

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ECHOING GREEN, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 462 7TH AVENUE, 13TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018	D Employer identification number 13-3424419 E Telephone number 212-689-1165
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 19,754,073.
J Website: ▶ WWW.ECHOINGGREEN.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASSISTING TOP EMERGING SOCIAL ENTREPRENEURS TO CREATE INNOVATIVE SOCIAL CHANGE WORLDWIDE. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 41 6 Total number of volunteers (estimate if necessary) 6 990 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 55,487,644. Prior Year 19,582,541. Current Year 9 Program service revenue (Part VIII, line 2g) 128,290. 78,710. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -311,041. 83,220. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,579. 9,602. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 55,333,472. 19,754,073.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,583,308. 5,697,862. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,010,019. 4,776,112. 16a Professional fundraising fees (Part IX, column (A), line 11e) 787,776. 838,950. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,901,803. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,132,944. 3,367,868. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,514,047. 14,680,792. 19 Revenue less expenses. Subtract line 18 from line 12 45,819,425. 5,073,281.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 54,047,472. Beginning of Current Year 60,744,468. End of Year 21 Total liabilities (Part X, line 26) 1,305,158. 3,027,081. 22 Net assets or fund balances. Subtract line 21 from line 20 52,742,314. 57,717,387.	

Part II Signature Block

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, CHIEF OPERATING OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JENNIFER COATES	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P02247728
	Firm's name ▶ LUTZ AND CARR, CPAS LLP Firm's address ▶ 551 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10176	Firm's EIN ▶ 13-1655065 Phone no. 212-697-2299

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ECHOING GREEN IDENTIFIES TOMORROW'S TRANSFORMATIONAL LEADERS TODAY. THROUGH ITS FELLOWSHIPS AND OTHER INNOVATIVE LEADERSHIP INITIATIVES, ECHOING GREEN SPOTS EMERGING LEADERS AND INVESTS DEEPLY IN THEIR SUCCESS TO ACCELERATE THEIR IMPACT. EG HAS BEEN AHEAD OF THE CURVE FOR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,356,253. including grants of \$ 5,547,862.) (Revenue \$) FELLOWSHIP AND ALUMNI PROGRAM- ECHOING GREEN'S FELLOWSHIP PROGRAM IDENTIFIES A DIVERSE GROUP OF SOCIAL IMPACT ENTREPRENEURS, INVESTS MILLIONS OF DOLLARS INTO SEED FUNDING AND HAS BUILT A NETWORK OF MORE THAN 900+ BEST-IN-CLASS SOCIAL ENTREPRENEURS WORLDWIDE WITH DEEP FOCUS ON COMMUNITIES OF COLOR AND RACIAL EQUITY. IN SUPPORTING ALUMNI, ECHOING GREEN PROVIDES FOLLOW-ON FUNDING GRANTS, NEARLY \$1.5M, AS AN ADDITIONAL CAPITAL INVESTMENT TO LEADERS BATTLING RACIAL INEQUITY.

4b (Code:) (Expenses \$ 431,459. including grants of \$ 150,000.) (Revenue \$) ONRAMPS ECHOING GREEN WORKS WITH SEVEN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TO ENCOURAGE COLLEGE-AGE STUDENTS TO CONSIDER SOCIAL ENTERPRENEURSHIP AS THEIR CAREER CHOICE. THROUGH EXPOSURE TO ECHOING GREEN FELLOWS AND ALUMNI, STUDENTS ARE A PIPELINE FOR FUTURE SOCIAL ENTERPRENUERS THAT FOCUS ON ALL SECTORS AND DICIPLINES

4c (Code:) (Expenses \$ 104,464. including grants of \$) (Revenue \$ 78,710.) EMPLOYEE ENGAGEMENT ECHOING GREEN CREATES OPPORTUNITIES FOR CORPORATE EMPLOYEES TO ENGAGE IN BUILDING A MULTI-RACIAL, MULTI-GENERATIONAL AND CROSS-SECTOR COALITION TO DISMANTLE STRUCTURAL RACISM. CORPORATE EMPLOYEES WILL GAIN AWARENESS OF SOCIAL INNOVATION'S ROLE IN FURTHERING RACIAL EQUITY, USING THEIR SKILLS AND EXPERTISE TO MEANINGFULLY CONTRIBUTE TO THE RACIAL EQUITY MOVEMENT. ECHOING GREEN HOSTS SENIOR LEADERSHIP BOARD TRAINING WORKSHOPS, INNOVATOR TALKS, BRAIN TRUST SERIES AND INVITES CORPORATE EMPLOYEES TO PARTICIPATE IN REVIEWING FELLOWSHIP APPLICATIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,561,376. including grants of \$) (Revenue \$ 9,602.)

