

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</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	<b>C</b> Name of organization <b>ECHOING GREEN, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>462 7TH AVENUE, 13TH FLOOR</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10018</b>	<b>D</b> Employer identification number <b>13-3424419</b> <b>E</b> Telephone number <b>212-689-1165</b>
<b>I</b> 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		<b>G</b> Gross receipts \$ <b>52,000,668.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>J</b> Website: <b>WWW.ECHOINGGREEN.ORG</b>		<b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>NY</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>ASSISTING TOP EMERGING SOCIAL ENTREPRENEURS TO CREATE INNOVATIVE SOCIAL CHANGE WORLDWIDE.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>42</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>990</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	19,582,541.	29,032,032.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,710.	0.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,220.	665,138.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,602.	15,810.
			19,754,073.	29,712,980.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,697,862.	8,218,785.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,776,112.	5,033,253.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	838,950.	687,900.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	2,510,734.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,367,868.	5,871,515.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,680,792.	19,811,453.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	5,073,281.	9,901,527.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	60,744,468.	73,591,798.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	3,027,081.	5,581,211.
			57,717,387.	68,010,587.

**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.

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

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 IS AN EARLY-STAGE FUNDER OF EMERGING SOCIAL ENTREPRENEURS AND ONE OF THE MOST IMPORTANT AND RECOGNIZED LEADERS IN THE FIELD OF SOCIAL INNOVATION. WE LAUNCH TOMORROW'S GLOBAL LEADERS TODAY BY FINDING A DIVERSE GROUP OF SOCIAL INNOVATORS THROUGH A GLOBAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] 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 \$ 13,663,165. including grants of \$ 8,041,785. ) (Revenue \$ ) FELLOWSHIP AND ALUMNI PROGRAM:

THE FELLOWSHIP PROGRAM BEGINS WITH A STRATEGIC AND THOUGHTFUL GLOBAL SEARCH FOR EMERGING SOCIAL LEADERS WHO ARE PROXIMATE TO THE COMMUNITIES THEY SERVE; BRING A DIVERSITY OF TALENT ACROSS ETHNIC, GENDER, RELIGIOUS, AND ECONOMIC BACKGROUNDS; AND EXHIBIT SUCCESS INDICATORS BEYOND A TRADITIONAL BUSINESS PLAN AND FORMAL DEGREE, SUCH AS A LIFELONG COMMITMENT TO LEADERSHIP AND SOCIAL CHANGE.

THROUGH A COMPETITIVE GLOBAL SEARCH, ECHOING GREEN IDENTIFIED TRANSFORMATIONAL LEADERS WHO ARE OFTEN OVERLOOKED AND UNDERFUNDED BY TRADITIONAL INVESTMENT INSTITUTIONS. WE CAST A WIDE NET BY WORKING WITH

4b (Code: ) (Expenses \$ 510,803. including grants of \$ 177,000. ) (Revenue \$ ) ONRAMPS PROGRAM:

THE ONRAMPS PROGRAM IS A MULTI-PHASE PROGRAM FOR BLACK COLLEGE STUDENTS PROVIDING POWERFUL OPPORTUNITIES TO DEVELOP INNOVATION SKILLS, CONNECT TO ECHOING GREEN'S GLOBAL NETWORK OF SOCIAL ENTREPRENEURS, ACCESS SEED FUNDS, AND PURSUE PATHWAYS TO FELLOWSHIP OPPORTUNITIES.

ECHOING GREEN WORKS CLOSELY WITH HBCU PARTNERS TO OFFER UNIQUE ENGAGEMENT OPPORTUNITIES TO INTRODUCE STUDENTS TO BASIC CONCEPTS IN INNOVATION, SOCIAL ENTREPRENEURSHIP, THE ECHOING GREEN ECOSYSTEM; AND TO THRUST STUDENTS INTO AN EXPLORATION OF SOCIAL ENTREPRENEURSHIP THROUGH AN EQUITY-CENTERED, PROBLEM-SOLVING LENS.

4c (Code: ) (Expenses \$ 68,543. including grants of \$ ) (Revenue \$ ) CORPORATE ENGAGEMENT:

ECHOING GREEN HAS A LONG AND SUCCESSFUL TRACK RECORD OF DEVELOPING IMPACTFUL ENGAGEMENT OFFERINGS FOR BUSINESS LEADERS. WE OCCUPY A SINGULAR SPACE AT THE INTERSECTION OF GLOBAL BUSINESS, INNOVATION, AND SOCIAL IMPACT THAT POSITIONS US TO OFFER ONE-OF-A-KIND PROGRAMMING THAT BENEFITS CORPORATIONS, CORPORATE EMPLOYEES, ECHOING GREEN FELLOWS AND STAFF, AND THE BROADER SECTOR.

