OVE WORLD.) Pa
 Briefly describe the organization's mission: ECHOING GREEN IDENTIFIES TOMORROW'S TRANSFORMATIONAL LEADERS TODA THROUGH IT'S FELLOWSHIPS AND OTHER INNOVATIVE LEADERSHIP INITIATIV ECHOING GREEN SPOTS EMERGING LEADERS AND INVESTS DEEPLY IN THEIR SUCCESS TO ACCELERATE THEIR INPACT. EG HAS BEEN AHEAD OF THE CURV Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? If 'Yea,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expension to even the organization cease conducting. or make significant of or each of its three largest program services, as measured by expension 5010(c)(3) and 5010(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expension 5010(c)(3) and 5010(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens revenue, if any, for each program service accomplishments of a 1, 360, 868.) (Revenue 5 FELLOWSHIP AND ALUMNI PROGRAM THE ECHOING GREEN FELLOWSHIP PROGRAM IDENTIFIES, SUPPORTS, AND FU SOCIAL ENTREPRENEURS WORLDWIDE. WE'VE INVESTED OVER \$47 MILLION I FUNDING TO NEARLY 850 SOCIAL ENTREPRENEURS WHO SOLVE DEEP-ROOTED PROBLEMS IN THE WORLD THROUGH THEIR INNOVATIVE IDEAS. OUR FELLOWS EXPERIENCE HANNESSES A COMMUNITY OF SOCIAL ENTREPRENEURS, PUBLIC-SERVICE LEADERS, AND INSTITUTIONAL SUPPORTERS FROM ALL OVE WORLD. (code:) (Greenwest 278,699. reduning grants of) (Revenue 5 DIRECT IMPACT FROGRAM DIRECT IMPACT FROGRAM DIRECT IMPACT FROGRAM DIRECT IMPACT PROGRAM DIRECT IMPACT PROGRAM DIRECT IMPACT PROGRAM MARING IT EASIER FOR SOCIAL	
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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 90-E27 [If 'Yes,' describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expensed the organizations program service accompliantents for each of its three largest program services, as measured by expense section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service accompliantent of section 1, 360, 868.) (nevenues [EELLOWSHIP AND ALUMNI PROGRAM THE ECHOING GREEN FELLOWSHIP PROGRAM IDENTIFIES, SUPPORTS, AND FU SOCIAL ENTREPRENEURS WORLDWIDE. WE'VE INVESTED OVER \$47 MILLION I FUNDING TO NEARLY 850 SOCIAL ENTREPRENEURS WHO SOLVE DEEP-ROOTED PROBLEMS IN THE WORLD THROUGH THEIR INNOVATIVE IDEAS. OUR FELLOWS EXPERIENCE HARNESSES A COMMUNITY OF SOCIAL ENTREPRENEURS, PUBLIC-SERVICE LEADERS, AND INSTITUTIONAL SUPPORTERS FROM ALL OVE WORLD. 4b (code:)(Expenses 278, 699. moluding grants of s) (nevenue §	
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	DPIC
	D I.
4d Other program services (Describe on Schedule O.) (Expenses \$ 456,332. including grants of \$) (Revenue \$ 27,125.)	
4e Total program service expenses ► 5,976,274.	000
	n 990 (
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Form	aan	(201	a)

ECHOING GREEN, INC. Part IV Checklist of Required Schedules

Fai	Oneckinst of nequired schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	┝───
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	┝───
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
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?	_		v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	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,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			ĺ
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ĺ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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Form 990 (2		ECHOING		
Part IV	Checklis	t of Required Sch	edules (cont	tinued)

ECHOING GREEN, INC.

I GI				
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			x
00	"Yes," complete Schedule L, Part IV	28c	X	_ <u> </u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	л	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
07	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?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.5		
93200	(gambling) winnings to prize winners?	Form	990	l (2019)
502002	4	1 0111		(2010)

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Form	990 (2019) ECHOING GREEN, INC.	13-3424	419	Р	age 5	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
				Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a 35				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	X		
	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		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b			
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X	
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X	
	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					
	any contributions that were not tax deductible as charitable contributions?		6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts				
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).			37		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	_		v	
	to file Form 8282?	I	7c		X	
	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 c		7e		X X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	•			
0			8			
9	Sponsoring organizations maintaining donor advised funds.		0-			
a k	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b			
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90			
10	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
ь 11	Section 501(c)(12) organizations. Enter:					
'' a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1Lu			
13	Section 501(c)(29) gualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	Note: See the instructions for additional information the organization must report on Schedule O.		100			
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a			14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?		15		x	
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X	
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

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Form 990	(2019)
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 Form 990 (2019)
 ECHOING GREEN, INC.
 13-3424419
 Page 6

 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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	e dire	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			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 year	-	-			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
	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?			10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13			12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				х	
10	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13 14	X	
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approve		ndependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0	х	
	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	monti	with a			
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged			160		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
				16b		
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-T (Section 501(c)(;	3)s only) avail	able
10	for public inspection. Indicate how you made these available. Check all that apply.			<i>5)</i> 0 01113	Juvun	ubic
		on Sr	chedule (O)			
19						
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records			
-	SHARYANNE MCSWAIN - 212-689-1165		···· •			
	462 7TH AVENUE, 13TH FLOOR, NEW YORK, NY 10018					
932006	01-20-20			Form	990	(2019)
	6					,
290	510 759420 6678 2019.05094 ECHOING GREEN,	IN	с.	667	78	1

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an		recio	or/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-271033-10100)		and related
	below	d ual t	Institutional trustee	L_	Key employee	est co oyee	er			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			C C
(1) MARIE KELLY	1.00									
CO-CHAIR		Х		X				0.	0.	0.
(2) CARTER MCCLELLAND	1.00									
CO-CHAIR		Х		X				0.	0.	0.
(3) CHERYL DORSEY	40.00									
PRESIDENT		Х		X				230,000.	0.	19,483.
(4) MARC SAIONTZ	1.00									
TREASURER		Х		X				0.	0.	0.
(5) MAYA AJMERA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ESTHER BENJAMIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) STEVE BUFFONE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) ROBERT CHINA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) GUY DE CHAZAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) TREVOR GANSHAW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MARIANNE GIMON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DAVID HODGSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) DAVID ISSROFF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) RAFIQ KALAM ID-DIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ANDREW KASSOY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JOSHUA MAILMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) AJAY NAGPAL	1.00									-
BOARD MEMBER		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