4e Total program service expenses 11,453,552.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 23		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
	12c	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **SHARYANNE MCSWAIN - 212-689-1165**
462 7TH AVENUE, 13TH FLOOR, NEW YORK, NY 10018

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIE KELLY CO-CHAIR	1.00	X		X				0.	0.	0.
(2) CARTER MCCLELLAND CO-CHAIR	1.00	X		X				0.	0.	0.
(3) MARC SAIONTZ TREASURER	1.00	X		X				0.	0.	0.
(4) CHERYL DORSEY PRESIDENT	40.00	X		X			227,057.	0.	20,907.	
(5) MAYA AJMERA BOARD MEMBER	1.00	X						0.	0.	0.
(6) ESTHER T. BENJAMIN BOARD MEMBER	1.00	X						0.	0.	0.
(7) ROBERT CHINA BOARD MEMBER	1.00	X						0.	0.	0.
(8) DAVID HODGSON BOARD MEMBER	1.00	X						0.	0.	0.
(9) DAVID ISSROFF BOARD MEMBER	1.00	X						0.	0.	0.
(10) RAFIQ KALAM ID-DIN BOARD MEMBER	1.00	X						0.	0.	0.
(11) ANDREW KASSOY BOARD MEMBER	1.00	X						0.	0.	0.
(12) WILLIAM M. LEWIS, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(13) JOSHUA MAILMAN BOARD MEMBER	1.00	X						0.	0.	0.
(14) HUGH MOLOTSI BOARD MEMBER	1.00	X						0.	0.	0.
(15) AJAY NAGPAL BOARD MEMBER	1.00	X						0.	0.	0.
(16) RAJ PANJABI BOARD MEMBER	1.00	X						0.	0.	0.
(17) PEGGY SEGAL BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHIVANI SIROYA BOARD MEMBER	1.00	X						0.	0.	0.
(19) NOAH WALLEY BOARD MEMBER	1.00	X						0.	0.	0.
(20) DANIEL WEISS BOARD MEMBER	1.00	X						0.	0.	0.
(21) LARRY WIESENECK BOARD MEMBER	1.00	X						0.	0.	0.
(22) MELINDA WOLFE BOARD MEMBER	1.00	X						0.	0.	0.
(23) LAURA WEIDMAN POWERS BOARD MEMBER (AS OF 6/2022)	1.00	X						0.	0.	0.
(24) SHARYANNE MCSWAIN CHIEF OPERATING OFFICER	40.00			X				219,228.	0.	21,628.
(25) ELIZABETH MUELLER VP OF THOUGHT LEADERSHIP	40.00				X			207,442.	0.	46,360.
(26) JANNA OBERDORF VP OF EXTERNAL AFFAIRS	40.00				X			173,418.	0.	34,727.
1b Subtotal								827,145.	0.	123,622.
c Total from continuation sheets to Part VII, Section A								451,511.	0.	26,673.
d Total (add lines 1b and 1c)								1,278,656.	0.	150,295.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **14**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ORR GROUP, 3000 K STREET NW, SUITE E280, WASHINGTON, DC 20007	FUNDRAISING CONSULTING	985,050.
ALIGHT LLC, 363 EAST 76TH STREET, SUITE #5D, NEW YORK, NY 10021	RACIAL EQUITY TRANSFORMATION	155,650.
OFFOR WALKER GROUP LLC 500 GENOIS STREET, NEW ORLEANS, LA 70119	TALENT RECRUITER	125,000.
FEARLESS VIDEO PRODUCTIONS LLC, 4709 HARTFORD RD, STE #9, BALTIMORE, MD 21214	DOCUMENTARY PRODUCTIONS	114,249.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Alexis Williams, Joanna Helou, and Laura Weidman Powers.