OUR TAILORED OPPORTUNITIES INCLUDE: VIRTUAL LEADER LENS HOSTED BY ECHOING GREEN STAFF AND FELLOWS TO SHARE INSIGHTS AND PERSPECTIVES FROM FELLOWS' WORK ACROSS THE GLOBE; INVOLVING EMPLOYEES IN ECHOING GREEN'S

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,647,239. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 15,889,750.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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
<b>1a</b>	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.		
	<b>1a</b> 24		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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.		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization 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) CHERYL DORSEY PRESIDENT	40.00	X		X			395,006.	0.	27,234.	
(4) MARC SAIONTZ TREASURER	1.00	X		X				0.	0.	0.
(5) PEGGY SEGAL SECRETARY	1.00	X		X				0.	0.	0.
(6) MAYA AJMERA BOARD MEMBER	1.00	X						0.	0.	0.
(7) ESTHER T. BENJAMIN BOARD MEMBER	1.00	X						0.	0.	0.
(8) ROBERT CHINA BOARD MEMBER	1.00	X						0.	0.	0.
(9) DAVID HODGSON BOARD MEMBER	1.00	X						0.	0.	0.
(10) DAVID ISSROFF BOARD MEMBER	1.00	X						0.	0.	0.
(11) RAFIQ KALAM ID-DIN BOARD MEMBER	1.00	X						0.	0.	0.
(12) ANDREW KASSOY BOARD MEMBER	1.00	X						0.	0.	0.
(13) WILLIAM M. LEWIS, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(14) JOSHUA MAILMAN BOARD MEMBER	1.00	X						0.	0.	0.
(15) HUGH MOLOTSI BOARD MEMBER	1.00	X						0.	0.	0.
(16) RAJ PANJABI BOARD MEMBER	1.00	X						0.	0.	0.
(17) SHIVANI SIROYA 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) NOAH WALLEY BOARD MEMBER	1.00	X						0.	0.	0.
(19) DANIEL WEISS BOARD MEMBER	1.00	X						0.	0.	0.
(20) LARRY WIESENECK BOARD MEMBER	1.00	X						0.	0.	0.
(21) MELINDA WOLFE BOARD MEMBER	1.00	X						0.	0.	0.
(22) LAURA WEIDMAN POWERS BOARD MEMBER	1.00	X						0.	0.	0.
(23) MARY ARMSTRONG BOARD MEMBER	1.00	X						0.	0.	0.
(24) JANIECE EVANS-PAGE BOARD MEMBER	1.00	X						0.	0.	0.
(25) SHARYANNE MCSWAIN CHIEF OPERATING OFFICER	40.00			X				279,544.	0.	23,710.
(26) KIMBERLY OSAGIE VP OF PROGRAMS	40.00					X		209,608.	0.	15,632.
<b>1b Subtotal</b>								884,158.	0.	66,576.
<b>c Total from continuation sheets to Part VII, Section A</b>								664,913.	0.	101,942.
<b>d Total (add lines 1b and 1c)</b>								1,549,071.	0.	168,518.

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 13

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	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	5	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	893,800.
THE WAKEMAN AGENCY, 445 HAMILTON AVENUE, SUITE 1102, WHITE PLAINS, NY 10601	PUBLIC RELATION SUPPORT	250,000.
DUFF CONSULTING LLC 170 BROADWAY 48, BROOKLYN, NY 11211	MANAGEMENT AND POLICY CONSULTING	193,900.
DHR GLOBAL 121 N. JEFFERSON ST, CHICAGO, IL 60661	TALENT RECRUITMENT	177,266.
ANGEL CITY ADVISORS 6141 BARROWS DRIVE, LOS ANGELES, CA 90048	SOCIAL INNOVATION CONSULTING	165,000.

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 9

SEE PART VII, SECTION A CONTINUATION SHEETS

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) ELIZABETH MUELLER VP OF THOUGHT LEADERSHIP	40.00					X		194,113.	0.	48,939.
(28) CAMILA PAZOS DIRECTOR OR INVESTMENTS	40.00					X		173,706.	0.	16,379.
(29) JOANNA HELOU CHIEF OF STAFF	40.00					X		151,430.	0.	19,866.
(30) TIFFANY THOMPSON SENIOR DIR, PARTNERHIPS & EQUITY	40.00					X		145,664.	0.	16,758.
Total to Part VII, Section A, line 1c .....								664,913.		101,942.