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Form	990	(2019

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C					(-)	
(A)	(B)			-	C) sitior	.		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	e than		Reportable	Reportable	_		timate	
	week					is bot or/trus		compensation from	compensation from related			ount o other	л
	(list any	ctor						the	organizations			pensat	ion
	hours for	r direc				ted		organization	(W-2/1099-MIS			om the	
	related	stee o	rustee			en sat		(W-2/1099-MISC)			•	anizati	
	organizations below	al tru:	onal ti		loyee	co mp						l relate	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
(18) RAJ PANJABI	1.00	<u> </u>	=	ò	1 2 2	포뇽	Ē						
BOARD MEMBER	1.00	x						0.		0.			0.
(19) DIANA PROPPER DE CALLEJON	1.00							•••					
BOARD MEMBER		x						0.		0.			0.
(20) PEGGY SEGAL	1.00												
BOARD MEMBER		x						0.		0.			Ο.
(21) SARAH STASNY	1.00												
BOARD MEMBER		x						0.		0.			Ο.
(22) ROBB VORHOFF	1.00												
BOARD MEMBER		x						0.		0.			Ο.
(23) NOAH WALLEY	1.00												
BOARD MEMBER		X						0.		0.			Ο.
(24) DANIEL WEISS	1.00												
BOARD MEMBER		X						0.		0.			0.
(25) LARRY WIESENECK	1.00												
BOARD MEMBER		X						0.		0.			0.
(26) MELINDA WOLFE	1.00												
BOARD MEMBER		Х						0.		0.			0.
1b Subtotal								230,000.		0.		9,48	
c Total from continuation sheets to Part V	I, Section A							1,079,542.		0.		1,23	
d Total (add lines 1b and 1c)								1,309,542.		0.	17.	3,71	19.
2 Total number of individuals (including but n	ot limited to th	lose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable	Э			1 1
compensation from the organization											—	V	11 No
										I		Yes	NO
3 Did the organization list any former officer,	,				,		-		,				Х
line 1a? If "Yes," complete Schedule J for s											3	_	<u></u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-								the organization		4	x	
5 Did any person listed on line 1a receive or a			•						dual for convicos		-4		
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors			0/ 00	1011	port								
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors t	that received more than	\$100 000 of com	nens	ation fr	rom	
the organization. Report compensation for	-									p 01.0		•	
(A)	,							(B)			(C)	
Name and business	address							Description of s	ervices	С	omper		ı
TERESA VAZQUEZ CONSULTING	G, 1700												
METROPOLITAN AVE, APT 6C	, BRONX	, 1	NΥ	1(04	62		EXECUTIVE AS	SISTANT		200),00)0.
VERA SOLUTIONS, LLC, 444		ΓAI	NZ	٩V]	Ε,								
APT 4C, NEW YORK, NY 1002								SOFTWARE INT	EGRATION		159	9,22	27.
MADEO USA, LLC, 20 JAY ST	FREET, S	SU:	ITI	Ξ !	50	0,							
BROOKLYN, NY 11201 WEBSITE UPGRADES 1								14	7,00)0.			
• Total sources of the state of	a a baadta a ta ta			-1 -									
2 Total number of independent contractors (i		iot li	mite	a to	τηο	se li: 3	stec	a above) who received m	iore than				
\$100,000 of compensation from the organi SEE PART VII, SECTION		ידי		<u>\</u>	TOT	N	сн.	EETS			Form S		010)
								~			1 UIIII ¥		່ວາອງ

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Form 990 ECHOING GREEN, INC. 13-342										4419		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Hig								st Compensated Employees (continued)				
(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average			Pos				Reportable	Reportable	Estimated		
	hours	(cl	heck	all 1	that	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week (list any	ъ				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the		
	hours for	direct				d em		(W-2/1099-MISC)	(1099-10130)	organization		
	related	ee or	stee			n sate				and related		
	organizations	l trust	nal tru		oyee	ompe				organizations		
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest com pensated em ployee	Former					
	line)	Indi	Inst	Officer	Key	Higl	Forr					
(27) SHARYANNE MCSWAIN	40.00											
CHIEF OPERATING OFFICER				Х				150,400.	0.	9,018.		
(28) KEN SHILLINGFORD	40.00							155 006	0			
VP OF FINANCE & ADMIN (THRU 3/2020)	40.00			X				155,006.	0.	35,193.		
(29) SHANNON GIBBONS	40.00							101 000	0			
VP OF DEVELOPMENT (THRU 9/2019)	40.00					X		181,020.	0.	3,582.		
(30) KENO SADLER	40.00					x		107 100	0.	15 001		
VP OF PROGRAMS (THRU 9/2019) (31) JANNA OBERDORF	40.00							187,129.	0.	15,894.		
VP OF COMMUNICATIONS	40.00					x		140,491.	0.	25,342.		
(32) LIZA MUELLER	40.00							140,491.	0.	23,342.		
VP OF KNOWLEDGE	40.00					x		138,856.	0.	39,193.		
(33) CORIE POPE LIEBERMAN	40.00											
DIRECTOR OF DEVELOPMENT						x		126,640.	0.	26,014.		
		-										
		1										
		<u> </u>					<u> </u>					
Total to Dart VII. Continue A. line of -								1,079,542.		154,236.		
Total to Part VII, Section A, line 1c								J444•		1)1,200.		

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Form	n 990 (i	2019) ECHOING GREEM	N, INC.			13-3424	419 Page 9
	rt VII	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f g	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f	, 576, 654. 74, 364. ▶ Business Code 711190	9,576,654. 50,000.	50,000.		
Prograi Rev	d e f g	All other program service revenue		50,000.			
	3 4 5	Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond Royalties	rest, and proceeds	16,714.			16,714
	6a b c d	(i) Real Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss) 6c Gross amount from sales of assets other than inventory (i) Securities	(ii) Personal				
Other Revenue	c d	Less: cost or other basis and sales expenses					
	с	contributions reported on line 1c). See Bat Part IV, line 18 Bat Less: direct expenses Bat Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a	> ▶				
	с 10 а	Less: direct expenses9tNet income or (loss) from gaming activitiesGross sales of inventory, less returnsand allowancesLess: cost of goods sold10	a				
neous	11 a	Net income or (loss) from sales of inventory . OTHER INCOME	Business Code	27,125.	27,125.		
Miscellaneous Revenue	b c d e	All other revenue		27,125.			
93200	12	Total revenue. See instructions	•	9,670,493.	77,125.	0.	16,714. Form 990 (2019

ECHOING GREEN, INC.

