

Return of Organization Exempt From Income Tax

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

2024

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 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing organization name (ECHOING GREEN, INC.), EIN (13-3424419), address (350 FIFTH AVENUE, NEW YORK, NY 10118), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block section with fields for officer signature (SHARYANNE MCSWAIN), preparer name (JENNIFER COATES), and firm information (LUTZ AND CARR, CPAS LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 DISCOVERS EMERGING LEADERS AND INVESTS DEEPLY IN THE GROWTH OF THEIR IDEAS. FOR OVER 35 YEARS, WE'VE BUILT A BROAD, DYNAMIC ECOSYSTEM TO SUPPORT THESE LEADERS AS THEY SOLVE THE WORLD'S BIGGEST PROBLEMS.

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

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

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

4a (Code:) (Expenses \$ 12,482,008. including grants of \$ 4,428,000.) (Revenue \$ 50,000.) FELLOWSHIP AND ALUMNI PROGRAM:

THE FELLOWSHIP PROGRAM BEGINS WITH A STRATEGIC AND THOUGHTFUL GLOBAL SEARCH FOR EMERGING SOCIAL LEADERS WHO ARE FROM THE COMMUNITIES THEY SERVE. THROUGH THIS SEARCH PROCESS, ECHOING GREEN IDENTIFIES TRANSFORMATIONAL LEADERS WHO ARE OFTEN OVERLOOKED BY TRADITIONAL FUNDING SOURCES.

FELLOWS ARE PROVIDED WITH LEADERSHIP DEVELOPMENT TRAINING, WELLBEING AND WELLNESS SUPPORT, AND JOIN A THRIVING INNOVATION ECOSYSTEM THAT INCLUDES MORE THAN 1000 BEST-IN CLASS ECHOING GREEN FELLOWS, STAFF, AND EXTERNAL PARTNERS TO ENSURE THAT THEIR ENDEAVORS ARE SUSTAINABLE WELL

4b (Code:) (Expenses \$ 1,140,447. including grants of \$) (Revenue \$) FIELD BUILDING:

ECHOING GREEN BRINGS TOGETHER AND WORKS ALONGSIDE A COHORT OF SECTOR LEADERS TO DEVELOP A SHARED AGENDA AMONG GLOBAL FIELD INTERMEDIARIES AND ACADEMICS, FOSTERING RECOGNITION, TRUST, AND INVESTMENT FROM GLOBAL INFLUENCERS TO DRIVE MEANINGFUL IMPACT AT SCALE.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 13,622,455.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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 [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

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.
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

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) ESTHER T. BENJAMIN CO-CHAIR (FROM 1/1/25)	1.00	X		X				0.	0.	0.
(2) MARIE KELLY CO-CHAIR (THRU 12/31/24)	1.00	X		X				0.	0.	0.
(3) CARTER MCCLELLAND CO-CHAIR	1.00	X		X				0.	0.	0.
(4) CHERYL DORSEY PRESIDENT	40.00	X		X			424,588.	0.	34,462.	
(5) PEGGY SEGAL SECRETARY	1.00	X		X				0.	0.	0.
(6) NOAH WALLEY TREASURER	1.00	X		X				0.	0.	0.
(7) DAVID HODGSON BOARD MEMBER	1.00	X						0.	0.	0.
(8) HUGH MOLOTSI BOARD MEMBER	1.00	X						0.	0.	0.
(9) JANIECE EVANS-PAGE BOARD MEMBER	1.00	X						0.	0.	0.
(10) LAURA WEIDMAN POWERS BOARD MEMBER	1.00	X						0.	0.	0.
(11) MARY ARMSTRONG BOARD MEMBER	1.00	X						0.	0.	0.
(12) MAYA AJMERA BOARD MEMBER	1.00	X						0.	0.	0.
(13) MELINDA WOLFE BOARD MEMBER	1.00	X						0.	0.	0.
(14) RAFIQ KALAM ID-DIN BOARD MEMBER	1.00	X						0.	0.	0.
(15) RAJ PANJABI BOARD MEMBER	1.00	X						0.	0.	0.
(16) SHIVANI SIROYA BOARD MEMBER	1.00	X						0.	0.	0.
(17) WILLIAM M. LEWIS, JR. 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) SHARYANNE MCSWAIN CHIEF OPERATING OFFICER	40.00			X				340,998.	0.	31,512.
(19) KIMBERLY OSAGIE VP, PROGRAMS (THROUGH 8/19/24)	40.00					X		276,145.	0.	983.
(20) ELIZABETH MUELLER VICE PRESIDENT, THOUGHT LEADERSHIP	40.00					X		264,221.	0.	19,564.
(21) KATHLEEN DUFF VICE PRESIDENT, DEVELOPMENT	40.00					X		211,427.	0.	25,118.
(22) SWANAJANI SUSENO SENIOR DIRECTOR, FINANCE	40.00					X		192,007.	0.	15,037.
(23) STACY D.M. LEWIS MANAGING DIRECTOR, TALENT	40.00					X		190,563.	0.	31,651.
1b Subtotal								1,899,949.	0.	158,327.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,899,949.	0.	158,327.