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,214,839.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	27,817,193.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....		29,032,032.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		723,571.			723,571.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	22,133,844.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	22,192,277.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-58,433.				
	<b>d</b> Net gain or (loss) .....		-58,433.			-58,433.	
<b>8 a</b> Gross income from fundraising events (not including \$ 1,214,839. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		95,411.				
			95,411.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	900099	15,810.		15,810.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			15,810.			
<b>12 Total revenue.</b> See instructions .....			29,712,980.	0.	0.	680,948.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	5,311,785.	5,311,785.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	27,000.	27,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,880,000.	2,880,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	685,750.	441,567.	175,608.	68,575.
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	3,044,755.	2,085,085.	415,528.	544,142.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	123,453.	79,979.	10,219.	33,255.
9 Other employee benefits	504,959.	334,569.	38,872.	131,518.
10 Payroll taxes	674,336.	444,138.	60,607.	169,591.
11 Fees for services (nonemployees):				
a Management	3,281,823.	2,369,494.	327,477.	584,852.
b Legal	181,429.	8,764.	172,665.	
c Accounting	39,744.		39,744.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	687,900.			687,900.
f Investment management fees	13,931.		13,931.	
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				
13 Office expenses	34,992.	26,073.	3,159.	5,760.
14 Information technology	432,194.	323,107.	42,175.	66,912.
15 Royalties				
16 Occupancy	545,117.	397,935.	54,512.	92,670.
17 Travel	339,997.	267,457.	9,081.	63,459.
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	26,141.	19,084.	2,614.	4,443.
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 <b>EVENT FEES &amp; CATERING</b>	808,823.	761,997.	24,543.	22,283.
b <b>OTHER EXPENSES</b>	167,324.	111,716.	20,234.	35,374.
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	19,811,453.	15,889,750.	1,410,969.	2,510,734.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,408,842.	<b>1</b>	11,474,110.
	<b>2</b> Savings and temporary cash investments .....	31,956,290.	<b>2</b>	13,593,823.
	<b>3</b> Pledges and grants receivable, net .....	17,081,042.	<b>3</b>	21,406,101.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	4,923.	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	376,834.	<b>9</b>	296,734.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,135,465.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,103,992.		
	<b>11</b> Investments - publicly traded securities .....	35,829.	<b>10c</b>	31,473.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	9,768,896.	<b>11</b>	26,220,275.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	111,812.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	60,744,468.	<b>15</b>	569,282.	
		<b>16</b>	73,591,798.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	468,562.	<b>17</b>	1,098,869.
	<b>18</b> Grants payable .....	2,413,000.	<b>18</b>	3,945,458.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	145,519.	<b>25</b>	536,884.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	3,027,081.	<b>26</b>	5,581,211.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	35,822,461.	<b>27</b>	40,052,338.
	<b>28</b> Net assets with donor restrictions .....	21,894,926.	<b>28</b>	27,958,249.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	57,717,387.	<b>32</b>	68,010,587.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	60,744,468.	<b>33</b>	73,591,798.	

**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	29,712,980.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,811,453.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,901,527.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,717,387.
5	Net unrealized gains (losses) on investments	5	364,131.
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	27,542.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	68,010,587.

**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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10251358.	9576654.	55487644.	19582541.	29032032.	123930229
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10251358.	9576654.	55487644.	19582541.	29032032.	123930229
<b>5</b> 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) .....						36021716.
<b>6 Public support.</b> Subtract line 5 from line 4.						87908513.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	10251358.	9576654.	55487644.	19582541.	29032032.	123930229
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	13,315.	16,714.	68,701.	83,220.	723,571.	905,521.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	20,066.	27,125.	28,579.	9,602.	15,810.	101,182.
<b>11 Total support.</b> Add lines 7 through 10						124936932
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	354,389.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	70.36 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	68.49 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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

**b 33 1/3% support tests - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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? a, b, c.

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). a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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 July 25, 2006, 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) 2022

**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	8,754.		113.	3,595.	6,122.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,754.		113.	3,595.	6,122.
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  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 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		280,670.	252,150.	28,520.
e Other		621,783.	618,830.	2,953.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,473.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) OPERATING LEASE LIABILITY	536,884.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	30,149,593.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	364,131.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	86,413.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	450,544.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	29,699,049.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	13,931.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	13,931.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	29,712,980.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	19,856,393.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	86,413.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-27,542.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	58,871.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	19,797,522.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	13,931.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	13,931.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	19,811,453.

**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.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN GRANTS PAYABLE DISCOUNT -27,542.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>ECHOING GREEN, INC.</b>	Employer identification number <b>13-3424419</b>
--	---

**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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	80,000.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	520,000.
EAST ASIA AND THE PACIFIC	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	80,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	50,000.
NORTH AMERICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	130,000.
EUROPE	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	335,000.
SOUTH AMERICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	130,000.
SUB SAHARAN AFRICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	1,555,000.
<b>3 a</b> Subtotal .....	0	0			2,880,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,880,000.