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ECHOING GREEN, INC.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21	1,138,913.	1,138,913.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	80,000.	80,000.		
3	Grants and other assistance to foreign	-			
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	141,955.	141,955.		
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
-	trustees, and key employees	658,327.	351,389.	199,219.	107,719.
6	Compensation not included above to disqualified	,		,	
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,770,870.	1,911,882.	280,868.	578,120.
8	Pension plan accruals and contributions (include		, ,	,	
•	section 401(k) and 403(b) employer contributions)	87,855.	57,984.	12,300.	17,571.
9	Other employee benefits	111,949.	73,886.	15,673.	22,390.
10	Payroll taxes	673,079.	444,232.	94,231.	134,616.
11	Fees for services (nonemployees):				•
	Management	548,365.	404,410.	143,955.	
b	[13,913.		13,913.	
	Accounting	67,493.	10,101.	55,708.	1,684.
d					
	Professional fundraising services. See Part IV, line 17	157,669.			157,669.
f	Investment management fees				
g					
-	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	3,720.	3,720.		
13	Office expenses	285,378.	157,958.	104,777.	22,643.
14	Information technology				
15	Royalties				
16	Occupancy	541,153.	341,865.	142,704.	56,584.
17	Travel	254,325.	184,510.	52,965.	16,850.
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	145,972.	92,193.	38,414.	15,365.
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	EVENT FEES & CATERING	630,255.	554,618.	12,548.	63,089.
b	BAD DEBT EXPENSE	82,639.		82,639.	
с	OTHER EXPENSES	77,541.	26,658.	36,302.	14,581.
d					
е	· · · · · · · · · · · · · · · · · · ·			1 00 0 01 0	1 000 001
25	Total functional expenses. Add lines 1 through 24e	8,471,371.	5,976,274.	1,286,216.	1,208,881.
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)				
93201	0 01-20-20				Form 990 (2019)

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Form 990 (2019)

ECHOING GREEN, INC. Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
		•			(A)		(B)
	_				Beginning of year		End of year
	1	Cash - non-interest-bearing			1,813,632.	1	2,480,247.
	2	Savings and temporary cash investments			3,263,179.	2	3,740,859.
	3	Pledges and grants receivable, net			4,301,465.	3	3,013,935.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	rsons (as defined			
		under section 4958(f)(1)), and persons describe		F		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	4,923.	8	4,923.		
<	9	Prepaid expenses and deferred charges			36,616.	9	14,707.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>1,101,000.</u> 829,184.			0.54 0.4.6
	b	Less: accumulated depreciation			265,326.	10c	271,816.
	11	Investments - publicly traded securities			P 201	11	
	12	Investments - other securities. See Part IV, line -			7,301.	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		111 010	14	111 010	
	15	Other assets. See Part IV, line 11			111,812.	15	111,812.
	16	Total assets. Add lines 1 through 15 (must equ			9,804,254. 459,300.	16	9,638,299. 247,329.
	17	Accounts payable and accrued expenses			3,318,377.	17	1,662,017.
	18	Grants payable		5,510,577.	18	1,002,017.	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form					
billi		trustee, key employee, creator or founder, subs				00	
Lia	23	controlled entity or family member of any of the				22 23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		F		23	630,158.
	2 4 25	Other liabilities (including federal income tax, pa				24	000,1000
	25	parties, and other liabilities not included on lines					
			,		267,203.	25	239,100.
	26	T I I I I I I I I I I			4,044,880.	26	2,778,604.
	20	Organizations that follow FASB ASC 958, che				20	
Sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,532,528.	27	3,161,996.
Bal	28	Net assets with donor restrictions			4,226,846.	28	3,161,996. 3,697,699.
pu		Organizations that do not follow FASB ASC 9			<u> </u>		
ЪЧ		and complete lines 29 through 33.	,	······································			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			5,759,374.	32	6,859,695.
_	33	Total liabilities and net assets/fund balances			9,804,254.	33	9,638,299.
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Form **990** (2019)

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Form	990 (2019) ECHOING GREEN, INC.	13-34	24419	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,670		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,471		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,199		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,759	, 31	/4.
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	-91	.,50	<u> </u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 7	',3()1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		C 0 5 0		~ -
	column (B))	10	6,859	, 69	<u> </u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1	.				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	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		01	x	
D	Were the organization's financial statements audited by an independent accountant?		2 b	-	
	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				
-		o oudit			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?		20		
20	If the organization changed either its oversight process or selection process during the tax year, explain on Scl As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ja		•	3a		х
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		<u>Jod</u>		- 23
U U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		
	or addits, explain why on oblication of and describe any steps taken to undergo such addits		JU		2010

Form **990** (2019)

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SCHEDULE A

(Form 990 or 990-EZ)

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.

	2019
	Open to Public Inspection
r	identification number

OMB No. 1545-0047

	of the Treasury enue Service	►	► Go to www.irs.go	Open to Public Inspection					
Name of	the organizati	on							identification number
			ING GREEN,						3-3424419
Part I	Reason	for Public	Charity Status (All organizations must co	omplete th	is part.) S	ee instructior	IS.	
The orga	nization is not a	a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)			
1 🛄	A church, co	nvention of ch	urches, or association	on of churches describe	d in sectic	on 170(b)(1)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3	A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4	A medical res	search organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	A)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	on operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	ped in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	ite, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).		
7 X				antial part of its support i				the general	public described in
			omplete Part II.)		-			-	
8				(1)(A)(vi). (Complete Par	t II.)				
9				in section 170(b)(1)(A)		ed in conju	unction with a	a land-grant	college
				culture (see instructions)					
	university:								
10	An organizati	on that norma	ally receives: (1) more	e than 33 1/3% of its sup	oport from	contributi	ons, membei	ship fees, a	and gross receipts from
	-		•	ect to certain exceptions,	-			-	-
			-	e (less section 511 tax) fr					-
			mplete Part III.)				-	-	
11 🗌	An organizati	on organized	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).		
12				sively for the benefit of, to				arry out the	e purposes of one or
				ed in section 509(a)(1) o					
				of supporting organizatio					
a 🗌				supervised, or controlled					/ giving
				gularly appoint or elect					
			complete Part IV, Se						
b 🗌	-			d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving
				anization vested in the s					
		-	st complete Part IV,		·			0 1	
c 🗌				g organization operated	in connec	tion with,	and function	ally integrat	ed with,
		-		s). You must complete				, ,	
d 🗌				oorting organization oper				orted organ	ization(s)
				zation generally must sa					
		-		mplete Part IV, Section	•		-		
е 🗌	Check this	box if the orga	anization received a	written determination fro	om the IRS	s that it is a	a Type I, Type	e II, Type III	
		•		onally integrated support			, , , , , , , , , , , , , , , , , , ,	, ,	
f Ent									
			n about the supporte						·
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	of monetary	(vi) Amount of other
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see	nstructions)	support (see instructions)
						1			

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ECHOING GREEN, INC.