Total to Part VII, Section A, line 1c 451,511. 26,673.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	19,582,541.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 14,674.				
	h Total. Add lines 1a-1f		19,582,541.				
Program Service Revenue	2 a PROGRAM REVENUE	Business Code					
		711190	78,710.	78,710.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		78,710.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		83,220.			83,220.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	9,602.	9,602.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		9,602.					
12 Total revenue. See instructions		19,754,073.	88,312.	0.	83,220.		

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 response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,056,362.	4,056,362.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	16,000.	16,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,625,500.	1,625,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	636,509.	407,195.	165,663.	63,651.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,139,839.	2,224,097.	374,259.	541,483.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,250.	97,998.	17,975.	22,277.
9 Other employee benefits	152,091.	111,616.	15,474.	25,001.
10 Payroll taxes	709,423.	505,845.	93,684.	109,894.
11 Fees for services (nonemployees):				
a Management	1,885,177.	1,430,944.	387,087.	67,146.
b Legal	64,862.	35,398.	29,464.	
c Accounting	48,797.		48,797.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	838,950.			838,950.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	768.	768.		
13 Office expenses	488,507.	336,236.	68,223.	84,048.
14 Information technology				
15 Royalties				
16 Occupancy	540,635.	372,990.	70,343.	97,302.
17 Travel	107,554.	78,422.	8,219.	20,913.
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	85,337.	58,882.	11,094.	15,361.
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 O.)				
a OTHER EXPENSES	106,565.	69,122.	25,614.	11,829.
b EVENT FEES & CATERING	39,666.	26,177.	9,541.	3,948.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,680,792.	11,453,552.	1,325,437.	1,901,803.
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)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	936,008.	1	1,408,842.	
	2 Savings and temporary cash investments	21,059,028.	2	31,956,290.	
	3 Pledges and grants receivable, net	21,732,215.	3	17,081,042.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	4,923.	8	4,923.	
	9 Prepaid expenses and deferred charges	270,661.	9	376,834.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,113,680.			
	b Less: accumulated depreciation	10b 1,077,851.	108,486.	10c 35,829.	
	11 Investments - publicly traded securities	9,824,339.	11	9,768,896.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	111,812.	15	111,812.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	54,047,472.	16	60,744,468.		
Liabilities	17 Accounts payable and accrued expenses	606,751.	17	468,562.	
	18 Grants payable	193,054.	18	2,413,000.	
	19 Deferred revenue	306,710.	19	0.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other 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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	198,643.	25	145,519.	
	26 Total liabilities. Add lines 17 through 25	1,305,158.	26	3,027,081.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	24,633,862.	27	35,822,461.	
	28 Net assets with donor restrictions	28,108,452.	28	21,894,926.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	52,742,314.	32	57,717,387.	
33 Total liabilities and net assets/fund balances	54,047,472.	33	60,744,468.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,754,073.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,680,792.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,073,281.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,742,314.
5	Net unrealized gains (losses) on investments	5	-98,208.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	57,717,387.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ECHOING GREEN, INC.	Employer identification number 13-3424419
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10510689.	10251358.	9576654.	55487644.	19582541.	105408886
2 Tax revenues levied for the organization'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	10510689.	10251358.	9576654.	55487644.	19582541.	105408886
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)						33022739.
6 Public support. Subtract line 5 from line 4.						72386147.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	10510689.	10251358.	9576654.	55487644.	19582541.	105408886
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,730.	13,315.	16,714.	68,701.	83,220.	190,680.
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.)	2,298.	20,066.	27,125.	28,579.	9,602.	87,670.
11 Total support. Add lines 7 through 10						105687236
12 Gross receipts from related activities, etc. (see instructions)					12	442,649.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	68.49 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	62.66 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-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. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Part VI

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.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ECHOING GREEN, INC. **Employer identification number** 13-3424419

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified 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 conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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 organization 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 easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	239,335.	239,335.	239,335.	239,335.	239,335.
b Contributions					
c Net investment earnings, gains, and losses		113.	3,595.	6,122.	2,245.
d Grants or scholarships					
e Other expenditures for facilities and programs		113.	3,595.	6,122.	2,245.
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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		233,012.	233,012.	0.
d Equipment		258,885.	236,645.	22,240.
e Other		621,783.	608,194.	13,589.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,829.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	145,519.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	145,519.

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...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	19,780,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-98,208.
b	Donated services and use of facilities	2b	124,707.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	26,499.
3	Subtract line 2e from line 1	3	19,754,073.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	19,754,073.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,805,499.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	124,707.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	124,707.
3	Subtract line 2e from line 1	3	14,680,792.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,680,792.