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

Schedule F (Form 990) 2022

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is 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)
		SOUTH ASIA	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	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 ..... **34**

3 Enter total number of other organizations or entities ..... **17**

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)
		NORTH AMERICA	FELLOWSHIP	80,000.	WIRE	0.		
		SOUTH AMERICA	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.		
		SOUTH ASIA	FELLOWSHIP	80,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	FELLOWSHIP	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	80,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	FELLOWSHIP	80,000.	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	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	25,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		NORTH AMERICA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		SOUTH AMERICA	FOLLOW-ON FUNDING	25,000.	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)
		SOUTH AMERICA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW-ON FUNDING	100,000.	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	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW-ON FUNDING	100,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW-ON FUNDING	100,000.	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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	FOLLOW-ON FUNDING	100,000.	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	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		SOUTH ASIA	FOLLOW-ON FUNDING	100,000.	WIRE	0.		
		SOUTH ASIA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		SOUTH ASIA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		SOUTH ASIA	FOLLOW-ON FUNDING	25,000.	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)
		SOUTH ASIA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		NORTH AMERICA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	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	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		



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 supplemental information.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

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
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 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.	687,900.	-687,900.
<b>Total</b>					687,900.	-687,900.

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))
		GALA EVENT (event type)	(event type)	NONE (total number)	
	<b>1</b> Gross receipts .....	1,310,250.			1,310,250.
	<b>2</b> Less: Contributions .....	1,214,839.			1,214,839.
	<b>3</b> Gross income (line 1 minus line 2) .....	95,411.			95,411.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	71,221.			71,221.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....	23,340.			23,340.
	<b>9</b> Other direct expenses .....	850.			850.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				95,411.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.

**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))
	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CHAINLESS CHANGE 4300 N. UNIVERSITY DRIVE F-100 SUNRISE, FL 33351	83-3657191	501C3	80,000.	0.			FELLOWSHIP
ENJOY THE BABY LLC 1613 IRVING PLACE CREEDMOOR, NC 27522	84-4671701	N/A	80,000.	0.			FELLOWSHIP
FAMILY MATTERS FIRST 203 CONCORD TURNPIKE ROAD, SUITE 13 CAMBRIDGE, MA 02140	92-2896911	501C3	80,000.	0.			FELLOWSHIP
FEDERATION OF AMERICAN SCIENTISTS - FLI SCI - 1112 16TH STREET NW SUITE 600 - WASHINGTON, DC 20036	23-7185827	501C3	80,000.	0.			FELLOWSHIP
FIT TO NAVIGATE 262 HAMILTON AVE COLUMBUS, OH 43203	83-1732007	N/A	80,000.	0.			FELLOWSHIP
FREEDOM COMMUNITY CLINIC INC. 3215 TELEGRAPH AVE SUITE 101 OAKLAND, CA 94609	83-4249837	501C3	80,000.	0.			FELLOWSHIP