13-3424419 Page 2

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

(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.)

See	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6595633.	6053339.	10510689.	10251358.	9576654.	42987673.
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	6595633.	6053339.	10510689.	10251358.	9576654.	42987673.
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)						11979380.
6	Public support. Subtract line 5 from line 4.						31008293.
See	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	6595633.	6053339.	10510689.	10251358.	9576654.	42987673.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	5,890.	7,311.	8,730.	13,315.	16,714.	51,960.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	7,805.	10,913.	2,298.	20,066.	27,125.	
11	Total support. Add lines 7 through 10						43107840.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	460,863.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					>
	ction C. Computation of Publ						
	Public support percentage for 2019 (I					14	71.93 %
	Public support percentage from 2018					15	75.01 %
16a	33 1/3% support test - 2019. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Sche	equie A (Form 990) or 990-EZ) 2019

50 I) A

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Schedule A (Form 990 or 990-EZ) 2019 ECHOING GREEN, INC.

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

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

	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	.019	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
10	3 received from disgualified persons							
r	Amounts included on lines 2 and 3 received							
~	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
ð A	Public support. (Subtract line 7c from line 6.)							
	ndar year (or fiscal year beginning in)	(-) 0015	(1-) 0010	(-) 0017	(4) 0010	(-).0	010	
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
	Amounts from line 6 Gross income from interest,							
υa	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
1	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on							
2	Other income. Do not include gain							
	or loss from the sale of capital							
3	assets (Explain in Part VI.)							
	First five years. If the Form 990 is for	the organization'	l 's first second thi	I rd fourth or fifth t	I av vear as a sectio	1 = 501(c)(c)		ation
	check this box and stop here	the organization			-) organizi	
)e	ction C. Computation of Publ	ic Support Pe						
	Public support percentage for 2019 (I			column (f))		15		%
	Public support percentage from 2018			())		16		%
6	ction D. Computation of Invest							7
	-					17		
	Investment income percentage for 20							%
8	Investment income percentage from 2							%
98	33 1/3% support tests - 2019. If the						and line 1	/ is not
	more than 33 1/3%, check this box a							▶∟
b	33 1/3% support tests - 2018. If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t				
320	23 09-25-19				Sch	edule A (I	Form 990	or 990-EZ) 2019
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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_____ 10b | _____ Schedule A (Form 990 or 990-EZ) 2019

			V	N
44	Has the organization eccentral a gift or contribution from any of the following accessed		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations		Y I	.
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9		0-EZ	2019
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2019.05094 ECHOING GREEN, INC.

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Schedule A (Form 990 or 990-EZ) 2019 ECHOING GREEN, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distributions		2		
3 Other gross income (see instructions)		3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses paid or i	ncurred for production or			
collection of gross income or for manage	jement, conservation, or			
maintenance of property held for produ	ction of income (see instructions)	6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lines 5	, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-e	xempt-use assets (see			
instructions for short tax year or assets	held for part of year):			
a Average monthly value of securities		1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exempt-u	use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to	non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exempt use. Ent	er 1-1/2% of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use assets (su	btract line 4 from line 3)	5		
6 Multiply line 5 by .035.		6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to	line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (fron	n Section A, line 8, Column A)	1		
2 Enter 85% of line 1.		2		
3 Minimum asset amount for prior year (fi	rom Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5	from line 4, unless subject to	T		
emergency temporary reduction (see in	structions).	6		
7 Check here if the current year is t	he organization's first as a non-functionall	y integra	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			(Farma 000 an 000 F3) 0040

Schedule A (Form 990 or 990-EZ) 2019

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	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
32028 09-25-1	9 Schedule A (Form 990 or 990-EZ 21
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SCHEDULE D	Supplemental Financial Statements
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Department of the Treasury	Attach to Form 990.
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information
Name of the organization	

OMB No. 1545-0047
2019
ZU 19
Open to Public
Inspection

Employer identification number

nswered "Yes" on Form 990, 11c, 11d, 11e, 11f, 12a, or 12b. orm 990. uctions and the latest information.

	ECHOING GREEN, INC.	13-3424419
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	nde
5	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	
U	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	Yes No
Par		
		, me 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		orically important land area
		tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization 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, handling of violations, and enforcing conservation	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
	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 state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	hat describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Acceto
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
4-		
Ia	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
D	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	N A
	(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 gain the following any statement of the second statement of the	, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019
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2019.05094 ECHOING GREEN, INC.

Sche	dule D (Form 990) 2019 ECHOING	GREEN, INC	2.				13-34	2441	9 _{Pa}	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	or Oth	er Simi	lar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	e following that	t make :	significan	t use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	m					
b	Scholarly research	e	U Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit of		,	,				-		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizati	on answered "	Yes" or	n Form 99	0, Part IV,	line 9, o	r	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi						۱ 	7.		٦.,
	on Form 990, Part X?						······ ∟	∐ Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:				I	A		
						40		Amoun	τ	
	Beginning balance									
	Additions during the year									
f	Distributions during the year Ending balance									
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • •	······]
Par										
		(a) Current year	(b) Prior year	(c) Two years			years back	(e) Fou	r years	back
1a	Beginning of year balance	239,335.	239,335		,335.		239,335.		239,	335.
	Contributions									
	Net investment earnings, gains, and losses	3,595.	6,122	. 2	,245.		954.		1,	032.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	3,595.	6,122	. 2	,245.		954.		1,	032.
f	Administrative expenses									
g	End of year balance	239,335.	239,335	. 239	,335.		239,335.		239,	335.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column	(a)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment 100.00	%								
С	· · · · · · · · · · · · · · · · · · ·	6								
_	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	red for t	the organ	ization			
	by:								Yes	No X
	(i) Unrelated organizations									X
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tiona liatad aa raquir	ad an Cabadula D	·····				3a(ii)		<u></u>
4	Describe in Part XIII the intended uses of the			ť				. 3 b		
	t VI Land, Buildings, and Equipm		wittent funds.							
	Complete if the organization answered		Part IV line 11a	See Form 990	Part X	line 10				
	Description of property	(a) Cost or ot		at or other		ccumulat	ed	(d) Boo	k valu	
	Description of property	basis (investm		s (other)	• •	preciation		(u) 200	it value	5
	Land		,	. ,						
	Buildings									
	Leasehold improvements			33,012.		192,5	24.	4	0,4	88.
	Equipment			52,705.		210,5			2,1	
	Other			15,283.		426,1	13.		9,1	
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)			. 🕨	27	1,8	16.
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Schedule D (Form 990) 2019