Part XIII Supplemental Information.

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ECHOING GREEN, INC.

Employer identification number

13-3424419

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? **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	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	FISCAL SPONSORSHIP	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	20,500.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	160,000.
EAST ASIA AND THE PACIFIC	0	0	FISCAL SPONSORSHIP	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	5,000.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	925,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	105,000.
NORTH AMERICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	160,000.
EUROPE	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	250,000.
3 a Subtotal	0	0			1,625,500.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,625,500.

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

Schedule F (Form 990) 2021

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)
		NORTH AMERICA	FELLOWSHIP	80,000.	WIRE	0.		
		EUROPE	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		NORTH AMERICA	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		EUROPE	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **15**

3 Enter total number of other organizations or entities **10**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		SOUTH ASIA	FELLOWSHIP	80,000.	WIRE	0.		
		SOUTH ASIA	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW ON FUNDING	125,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FOLLOW ON FUNDING	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	FOLLOW ON FUNDING	25,000.	WIRE	0.		
		EUROPE	FOLLOW ON FUNDING	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW ON FUNDING	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW ON FUNDING	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW ON FUNDING	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FISCAL SPONSORSHIP	7,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	FISCAL SPONSORSHIP	13,000.	WIRE	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes 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 No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes 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 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 No

Part V Supplemental Information

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

PART I, LINE 2:

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.

Multiple horizontal lines for additional text input.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization **ECHOING GREEN, INC.** Employer identification number **13-3424419**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations e Solicitation of non-government grants
- b Internet and email solicitations f Solicitation of government grants
- c Phone solicitations g Special fundraising events
- d In-person solicitations
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ORR GROUP INC. - 3000 K STREET, NW, SUITE E280,	FUNDRAISING CONSULTING		X	0.	838,950.	-838,950.
Total					838,950.	-838,950.

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

NY

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	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 line 3, column (d)			

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ORR GROUP INC.

(I) ADDRESS OF FUNDRAISER:

3000 K STREET, NW, SUITE E280, WASHINGTON, DC 20007

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **ECHOING GREEN, INC.** Employer identification number **13-3424419**

Part I General Information on Grants and Assistance

- 1** 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? **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 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ATUTU 4416 TALLE WAY DUBLIN, CA 94568	84-4376999	501C3	80,000.	0.			FELLOWSHIP
BLACK OUTSIDE INC 305 E. RAMSEY RD SAN ANTONIO, TX 78216	83-3447384	501C3	80,000.	0.			FELLOWSHIP
BUILDING OPPORTUNITIES & OPENING MINDS - 4478 MARSALIS AVENUE - DALLAS, TX 75216	81-3359634	501C3	80,000.	0.			FELLOWSHIP
DETROIT HEALS DETROIT 16485 E. MILE RD. EASTPOINTE, MI 48021	83-1099822	501C3	80,000.	0.			FELLOWSHIP
FIDEICOMISO DE TIERRAS COMUNITARIAS PARA LA AGRICULTURAL - URB. DOS PINOS, CALLE VESTA 776 - SAN JUAN, PR 00923	66-0938848	501C3	80,000.	0.			FELLOWSHIP
MARIN COUNTRY COOPERATION TEAM 2330 MARINSHIP WAY, SUITE 210 SAUSALITO, CA 94965	86-3792240	501C3	80,000.	0.			FELLOWSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 50.

3 Enter total number of other organizations listed in the line 1 table ▶ 12.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE RENEWABLES 3111 N. CADEN COURT, SUITE 130 FLAGSTAFF, AZ 86004	85-2285816	501C3	80,000.	0.			FELLOWSHIP
SOCIAL GOOD FUND - VOCAL JUSTICE 12651 SAN PABLO AVE #5473 RICHMOND, CA 94805	46-1323531	501C3	80,000.	0.			FELLOWSHIP
THE APPELLATE PROJECT INC 1835 7TH ST NW #194 WASHINGTON, DC 20001	84-3852810	501C3	80,000.	0.			FELLOWSHIP
THE EQUITY ALLIANCE PO BOX 331821 NASHVILLE, TN 37218	81-5394158	501C3	80,000.	0.			FELLOWSHIP
THE FORESTRY & FIRE RECRUITMENT PROGRAM - 110 WEST 6TH STREET #162 - AZUSA, CA 91702	83-0806426	501C3	80,000.	0.			FELLOWSHIP
YOU ARE MORE THAN INC 532 MARLTON PIKE W. #726 MARLTON, NJ 08053	85-1725405	501C3	80,000.	0.			FELLOWSHIP
1000 MORE 111 LAWRENCE ST APT 16G BROOKLYN, NY 11201	87-1277186	N/A	80,000.	0.			FELLOWSHIP
DC JUSTICE LAB 1200 U STREET NW WASHINGTON, DC 20009	84-3479025	501C3	80,000.	0.			FELLOWSHIP
DION'S CHICAGO DREAM 180 NORTH WINDMERE CIRCLE MATTESON, IL 60443	85-2527687	501C3	80,000.	0.			FELLOWSHIP