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **64.**

**3** Enter total number of other organizations listed in the line 1 table **20.**

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

Schedule I (Form 990) 2022

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVEDIGNIFIEDWORK INC 8 THE GREEN ST R DOVER, DE 19901	37-2097010	N/A	80,000.	0.			FELLOWSHIP
INQUIRING SYSTEMS, INC. - FEED BLACK FUTURES - 887 SONOMA AVE #23 - SANTA ROSA, CA 95404	94-2524840	501C3	80,000.	0.			FELLOWSHIP
INTEGRATED NYC INC. - THE PEER DEFENSE PROJECT - 726 BROADWAY, FL 5 - NEW YORK, NY 10003	83-0639869	501C3	80,000.	0.			FELLOWSHIP
MALIKAH INC, 2117 BROADWAY, PO BOX 6347 ASTORIA, NY 11106	47-1277862	501C3	80,000.	0.			FELLOWSHIP
NATIONAL LEGAL ADVOCACY NETWORK N. LASALLE ST, SUITE 1275 CHICAGO, IL 60602	82-3524198	501C3	80,000.	0.			FELLOWSHIP
OASIS FAMILY BIRTHING CENTER 401 TUSCALOOSA AVE SW SUITE 100 BIRMINGHAM, AL 35211	88-2812161	N/A	80,000.	0.			FELLOWSHIP
OMENA INC 232 BROWN ST PROVIDENCE, RI 02906	87-1903805	501C3	80,000.	0.			FELLOWSHIP
PARITY LAB INC. 208 W. STATE ST TRENTON, NJ 08608	87-1751365	501C3	80,000.	0.			FELLOWSHIP
THE SMILE TRUST INC. - DADE COUNTY STREET RESPONSE - 4300 NW 12TH AVENUE - MIAMI, FL 33127	47-2964710	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
THE STEAM CONNECTION 330 MAPLE ROAD, SUITE B TROY, MI 48083	85-2936182	501C3	80,000.	0.			FELLOWSHIP
UBUNTU CARES - THE LEGAL REVOLUTION - 7800 METRO PARKWAY - BLOOMINGTON, MN 55425	85-0931828	501C3	80,000.	0.			FELLOWSHIP
VILLAGE MICRO FUND 1679 OLYMPIAN WAY SW ATLANTA, GA 30310	47-1748802	501C3	80,000.	0.			FELLOWSHIP
YANCY HLDINGS INC 3237 NW 50TH STREET MIAMI, FL 33142	87-0814566	N/A	80,000.	0.			FELLOWSHIP
1000 MORE 111 LAWRENCE ST APT 16G BROOKLYN, NY 11201	87-1277186	N/A	25,000.	0.			FOLLOW-ON FUNDING
ATUTU 4416 TALLE WAY DUBLIN, CA 94568	84-4376999	501C3	25,000.	0.			FOLLOW-ON FUNDING
BLACK OUTSIDE 305 E. RAMSEY RD SAN ANTONIO, TX 78216	83-3447384	501C3	25,000.	0.			FOLLOW-ON FUNDING
BUILDING OPPORTUNITY & OPENING MINDS - 4478 MARSALIS AVENUE - DALLAS, TX 75216	81-3359634	501C3	25,000.	0.			FOLLOW-ON FUNDING
BUILDING OUR NATION'S DAUGHTERS INC. - 303 MCMECHEN ST, SUITE 414 - BALTIMORE, MD 21217	47-2417769	501C3	100,000.	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
CAREMESSAGE 160 BRANNAN ST APT 313 SAN FRANCISCO, CA 94107	27-3252911	501C3	25,000.	0.			FOLLOW-ON FUNDING
CENTER FOR CIVIC INNOVATION 135 AUBURN AVE NE, SUITE 222 ATLANTA, GA 30303	26-4096600	501C3	100,000.	0.			FOLLOW-ON FUNDING
COACHING FOR CHANGE, INC. 427 WINTHROP ST, UNIT A TAUNTON, MA 02780	27-3708397	501C3	100,000.	0.			FOLLOW-ON FUNDING
CODE FEVER MIAMI INC 937 NW 3RD AVE MIAMI, FL 33136	47-2134965	501C3	100,000.	0.			FOLLOW-ON FUNDING
CONVERGE CONSULTING LLC 3157 GENTILLY BLVD PMB 4048 NEW ORLEANS, LA 70122	81-2151195	N/A	25,000.	0.			FOLLOW-ON FUNDING
CREATIVE REACTION LAB 3547 OLIVE STREET SUITE 301 ST. LOUIS, MO 63103	47-2876860	501C3	100,000.	0.			FOLLOW-ON FUNDING
DC JUSTICE LAB 1200 U STREET NW WASHINGTON, DC 20009	84-3479025	501C3	25,000.	0.			FOLLOW-ON FUNDING
DETROIT HEALS DETROIT 16485 E. 8 MILE RD EASTPOINTE, MI 48021	83-1099822	501C3	25,000.	0.			FOLLOW-ON FUNDING
DION'S CHICAGO DREAM 180 NORTH WINDMERE CIRCLE MATTESON, IL 60443	85-2527687	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
FEDERATION OF NEIGHBORHOOD CENTERS - ONES UP - 1902 S. 9TH STREET BOK ROOM 212 - PHILADELPHIA, PA 19148	23-1630073	501C3	100,000.	0.			FOLLOW-ON FUNDING
FIDEICOMISO DE TIERRAS COMUNITARIAS PARA LA AGRICULTURA SOSTENIBLE - URB. DOS PINOS, CALLE VESTA 776 - SAN JUAN, PR 00923	66-0938848	501C3	25,000.	0.			FOLLOW-ON FUNDING
FOR OAK CLIFF 907 E. LEDBETTER DRIVE DALLAS, TX 75216	81-3768369	501C3	100,000.	0.			FOLLOW-ON FUNDING
GLOBAL FUND FOR WOMEN - VIDAAFROLATINA - 800 MARKET STREET, 7TH FL - SAN FRANCISCO, CA 94102	77-0155782	501C3	100,000.	0.			FOLLOW-ON FUNDING
GREATER DAYTON UNION COOP INITIATIVE - 30 WEST 3ND ST, SUITE 700 - DAYTON, OH 45402	81-3470466	501C3	25,000.	0.			FOLLOW-ON FUNDING
HALT VIOLENCE 923 E. BROAD ST. LOWER LEVEL COLUMBUS, OH 43205	46-4109685	501C3	100,000.	0.			FOLLOW-ON FUNDING
INITIATIVE FOR MEDICINE ACCESS & KNOWLEDGE INC. (IMAK) - 16192 COASTAL HWY - LEWES, DE 19958	20-8559302	501C3	100,000.	0.			FOLLOW-ON FUNDING
INNER CITY GREEN TEAM ECONOMIC & ENVIROMENTAL DEVELOPMENT - 383 E. 143RD STREET, SUITE 17B - BRONX, NY 10454	85-2819206	501C3	100,000.	0.			FOLLOW-ON FUNDING
JUSTICE FOR HOUSING 41 ROUND HILL STREET JAMAICA PLAIN, MA 02130	84-3842513	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
KOE KOE TECH FOUNDATION INC 111 8TH AVE, FL 13 NEW YORK, NY 10011	35-2613390	501C3	25,000.	0.			FOLLOW-ON FUNDING
L & J EMPOWERMENT, INC. 701 WEST 7TH ST, SUITE 204 LITTLE ROCK, AR 72207	81-2177002	501C3	25,000.	0.			FOLLOW-ON FUNDING
MARIN COUNTRY COOP TEAM 2330 MARINSHIP WAY, SUITE 210 SAUSALITO, CA 94965	86-3792240	501C3	25,000.	0.			FOLLOW-ON FUNDING
MERCADO GLOBAL INC. 254 36TH STREET SUITE C308 BROOKLYN, NY 11232	20-1348926	501C3	25,000.	0.			FOLLOW-ON FUNDING
NATIVE RENEWABLES 3111 N. CADEN COURT, SUITE 130 FLAGSTAFF, AZ 86004	85-2285816	501C3	25,000.	0.			FOLLOW-ON FUNDING
OMPRAKASH FOUNDATION - DOSTI NETWORK - 2311 N. 45TH ST - SEATTLE, WA 98103	20-8655418	501C3	25,000.	0.			FOLLOW-ON FUNDING
OPEN COLLECTIVE FOUNDATION - COLLECTIVE DIASPORA - 340 S. LEMON AVE #3717 - WALNUT, CA 91789	81-4004928	501C3	25,000.	0.			FOLLOW-ON FUNDING
PILOTED FOUNDATION INC 1028 VIRGINIA AVE SUITE 202 INDIANAPOLIS, IN 46203	86-3318602	501C3	100,000.	0.			FOLLOW-ON FUNDING
PRACTICE MAKES PERFECT, INC. 25 BROADWAY, FL 12 NEW YORK, NY 10004	81-1307746	N/A	100,000.	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
REPAIRED NATIONS 2492 65TH AVE OAKLAND, CA 94605	87-2365856	N/A	25,000.	0.			FOLLOW-ON FUNDING
ROOTS STUDIO INC 4238 SAINT CHARLES AVE NEW ORLEANS, LA 70115	47-1901769	501C3	100,000.	0.			FOLLOW-ON FUNDING
ROSA ES ROJO 2605 FRANCES LN LITTLE ELM, TX 75068	81-3557997	501C3	25,000.	0.			FOLLOW-ON FUNDING
SCHOOL JUSTICE PROJECT, INC. 1111 14TH ST NW, SUITE 500 WASHINGTON, DC 20005	46-1625412	501C3	100,000.	0.			FOLLOW-ON FUNDING
SPRINGBOARD COLLABORATIVE 1500 JFL BLVD, SUITE #1160 PHILADELPHIA, PA 19102	45-3719806	501C3	100,000.	0.			FOLLOW-ON FUNDING
SUR LEGAL COLLABORATIVE PO BOX 1606 DECATUR, GA 30031	85-3545961	501C3	25,000.	0.			FOLLOW-ON FUNDING
TARJIMLY INC. 301 GREEN ACRES DR MURPHY, TX 75904	83-1030107	501C3	100,000.	0.			FOLLOW-ON FUNDING
THE APPELLATE PROJECT 1835 7TH ST NW #194 WASHINGTON, DC 20001	84-3852810	501C3	25,000.	0.			FOLLOW-ON FUNDING
THE EQUITY ALLIANCE PO BOX 331821 NASHVILLE, TN 37218	81-5394158	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
THE FORESTRY & FIRE RECRUITMENT PROGRAM - 110 WEST 6TH STREET #162 - AZUSA, CA 91702	83-0806426	501C3	25,000.	0.			FOLLOW-ON FUNDING
THREAD, INC. PO BOX 1584 BALTIMORE, MD 21203	84-1700955	N/A	100,000.	0.			FOLLOW-ON FUNDING
TOMORROW'S LEADERS NYC INC. 735 LINCOLN AVE APT 13E BROOKLYN, NY 11208	45-3943245	501C3	100,000.	0.			FOLLOW-ON FUNDING
TRUE FOUNDRY INC 5911 CECIL AVENUE WOODLAWN, MD 21207	88-2253940	501C3	25,000.	0.			FOLLOW-ON FUNDING
TUJENGE AFRICA FOUNDATION INC 81 WALL STREET NEW HAVEN, CT 06511	81-0996813	501C3	100,000.	0.			FOLLOW-ON FUNDING
VOCAL JUSTICE 601 WILLIAM STREET #134 OAKLAND, CA 94612	87-4314130	501C3	25,000.	0.			FOLLOW-ON FUNDING
WEIRD ENOUGH PRODUCTIONS 3639 TRINITY PLACE LITHONIA, GA 30038	82-1118409	501C3	100,000.	0.			FOLLOW-ON FUNDING
YOU ARE MORE THAN 532 MARLTON PIKE W. #726 MARLTON, NJ 08053	85-1725405	501C3	25,000.	0.			FOLLOW-ON FUNDING
BLACK LIBERATION FUND 75 PORT CITY LANDIN SUITE 110 MOUNT PLEASANT, SC 29464	85-1622249	501C3	9,000.	0.			SOCIAL INNOVATION CHALLENGE