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(a) Description of security or category (including nam	e of security) (b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B)	line 12.) ►	
Part VIII Investments - Program R		
		11a Cas Form 000 Dart V line 12
(a) Description of investment	rered "Yes" on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-of-year market va
	(b) BOOK Value	(C) Method of Valuation. Cost of end-of-year market va
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	line 13)	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B)	line 13.) ►	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets.		11d See Form 000 Dert V line 15
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets.	rered "Yes" on Form 990, Part IV, line	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ		e 11d. See Form 990, Part X, line 15.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets.	rered "Yes" on Form 990, Part IV, line	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ	rered "Yes" on Form 990, Part IV, line	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1)	rered "Yes" on Form 990, Part IV, line	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2)	rered "Yes" on Form 990, Part IV, line	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4)	rered "Yes" on Form 990, Part IV, line	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5)	rered "Yes" on Form 990, Part IV, line	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6)	rered "Yes" on Form 990, Part IV, line	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7)	rered "Yes" on Form 990, Part IV, line	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8)	rered "Yes" on Form 990, Part IV, line	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9)	rered "Yes" on Form 990, Part IV, line (a) Description	(b) Book valu
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X	rered "Yes" on Form 990, Part IV, line (a) Description	(b) Book valu
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(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complete if the organization answ	rered "Yes" on Form 990, Part IV, line (a) Description (a) Description (c) Col. (B) line 15.)	(b) Book valu
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complete if the organization answ	rered "Yes" on Form 990, Part IV, line (a) Description (a) Description (c) Col. (B) line 15.)	(b) Book valu
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(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complete if the organization answ 1. (a) Description of lia (1) Federal income taxes	rered "Yes" on Form 990, Part IV, line (a) Description (a) Description (c) Col. (B) line 15.)	(b) Book valu
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(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complete if the organization answ (1) Federal income taxes (2) DEFERRED RENT (3)	rered "Yes" on Form 990, Part IV, line (a) Description (a) Description (c) Col. (B) line 15.)	(b) Book valu
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(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complete if the organization answ 1. (a) Description of lia (1) Federal income taxes (2) DEFERRED RENT (3) (4)	rered "Yes" on Form 990, Part IV, line (a) Description (a) Description (c) Col. (B) line 15.)	(b) Book valu
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(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ 1. (a) Description of lia (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	rered "Yes" on Form 990, Part IV, line (a) Description (a) Description (c) Col. (B) line 15.)	(b) Book valu

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 ECHOING GREEN, INC.			13-	3424419 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,999,427.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	418,874.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)		-89,940.		
е	Add lines 2a through 2d			2e	328,934.
3	Subtract line 2e from line 1			3	9,670,493.
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	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,670,493.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	8,807,606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2 a	418,874.		
b	Prior year adjustments	. 2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	418,874.
3	Subtract line 2e from line 1			3	8,388,732.
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	. 4 a			
b	Other (Describe in Part XIII.)	. 4b	82,639.		
С	Add lines 4a and 4b			4c	82,639.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	8,471,371.
-	t XIII Supplemental Information.			5	0/1/1/0/10

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INTEREST EARNED ON THE ENDOWMENT FUND IS IMMEDIATELY AVAILABLE FOR USE IN GENERAL OPERATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
ADJUSTMENT OF INVESTMENT TO NET REALIZABLE VALUE	-7,301.
BAD DEBT EXPENSE SHOWN SEPARATELY IN FINANCIAL STATEMENTS	-82,639.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-89,940.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	

BAD DEBT EXPENSE SHOWN SEPARATELY IN FINANCIAL STATEMENTS

82,639.

932054 10-02-19

		Schedule D (Form 990) 2019
932055 10-02-19	31	

SCHEDULE F (Form 990)	Statement of Activities Outside the United State ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, cd				
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.				
Name of the organization		Emplo			
		1			

OMB No. 1545-0047
2019
Open to Public
Inspection

ECHOING GREEN, INC.

Employer identification number

1	2		2	Λ	2	Λ	Λ	1	9
т.	Э	_	Э	4	4	4	4	т	2

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- **3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA				FELLOWSHIP PROGRAM AND	
FASO,	0	0	FISCAL SPONSORSHIP	RELATED ACTIVITIES	12,955.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,				FELLOWSHIP PROGRAM AND	
INDIA, MALDIVES,	0	0	ORGANIZATIONS ONLY	RELATED ACTIVITIES	80,000.
EAST ASIA AND THE PACIFIC	0	0	FISCAL SPONSORSHIP	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	47.000
SUB-SAHARAN AFRICA -	0	0	FISCAL SPONSORSHIP	RELATED ACTIVITIES	47,000.
ANGOLA, BENIN,					
BOTSWANA, BURKINA			GRANTING TO INDIVIDUALS AND	FELLOWSHIP PROGRAM AND	
	0	0	ORGANIZATIONS ONLY	RELATED ACTIVITIES	2,000.
FASO,		0	ORGANIZATIONS ONET	REDATED ACTIVITIES	2,000.
3 a Subtotal	0	0			141,955.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			141,955.

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

Schedule F (Form 990) 2019

932071 10-12-19

08290510 759420 6678

Schedule F (Form 990) 2019 ECHO

ECHOING GREEN, INC.

13-3424419

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	FISCAL SPONSORSHIP	42 000.	WIRE TRANSFER	0.		
				12,000.				
				forming a substant				
by the IRS, or for whic	ch the grantee or cou	insel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lette	er				0

Schedule F (Form 990) 2019

Page 3

Schedule F (Form 990) 2019	ECHOING GREEN	, INC.		1	L3-3424419		Page
Part III Grants and Other Assista			ates. Complete i	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
Part III can be duplicated i (a) Type of grant or assistance	f additional space is neede (b) Region	d. (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIP PROGRAM - ASSISTANCE	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	1	80,000.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019

932074 10-12-19

Schedule F (Form 990) 2019 ECHOING GREEN, INC.

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

FELLOWSHIP PROGRAM: THE ORIGINAL APPLICATION SPECIFIES THE DESIGNATED USE OF THE FUNDS. FELLOWS ARE REQUIRED TO SUBMIT 2 OR 3 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 THE RETURN OF GRANT FUNDS TO ECHOING

GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO REQUEST

EXTRA DETAILED 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.