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUSTICE FOR HOUSING 41 ROUND HILL STREET JAMAICA PLAIN, MA 02130	84-3842513	501C3	80,000.	0.			FELLOWSHIP
OPEN COLLECTIVE FOUNDATION-COLLECTIVE DIASPORA - 340 S. LEMON AVE #3717 - WALNUT, CA 91789	81-4004928	501C3	80,000.	0.			FELLOWSHIP
REPAIRED NATIONS COOPERATIVE INC 2492 65TH AVE OAKLAND, CA 94605	87-2365856	N/A	80,000.	0.			FELLOWSHIP
ROSA ES ROJO, INC. 2605 FRANCES LN LITTLE ELM, TX 75068	81-3557997	501C3	80,000.	0.			FELLOWSHIP
SUR LEGAL COLLABORATIVE INC PO BOX 1606 DECATUR, GA 30031	85-3545961	501C3	80,000.	0.			FELLOWSHIP
ASYLUM SEEKER ADVOCACY PROJECT 228 PARK AVE SOUTH #84810 NEW YORK, NY 10003	83-3011862	501C3	25,000.	0.			FOLLOW ON FUNDING
BRIOXY 2300 CONTRA COSTA BLVD #220 PLEASANT HILL, CA 94523	46-4608976	501C3	25,000.	0.			FOLLOW ON FUNDING
BUILDING OUR NATION'S DAUGHTERS, INC. - 303 MCMECHAN STREET APT 414 - BALTIMORE, MD 21217	47-2417769	501C3	25,000.	0.			FOLLOW ON FUNDING
CENTER FOR CIVIC INNOVATION 135 AUBURN AVE NE, SUITE 222 ATLANTA, GA 30303	26-4096600	501C3	25,000.	0.			FOLLOW ON FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHASING23 YOUTH EMPOWERMENT GROUP 4502 S. CALUMET AVE APT 3N CHICAGO, IL 60653	82-1538521	N/A	25,000.	0.			FOLLOW ON FUNDING
COACHING FOR CHANGE INC. 427 WINTHROP ST, UNIT A TAUTON, MA 02780	27-3708397	501C3	25,000.	0.			FOLLOW ON FUNDING
COMMUNITY JUSTICE PROJECT INC 3000 BISCAYNE BLVD. SUITE 106 MIAMI, FL 33137	47-2777185	501C3	50,000.	0.			FOLLOW ON FUNDING
CONTEXTOS 2240 S. MICHIGAN AVE CHICAGO, IL 60616	27-3326532	501C3	10,000.	0.			FOLLOW ON FUNDING
CREATIVITY FUND 410 MAPLE AVE APT 442 FALLS CHURCH, VA 22046	85-3417809	501C3	25,000.	0.			FOLLOW ON FUNDING
DISCRIMINOLOGY 3015 QUAIL HOLLOW SARASOTA, CA 34235	81-3119776	N/A	50,000.	0.			FOLLOW ON FUNDING
EMERGING LEADERS IN TECHNOLOGY AND ENGINEERING - 275 MALCOLM X BLVD - NEW YORK, NY 10027	27-4737469	N/A	100,000.	0.			FOLLOW ON FUNDING
ESQ APPRENTICE PO BOX 24152 OAKLAND, CA 94623	47-3060656	501C3	125,000.	0.			FOLLOW ON FUNDING
FREECAP FINANCIAL 172 BRYANT STREET, NW WASHINGTON, DC 20007	85-2517687	N/A	75,000.	0.			FOLLOW ON FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL FUND FOR WOMEN- VIDAAFROLATINA - 800 MARKET STREET, 7TH FL - SAN FRANCISCO, CA 94102	77-0155782	501C3	25,000.	0.			FOLLOW ON FUNDING
KADIWAKU FOUNDATION USA 1000 LAFAYETTE BLVD, SUITE 1140 BRIDGEPORT, CT 06604	82-4842018	501C3	25,000.	0.			FOLLOW ON FUNDING
LAKE BAIKAL HERITAGE FOUNDATION-RIVERS WITHOUT BORDERS - 2242 EAST 4TH STREET - TUCSON, AZ 85710	39-2061320	501C3	25,000.	0.			FOLLOW ON FUNDING
LEAD BY EXAMPLE & REVERSE THE TREND INC- NEIGHBORHOOD BENCHES - 8 WEST 126TH STREET - NEW YORK, NY 10027	47-2765517	501C3	25,000.	0.			FOLLOW ON FUNDING
LEAP YEAR 229 PEACHTREE STREET, NE SUITE 725 ATLANTA, GA 30303	81-1224809	501C3	25,000.	0.			FOLLOW ON FUNDING
MORTAR CINCINNATI 1329 VINE STREET CINCINNATI, OH 45202	47-2431620	501C3	100,000.	0.			FOLLOW ON FUNDING