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIASPORA ACADEMY 555 N. MAIN ST #1097 PROVIDENCE, RI 02910	85-3611815	501C3	9,000.	0.			SOCIAL INNOVATION CHALLENGE
FEMLY CORPORATION 858 S. MACON ST BALTIMORE, MD 21224	81-1228220	N/A	20,000.	0.			SOCIAL INNOVATION CHALLENGE
HEALING NINJAS, INC. 12 PARK ST, SUITE 227 BROOKLYN, NY 11206	85-3798249	N/A	9,000.	0.			SOCIAL INNOVATION CHALLENGE
INQUIRING SYSTEMS, INC. - FEED BLACK FUTURES - 887 SONOMA AVE #23 - SANTA ROSA, CA 95404	94-2524840	501C3	20,000.	0.			SOCIAL INNOVATION CHALLENGE
I-STARRT (INSTITUTE FOR THE SUSTAINABLE TRANSFER OF RENEWABLE RESOURCE TECH - 4916 DANNEEL ST - NEW ORLEANS, LA 70115	26-1306852	501C3	9,000.	0.			SOCIAL INNOVATION CHALLENGE
NARRATIO, INC. 125 CONCORD PLACE SYRACUSE, NY 13210	92-1150310	501C3	20,000.	0.			SOCIAL INNOVATION CHALLENGE
PLANTING PEOPLE GROWING JUSTICE, LLC - PO BOX 131894 - SAINT PAUL, MN 55113	47-4833750	N/A	9,000.	0.			SOCIAL INNOVATION CHALLENGE
RENCHER VENTURES, LLC 29155 NORTHWESTERN HIGHWAY SUITE 76 SOUTHFIELD, MI 48034	83-2356757	N/A	9,000.	0.			SOCIAL INNOVATION CHALLENGE
REPRESENT BLACK GIRLS 31 BURROUGHS WAY MAPLEWOOD, NJ 07040	191-80-5312	N/A	18,000.	0.			SOCIAL INNOVATION CHALLENGE