932075 10-12-19

08290510 759420 6678

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$				or 19,	or if the	2019
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 99 to www.irs.gov/Form990 for inst				ion.		Open to Public Inspection
Name of the organization	ו	GREEN, INC.					Employer ide	entification number 419
	ing Activities	Complete if the organization answ	vered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
·	complete this par	t. sed funds through any of the follow	ina acti	vities	Check all that apply			
a X Mail solicitat b X Internet and c X Phone solicit d X In-person so	ions email solicitations tations licitations	e X Solicita	ation of ation of al fundra	non-g gover iising	overnment grants nment grants events		or	
key employees list	ed in Form 990, P	Part VII) or entity in connection with viduals or entities (fundraisers) pure	profess	ional f	undraising services?)	X Yes	
compensated at le	east \$5,000 by the	e organization.						
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
ORR GROUP INC 3			Yes	No				
STREET, NW, WASHING	GTON, DC	FUNDRAISING CONSULTING		X	0.		0.	157,669.
Total								157,669.
	ch the organizatio	on is registered or licensed to solicit	t contrib	outions	s or has been notified	d it is	exempt from r	egistration
or licensing.								
		ice, see the Instructions for Form FOR CONTINUATIONS	1 990 or	990-1	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2019
932081 09-11-19	IANI IV	I ON CONTINUATIONS	<u> </u>					

FUNDRAISING EVENTS. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
of fundraising event contributions and gross income on Form 990.F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fundraising event contributions and gr			events with gross receip	Jis greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
	11	Net income summary. Subtract line 10 from li				
Pa	ιπι	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forr	m 990, Part IV, line 19, or	reported more than	
		\$13,000 011 0111 330°L2, line 0a.	<i>(</i>) =:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
-	_					
		ter the state(s) in which the organization conduct the organization licensed to conduct gaming a		atataa?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or	terminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
					0-1	
93208	32 09	9-11-19			Scheaule G (Fo	rm 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 ECH	JING GREEN, INC	•	13-3	3424419	Page
11 Does the organization conduct gaming ac	tivities with nonmembers?			Yes	
12 Is the organization a grantor, beneficiary of					
to administer charitable gaming?				Yes	
13 Indicate the percentage of gaming activity					
a The organization's facility				13a	
b An outside facility				13b	
14 Enter the name and address of the person	n who prepares the organization	on's gaming/special events boo	oks and records:		
Name 🕨					
Name					
15a Does the organization have a contract wit	h a third party from whom the	organization receives gaming r	evenue?	L Yes	
b If "Yes," enter the amount of gaming reve			and the amount		
of gaming revenue retained by the third p	arty ▶\$	_			
c If "Yes," enter name and address of the the	ird party:				
Name 🕨					
Address 🕨					
16 Gaming manager information:					
Name 🕨					
Gaming manager compensation \blacktriangleright \$					
Description of services provided 🕨					
	nployee Inde	ependent contractor			
17 Mandatory distributions:					
a is the organization required under state la	w to make charitable distribut	tions from the gaming proceeds	s to		
retain the state gaming license?		sono nom the gaming proceed	, 10	Yes	
b Enter the amount of distributions required	under state law to be distribu	ited to other exempt organization	ons or spent in the		
organization's own exempt activities durin					
Part IV Supplemental Information		equired by Part I. line 2b. colum	ns (iii) and (v): and Pa	art III. lines 9.	9b. 10
 15b, 15c, 16, and 17b, as applica				,,, ,	, .
SCHEDULE G, PART I, LIN	E 2B, LIST OF T	'EN HIGHEST PAID	FUNDRAISEF	RS:	
(I) NAME OF FUNDRAISER:	ORR GROUP INC				
(I) ADDRESS OF FUNDRAIS	ER: 3000 K STRE	ET, NW, WASHING	FON, DC 20	007	
32083 09-11-19		20	Schedule G (Forn	n 990 or 990)-EZ) 2
90510 759420 6678	2010 05004	39 ECHOING GREEN,	TNC	667	R
	2019 03094		1 1311		

932084 04-01-19 3290510 759420 6678	40 2019.05094 ECHOING GREEN, INC. 6678_1
	Schedule G (Form 990 or 990-EZ

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service									
Name of the organization	Employer identification number								
ECHOING G	13-3424419								
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No									
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (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 noncash assistance	(h) Purpose of grant or assistance		
OAK CLIFF 340 SINGLETON BLVD #150 DALLAS, TX 75212	81-3768369		90,000.	0.			FELLOWSHIP AWARD		
INNER CITY GREEN TEAM 383 E 143RD ST BRONX, NY 10454	11-2981085		90,000.	0.			FELLOWSHIP AWARD		
I & J EMPOWERMENT 101 COUNTRY CLUB ROAD PARKWAY MAUMELLE, AK 72113	81-2177002		80,000.	0.			FELLOWSHIP AWARD		
EMERGE PUERTO RICO PO BOX 195115 SAN JUAN, PR 00919	66-0915173		80,000.	0.			FELLOWSHIP AWARD		
LABORX 88 CHARLES STREET, #4 BOSTON, MA 02114	47-4879155		18,000.	0.			FISCAL SPONSORSHIP		
J8 MEDIA LLC 1540 PARADISE AVENUE HAMDEN, CT 06514	46-5108292		7,573.	0.			FISCAL SPONSORSHIP		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	is listed in the line	i table	e line 1 table						

ECHOING GREEN, INC.

Schedule I (Form 990) ECHOING G							.3-3424419 Pa
Part II Continuation of Grants and Other (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
BUILDING OUR NATIONS DAUGHTERS 303 MCMECHEN STRET, APT 414 BALTIMORE, MD 21217	47-2417769		10,000.	0.			COVID-19 GRANT
AREMESSAGE 60 BRANNAN STREET AN FRANCISCO, CA 94107	27-3252911		25,000.	0.			KKR PRIZE MONEY
, EMERGING LEADERS IN TECHNOLOGY AND ENGINEERING - 275 MALCOLM X BLVD - NEW YORK, NY 10027	27-4737469		114,000.	0.			FISCAL SPONSORSHIP
RACTICE MAKES PERFECT, INC. 5 BROADWAY, 12TH FLOOR EW YORK, NY 10004	38-3849473		15,000.	0.			KKR PRIZE MONEY
SOU SOU INVESTMENT SOLUTIONS 1774 W ST E WASHINGTON, DC 20020	47-4234332		15,000.	0.			KKR PRIZE MONEY
SUMMER HOUSE INSTITUTE 600 VINE STREET PHILADELPHIA, PA 19102	84-3148804		513,841.	0.			FISCAL SPONSORSHIP
CUYO PUBLIC BENEFIT CORPORATION 2039 34TH AVENUE S 2EATTLE, WA 98144	47-2203418		37,500.	0.			FISCAL SPONSORSHIP