NEO PHILANTHROPY- MOVEMENT LAB LAW 45 WEST 36TH STREET, 6TH FL OAKLAND, CA 94601	13-3191113	501C3	50,000.	0.			FOLLOW ON FUNDING
RAHEEM 447 17TH STREET OAKLAND, CA 94612	82-1805718	501C3	100,000.	0.			FOLLOW ON FUNDING
ROOTED SCHOOL 4238 SAINT CHARLES AVE NEW ORLEANS, LA 70115	47-1901769	501C3	25,000.	0.			FOLLOW ON FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANITATION AND HEALTH RIGHTS IN INDIA - 48 FAIRWAY OAKS DR - NEW ORLEANS, LA 70131	81-1209372	501C3	100,000.	0.			FOLLOW ON FUNDING
SECTOR SOFTWARE 866 HURON ROAD FRANKLIN LAKES, NJ 07417	85-3877120	N/A	25,000.	0.			FOLLOW ON FUNDING
SPRINGBOARD COLLABORATIVE 1500 JFL BLVD, SUITE #1160 PHILADELPHIA, PA 19102	45-3719806	501C3	25,000.	0.			FOLLOW ON FUNDING
SUMMER HOUSE INITIATIVE 1531 N 7TH STREET, UNIT 3 PHILADELPHIA, PA 19122	84-3148804	501C3	25,000.	0.			FOLLOW ON FUNDING
TEACH FOR SENEGAL 7146 WEST GLOBE AVE PHOENIX, AZ 85043	83-1929078	501C3	25,000.	0.			FOLLOW ON FUNDING
ACE ATLANTA LLC- THE ACADEMY OF CREATING EXCELLENCE - 298 DEERING RD NW #4103 - ATLANTA, GA 30309	83-2879037	N/A	8,000.	0.			SOCIAL INNOVATION CHALLENGE
ACT FOR ALEXANDRIA- ACRES4CHANGE 201 N. UNION STREET, SUITE 110 ALEXANDRIA, VA 22314	26-4322369	501C3	20,000.	0.			SOCIAL INNOVATION CHALLENGE
AXL LLC 2112 8TH STREET NW #214 WASHINGTON, DC 20001	83-0592278	N/A	8,000.	0.			SOCIAL INNOVATION CHALLENGE
BUTTERFLY DREAMZ, INC. 2 CENTER STREET, UNIT 1012 NEWARK, NJ 07102	46-4401510	N/A	18,000.	0.			SOCIAL INNOVATION CHALLENGE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN RIGHTS FOR KIDS PO BOX 5960 WASHINGTON, DC 20016	82-2971359	501C3	20,000.	0.			SOCIAL INNOVATION CHALLENGE
IMMIGRANT HISTORY INITIATIVE PO BOX 209073 NEW HAVEN, CT 06520	82-4536434	501C3	8,000.	0.			SOCIAL INNOVATION CHALLENGE
NEO PHILANTHROPY- WE TESTIFY 45 WEST 36TH STREET, 6TH FL NEW YORK, NY 10018	13-3191113	501C3	20,000.	0.			SOCIAL INNOVATION CHALLENGE
THE LIBERATION FOUNDATION 6064 CALLOWHILL ST PHILADELPHIA, PA 19151	85-1447679	501C3	8,000.	0.			SOCIAL INNOVATION CHALLENGE
TULSA COMMUNITY FOUNDATION- BLACK TECH STREET - 7030 SOUTH YALE AVE SUITE 600 - TULSA, OK 74136	73-1554474	501C3	8,000.	0.			SOCIAL INNOVATION CHALLENGE
WHO SPEAKS FOR ME 406 FRANKLIN STREET NW WASHINGTON, DC 20001	81-5025896	501C3	8,000.	0.			SOCIAL INNOVATION CHALLENGE
YOUTH JUSTICE ALLIANCE 6105 SIERRA ARBOR CT AUSTIN, TX 78759	86-1221018	501C3	8,000.	0.			SOCIAL INNOVATION CHALLENGE
FRECAP FINANCIAL 172 BRYANT STREET, NW WASHINGTON, IL 20007	85-2517687	N/A	71,250.	0.			FISCAL SPONSORSHIP
PRACTICE MAKES PERFECT INC 25 BROADWAY, FL 12 NEW YORK, NY 10004	81-1307746	N/A	8,000.	0.			FISCAL SPONSORSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMER HOUSE INSTITUTE 1531 N 7TH STREET, UNIT 3 PHILADELPHIA, PA 19122	84-3148804	501C3	880,223.	0.			FISCAL SPONSORSHIP
TASSELTURN 4334 N. HAZEL ST #1107 CHICAGO, IL 60613	83-1153574	501C3	175,750.	0.			SOCIAL INNOVATION CHALLENGE