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
START EMPOWERMENT, INC. 9208 EVENING PRIMROSE PATH AUSTIN, TX 78750	82-4948443	501C3	9,000.	0.			SOCIAL INNOVATION CHALLENGE
THE EARNEST HOUSE LLC 7959 N. THORNYDALE RD #91111 TUCSON, AZ 85752	81-2828075	N/A	9,000.	0.			SOCIAL INNOVATION CHALLENGE
WELLTHI TECHNOLOGIES INC 80 M STREET SE WASHINGTON, DC 20003	47-4234332	N/A	500,000.	0.			SIGNAL FUND GRANT
BLOCPower LLC 1623 FLATBUSH AVE, BOX 222 BROOKLYN, NY 11210	46-1526893	N/A	176,285.	0.			FISCAL SPONSORSHIP
FREECAP FINANCIAL 172 BRYANT STREET, NW WASHINGTON, DC 20007	85-2517687	N/A	142,500.	0.			FISCAL SPONSORSHIP
PRACTICE MAKES PERFECT, INC. 25 BROADWAY, FL 12 NEW YORK, NY 10004	81-1307746	N/A	23,000.	0.			FISCAL SPONSORSHIP

**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	10	27,000.	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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(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)	395,006.	0.	0.	16,411.	10,823.	422,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHARYANNE MCSWAIN CHIEF OPERATING OFFICER	(i)	279,544.	0.	0.	0.	23,710.	303,254.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KIMBERLY OSAGIE VP OF PROGRAMS	(i)	209,608.	0.	0.	3,609.	12,023.	225,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH MUELLER VP OF THOUGHT LEADERSHIP	(i)	194,113.	0.	0.	14,428.	34,511.	243,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAMILA PAZOS DIRECTOR OR INVESTMENTS	(i)	90,405.	0.	83,301.	6,800.	9,579.	190,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOANNA HELOU CHIEF OF STAFF	(i)	151,430.	0.	0.	3,120.	16,746.	171,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TIFFANY THOMPSON SENIOR DIR, PARTNERHIPS & EQUITY	(i)	135,664.	10,000.	0.	5,935.	10,823.	162,422.	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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ECHOING GREEN, INC.