Schedule I (Form 990)

Page 2

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

(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 noncash assistance	
FELLOWSHIP AWARD - US INDIVIDUAL	1	80,000.	0.			
FEEDOWSHIF AWARD - 05 INDIVIDUAL			0.			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.		
PART I, LINE 2:						
FELLOWSHIP PROGRAM: THE ORIGINAL A	APPLICATI	ON SPECIFI	ES THE DES	IGNATED USE		
OF THE FUNDS. FELLOWS ARE REQUIRE	D TO SUB	MIT 4 REPO	RTS (1 EVE	RY 6 MONTHS)		
OVER THE COURSE OF THEIR FELLOWSHI	P. THES	E REPORTS	INCLUDE DE	SCRIPTIONS OF		
THE FUNDS SPENT, ACTIVITIES OF THE						
THERE IS AN EVIDENT DEPARTURE FROM						
				-		
ONTRACT PROVIDES FOR THE RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY						

EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO REQUEST EXTRA DETAILED

INFORMATION NECESSARY TO PROVE SATISFACTORY EXPENDITURES OF GRANT FUNDS, IN

Part IV Supplemental Information

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)

932291 04-01-19

SCHEDULE J (Form 990) Compensation Information Determinant of the creation Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Determinant of the Treature Internation of the creation
Programment of the Treasury Internal RevenueS service
Department of the Treasury Attach to Form 990. Depart of Public Inspection Name of the organization ECHOING GREEN, INC. Employer identification number 13 – 3424413 Part I Questions Regarding Compensation 13 – 3424413 Part VII, Section A, line 1a. Complete Part II to provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part II to provide any relevant information regarding these items. Yes First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Image: Comparison of all of the organization followance or residence for personal use Payments for business use of personal residence Image: Comparison of all of the expenses described above? If "No," complete Part III to explain Image: Comparison or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Image: Comparison or reimbursement or provision of all of the expanses described above? If "No," complete Part III to explain Image: Comparison or reimbursement or provision of all of the expanses described above? If "No," complete Part III to explain Image: Comparison or reimbursement or provision of all of the expanses described above? If "No," complete Part III to explain Image: Comparison or reimbursement or provision of all of the explanses described above? If "No," complete Part III to explain Image: Comparison or reimbursement or provision or all of the explanse described above? If "No," complete Part III to explain Image: Comparison or coment or p
Internal Revenue Service ³ ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Impaction Name of the organization ECHOING GREEN, INC. Employer identification number 13 - 3424413 Part I Questions Regarding Compensation 13 - 3424413 Image: Instruction of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Image: Instruction fees Discretionary spending account Personal services (such as maid, chauffeur, chef) Image: Instruction fees Image: Instructive Director. Check all the expenses described above? If 'No,' complete Part III to explain 1b Image: Instructive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, grading the item employment contract Independent compensation consultant Compensation committee 4a X Approval by the board or compensation or a related organization: Approval by the board or compensation committee 4a X Indicate which, if any, of the following the organization in Part III. Compensation committee Written employment contract
ECHOING GREEN, INC. 13-3424419 Part1 Questions Regarding Compensation Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No First-class or charter travel Dousing allowance or residence for personal use Payments for business use of personal residence Image: Compensation of the Social Club dues or initiation fees Image: Compensation of the Social Club dues or initiation fees Image: Compensation of the social club dues or initiation fees Image: Compensation of the compensation of the organization reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Image: Compensation of the CEO/Executive Director, regarding the items checked on line 1a? Image: Compensation of the CEO/Executive Director, regarding the items checked on line 1a? Image: Compensation of the CEO/Executive Director, pregarding the items checked on line 1a? Image: Compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization committee Image: Compensation committee Image: Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Image: Compensation committe
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Parments for business use of personal residence Image: Compension of a personal residence Image: Compension of a personal residence Travel for companions Payments for business use of personal residence Image: Compension of all of the expenses described above? If "No," complete Part III to explain Ib b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Ib 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Image: Compensation committee Written employment contract Compensation committee Imadependent compensited on Form 990, Part VII, Section A, line 1a,
Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding payments or complete Part III to explain. Image: Section A, line 1a. Complete Part III to provide any eventses is closed above? If "No," complete Part III to explain. Image: Section A, line 1a. Complete Part III to explain. Image: Section A, line 1a. Complete Part III to explain. Image: Section A, line 1a. Complete Part III to explain. Image: Section A, line 1a. Complete Part III to explain. Image: Section A, line 1a. Complete Part III to explain. Image: Section A, line 1a. Complete Part III to explain. Image: Section A, line 1a. Complete Part III to explain. Image: Section A, line 1a. Complete Part III to explain. Image: Section A, line 1a. Complete Part III. Image: Section A, line 1a. With respect to the filing organization to establish compensation committee Image: Section A
1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: First-class or charter travel Image: Housing allowance or residence for personal use Image: Tax indemnification and gross-up payments Image: Housing allowance or residence for personal residence Image: Discretionary spending account Image: Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee Written employment contract 2 Image: Compensation committee Image: Written employment contract 2 2 3 Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization committee 4a X 4
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First-class or charter travel Housing allowance or residence for personal use Trave if or companions Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Discretionary spending account 1b 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, boxe and that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 2 3 Indicate which, if any of the organizations Approval by the board or compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
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 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
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c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0 0 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 0 0
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:
a The organization?
b Any related organization? 5b X
If "Yes" on line 5a or 5b, describe in Part III.
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:
a The organization? 6a X b Any related organization? 6b X
If "Yes" on line 6a or 6b, describe in Part III.
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments
not described on lines 5 and 6? If "Yes," describe in Part III 7 X
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 201