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
SOCIAL INNOVATION CHALLENGE	2	16,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FELLOWSHIP PROGRAM: THE ORIGINAL APPLICATION SPECIFIES THE DESIGNATED USE OF THE FUNDS. FELLOWS ARE REQUIRED TO SUBMIT 4 REPORTS (1 EVERY 6 MONTHS) OVER THE COURSE OF THEIR FELLOWSHIP. THESE REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY AND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE ORIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR 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 GRANTEEES WITH ADDITIONAL TECHNICAL ASSISTANCE AND PEER SUPPORT AFTER THE FUNDING PERIOD IS COMPLETED. ECHOING GREEN PROVIDES PRO-BONO SUPPORT IN THE FORM OF CONNECTING GRANTEEES 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ECHOING GREEN, INC.

Employer identification number

13-3424419

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- 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.

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?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHERYL DORSEY PRESIDENT	(i)	227,057.	0.	0.	8,669.	12,238.	247,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHARYANNE MCSWAIN CHIEF OPERATING OFFICER	(i)	219,228.	0.	0.	0.	21,628.	240,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH MUELLER VP OF THOUGHT LEADERSHIP	(i)	199,673.	0.	7,769.	15,136.	31,224.	253,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JANNA OBERDORF VP OF EXTERNAL AFFAIRS	(i)	156,600.	0.	16,818.	11,798.	22,929.	208,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALEXIS WILLIAMS SENIOR DIRECTOR, DEVELOPMENT	(i)	142,918.	5,000.	6,558.	0.	9,222.	163,698.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOANNA HELOU CHIEF OF STAFF	(i)	129,577.	20,000.	0.	3,120.	9,718.	162,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAURA WEIDMAN POWERS HEAD OF IMPACT (TO 7/2021)	(i)	120,535.	0.	26,923.	4,236.	377.	152,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ECHOING GREEN, INC.

Employer identification number

13-3424419

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 \$ 1,561,376. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,602.

FORM 990, PART VI, SECTION A, LINE 1A:

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) 2021

132211 11-11-21

Name of the organization ECHOING GREEN, INC.	Employer identification number 13-3424419
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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 FIRE 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

Name of the organization

ECHOING GREEN, INC.

Employer identification number

13-3424419

THE FINANCE COMMITTEE, AND IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

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

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

THE COMPENSATION OF THE CEO AND COO IS DETERMINED VIA DISCUSSION AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE COMPENSATION OF OTHER EMPLOYEES IS DETERMINED BY THE CEO AND 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.