Employer identification number

13-3424419

FORM 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:

SEARCH; INVESTING MILLIONS OF SEED FUNDING IN AND PROVIDING SUPPORT TO  
THEIR EMERGING SOCIAL ENTERPRISES THROUGH A RENOWNED AND HIGHLY  
COMPETITIVE FELLOWSHIP PROGRAM; AND CONNECTING THESE LEADERS TO THE  
ECHOING GREEN AND BROADER SOCIAL INNOVATION COMMUNITIES. FOR OVER 35  
YEARS, WE HAVE ANNUALLY IDENTIFIED THOUSANDS OF SOCIAL IMPACT  
INNOVATORS, INVESTED DEEPLY IN THEIR SUCCESS TO ACCELERATE THEIR  
IMPACT, AND BUILT A NETWORK OF MORE THAN 1,000 BEST-IN-CLASS SOCIAL  
ENTREPRENEURS AROUND THE WORLD, INCLUDING TEACH FOR AMERICA, TEACH FOR  
ALL, LAST MILE HEALTH, GIRLTREK, VILLAGE OF WISDOM, SHINING HOPE FOR  
COMMUNITIES, GOOD CALL, NEIGHBORHOOD BENCHES, AND HUNDREDS OF OTHERS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ECHOING GREEN CREATED THE SIGNAL FUND DURING FISCAL YEAR 2023. THE  
SIGNAL FUND IS STRUCTURED TO MAKE CATALYTIC CAPITAL AVAILABLE TO  
ECHOING GREEN'S SOCIAL IMPACT LEADERS WHO HAVE DEVELOPED THEIR  
ORGANIZATIONS OVER FIVE TO TEN YEARS. ECHOING GREEN EXPECTS ITS CAPITAL  
INVESTMENTS TO ADVANCE IMPACT MILESTONES FOR INNOVATORS AND LEVERAGE  
SIGNIFICANT LEVELS OF CO-INVESTMENT INTO ECHOING GREEN ALUMNI SOCIAL  
ENTERPRISES.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization ECHOING GREEN, INC.	Employer identification number 13-3424419
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## FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CORPORATE, COMMUNITY, AND ACADEMIC PARTNERS TO BUILD ONRAMPS TO THE SOCIAL INNOVATION SECTOR FOR STUDENTS AND YOUNG PROFESSIONALS, WITH AN EMPHASIS ON REACHING WOMEN AND LEADERS OF COLOR.

FELLOWS ARE PROVIDED WITH LEADERSHIP DEVELOPMENT TRAINING, WELLBEING AND WELLNESS SUPPORT, AND JOIN A THRIVING ECOSYSTEM OF SOCIAL INNOVATION THAT INCLUDES MORE THAN 1000+ BEST-IN CLASS ECHOING GREEN'S FELLOWS, LEADERSHIPS, STAFF, INVESTORS, AND EXTERNAL PARTNERS TO ENSURE THAT THEIR ENDEAVORS ARE SUSTAINABLE WELL BEYOND THE FELLOWSHIP PROGRAM. IN SUPPORTING ALUMNI, ECHOING GREEN PROVIDES FOLLOW-ON FUNDING GRANTS, NEARLY \$4M, IN FISCAL YEAR 2023 AS AN ADDITIONAL CAPITAL INVESTMENT TO LEADERS BATTLING GLOBAL INEQUITY.

ECHOING GREEN CREATED THE SIGNAL FUND DURING FISCAL YEAR 2023. THE SIGNAL FUND IS STRUCTURED TO MAKE CATALYTIC CAPITAL AVAILABLE TO ECHOING GREEN'S SOCIAL IMPACT LEADERS WHO HAVE DEVELOPED THEIR ORGANIZATIONS OVER FIVE TO TEN YEARS. ECHOING GREEN EXPECTS ITS CAPITAL INVESTMENTS TO ADVANCE IMPACT FOR INNOVATORS AND LEVERAGE SIGNIFICANT LEVELS OF CO-INVESTMENT INTO ECHOING GREEN ALUMNI SOCIAL ENTERPRISES.

## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NEW FELLOW APPLICATION REVIEW AND FINALIST SELECTION PROCESS; AND WORKSHOPS FOR EMPLOYEES LED BY ECHOING GREEN'S LEADERSHIP FOCUSED ON NONPROFIT GOVERNANCE AND SERVING ON A NONPROFIT BOARD.

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

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

EXPENSES \$ 1,647,239. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 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.

Name of the organization

ECHOING GREEN, INC.

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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 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

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

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

CHANGE IN GRANTS PAYABLE DISCOUNT	27,542.
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