13-3424419

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CHERYL DORSEY	(i)	230,000.	0.	0.	12,385.	7,098.	249,483.	0.
	(ii) [0.	0.	0.	0.	0.		0.
(2) SHARYANNE MCSWAIN	(i)	140,400.	10,000.	0.	0.	9,018.	159,418.	0.
CHIEF OPERATING OFFICER	(ii) [0.	0.	0.	0.	0.		0.
(3) KEN SHILLINGFORD	(i)	155,006.	0.	0.	11,340.	23,853.	190,199.	0.
VP OF FINANCE & ADMIN (THRU 3/2020)	(ii) [0.	0.	0.	0.	0.	0.	0.
(4) SHANNON GIBBONS	(i)	181,020.	0.	0.	0.	3,582.	184,602.	0.
VP OF DEVELOPMENT (THRU 9/2019)	(ii) [0.	0.	0.	0.	0.	0.	0.
(5) KENO SADLER	(i)	187,129.	0.	0.	7,289.	8,605.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANNA OBERDORF	(i)	140,491.	0.	0.	10,080.	15,262.		0.
VP OF COMMUNICATIONS	(ii) [0.	0.	0.	0.	0.	0.	0.
(7) LIZA MUELLER	(i)	138,856.	0.	0.	10,500.	28,693.		0.
VP OF KNOWLEDGE	(ii) [0.	0.	0.	0.	0.	0.	0.
(8) CORIE POPE LIEBERMAN	(i)	126,640.	0.	0.	9,197.	16,817.		0.
DIRECTOR OF DEVELOPMENT	(ii) [0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

KENO SADLER \$54,331

SHANNON GIBBONS \$18,333

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ ZU

Department of the Treasury	
Internal Revenue Service	

19 20

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

Open to Public Inspection

19

Name of the org	anization
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Go to www.irs.gov/Form990 for instructions and the latest information.

Nam	ne of the organization				Employer identification number
	ECHOING GREE	N, INC	•		13-3424419
Pa	rt I Types of Property				· ·
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5	74,364.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ► ()				
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	contributions	

for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b	If "Yes," describe the arrangement in Part II.
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
	contributions?
b	If "Yes," describe in Part II.
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
	describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

30a

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32a

932141 09-27-19

08290510 759420 6678

Yes

No

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13-3424419 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

21112 66:57:9 Schedule M (Form 900) 201	290510 759420 6678	49 2019.05094 ECHOING GREEN, INC.	66781
	932142 09-27-19		Schedule M (Form 990) 201

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization

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



Employer identification number 13 - 3424419

ECHOING GREEN, INC.

FOR 990, PART I, LINE 5

NUMBER OF VOLUNTEERS

THE NUMBER OF VOLUNTEERS INCLUDES FELLOWSHIP APPLICATION JUDGES AS WELL

AS FELLOWSHIP FINALIST JUDGES.

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

30 YEARS, SUPPORTING VISIONARIES AROUND THE WORLD WHO ARE TRANSFORMING

THEIR COMMUNITIES, ADDRESSING ECONOMIC DEVELOPMENT, RACIAL AND GENDER

EQUITY, ENVIRONMENTAL SUSTAINABILITY, AND MORE. ECHOING GREEN'S

UNPARALLELED COMMUNITY OF TALENT CONSISTS OF 850+ INNOVATORS WHO HAVE

LAUNCHED TEACH FOR AMERICA, CITY YEAR, ONCE ACRE FUND, SKS

MICROFINANCE, PUBLIC ALLIES, AND MORE. THE ORGANIZATION PROVIDES

SEED-FUNDING AND LEADERSHIP DEVELOPMENT TO A NEW CLASS OF FELLOWS EVERY

YEAR AND WELCOMES THEM INTO ITS LIFELONG COMMUNITY OF LEADERS.

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

THOUGHT LEADERSHIP

EXPENSES \$ 456,332. INCLUDING GRANTS OF \$ 0. REVENUE \$ 27,125.

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, PROVIDED THAT IT MAY NOT APPROVE OR RECOMMEND TO MEMBERS THE DISSOLUTION OR MERGER OF ECHOING GREEN'S ASSETS; ELECT, APPOINT OR REMOVE DIRECTORS OR PERMANENTLY FILL VACANCIES ON THE BOARD OR ANY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization ECHOING GREEN, INC.	Employer identification number 13-3424419
	15 5424415
COMMITTEE OF THE BOARD; ADOPT, AMEND OR REPEAL THE BYLAWS	OR ARTICLES OF
INCORPORATION; AMEND ANY COMMITTEE CHARTER OR RESOLUTION	OF A BOARD
COMMITTEE PREVIOUSLY ESTABLISHED BY THE BOARD; HIRE OR FI	RE THE PRESIDENT;
APPROVE OR CHANGE THE BUDGET OR ADD OR ELIMINATE PROGRAMS	PREVIOUSLY
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, THE 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 MANAGERS. IN ADDITION, THE EXECUTIVE COMMITTEE WILL REVIEW THE DRAFT AUDIT 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 PRESIDENT.

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.

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

 THE FORM 990 IN DRAFT FORMAT IS REVIEWED BY THE CHIEF OPERATING OFFICER AND

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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 2019.05094 ECHOING GREEN, INC.
 6678 1

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization ECHOING GREEN, INC.	Employer identification number 13-3424419
THE FINANCE COMMITTEE, AND IS PROVIDED TO THE BOARD OF DI	RECTORS PRIOR TO
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUESTS THAT BOARD MEMBERS COMPLETE A D	ETAILED
QUESTIONNAIRE THAT COVERS ALL FACETS OF CONFLICTS OF INTE	REST, RELATED
PARTIES, TRANSACTIONS WITH RELATED PARTIES AND EXCESS BEN	EFIT TRANSACTIONS.
THE ORGANIZATION MAKES ITS BEST EFFORTS TO COLLATE RESPON	SES FROM THE BOARD
MEMBERS TO THE QUESTIONNAIRE, AND TO ENSURE THAT ALL FACT	S 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 TH	E TRANSACTION FOR
THE BOARD TO INVESTIGATE, TO REVIEW POSSIBLE ALTERNATIVES	AND TO REACH A
CONCLUSION ON THE BEST ROUTE FORWARD. REQUIRED ACTIONS I	N THE EVENT OF A

POLICY VIOLATION ARE ALSO CONTAINED WITHIN THE POLICY DOCUMENT.

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

THE COMPENSATION OF THE CEO IS DETERMINED VIA DISCUSSION AND APPROVAL BY THE EXECUTIVE COMMITTEE. THE COMPENSATION OF OTHER EMPLOYEES IS DETERMINED BY THE CEO AND THE COO TAKING INTO ACCOUNT COMPARABLE SALARIES AT SIMILAR NONPROFITS WITH ADVICE OF EXTERNAL CONSULTANTS.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE,

WWW.ECHOINGGREEN.ORG, AFTER FORMAL APPROVAL. OTHER ORGANIZATIONAL DOCUMENTS

ARE MADE AVAILABLE ON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Schedule O (Form 990 or 990-EZ) (2019)

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Name of the organization	ECHOING GREEN, INC.	Employer identification numb 13-3424419
ADJUSTMENT OF	INVESTMENT TO NET REALIZABLE VALUE	-7,30
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