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 19

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ANGEL CITY ADVISORS LLC 6141 BARROWS DRIVE, LOS ANGELES, CA 90048	SOCIAL INNOVATION ECOSYSTEM CONSULTING	749,760.
COMMUNITY COUNSELING SERVICE CO, LLC, 527 MADISON AVE 5TH FLOOR, NEW YORK, NY 10022	FUNDRAISING CONSULTING	370,800.
THE WAKEMAN AGENCY, 445 HAMILTON AVENUE SUITE 1102, WHITE PLAINS, NY 10601	PUBLIC RELATION SUPPORT	240,000.
NEHISI VENTURES LLC 111 E. YOUNG STREET, TULSA, OK 74106	KNOWLEDGE MANAGEMENT	195,525.
WIN SOLUTIONS LLC, 457 MOUNT AUBURN ST APT 7, CAMBRIDGE, MA 02138	PROGRAM ASSESSMENT	194,400.

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 6

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	107,034.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,325,940.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			10,432,974.			
Program Service Revenue	2 a PROGRAM REVENUE	Business Code					
		900099	50,000.	50,000.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			50,000.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,881,380.			1881380.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	11,103,529.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	10,729,454.				
	c Gain or (loss)	7c	374,075.				
	d Net gain or (loss)			374,075.		374,075.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	13,753.			13,753.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			13,753.				
12 Total revenue. See instructions			12,752,182.	50,000.	0.	2269208.	

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	2,646,500.	2,646,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	16,500.	16,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,765,000.	1,765,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	833,101.	531,117.	218,674.	83,310.
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	4,428,067.	2,620,110.	848,425.	959,532.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	177,815.	114,676.	30,083.	33,056.
9 Other employee benefits	593,631.	391,101.	93,194.	109,336.
10 Payroll taxes	684,696.	447,852.	114,691.	122,153.
11 Fees for services (nonemployees):				
a Management	2,923,823.	2,340,630.	409,866.	173,327.
b Legal	186,885.	43,152.	140,625.	3,108.
c Accounting	41,947.		41,947.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	473,770.			473,770.
f Investment management fees	59,254.		59,254.	
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	182,085.	120,234.	24,740.	37,111.
14 Information technology	578,771.	396,864.	82,330.	99,577.
15 Royalties				
16 Occupancy	369,494.	242,582.	49,725.	77,187.
17 Travel	530,958.	393,427.	70,579.	66,952.
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	13,920.	9,187.	1,810.	2,923.
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 EVENT FEES & CATERING	1,450,812.	1,418,132.	11,962.	20,718.
b OTHER EXPENSES	179,439.	125,391.	31,258.	22,790.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	18,136,468.	13,622,455.	2,229,163.	2,284,850.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	
Assets	1 Cash - non-interest-bearing	12,636,282.	1	2,218,517.	
	2 Savings and temporary cash investments	12,771,372.	2	13,133,147.	
	3 Pledges and grants receivable, net	13,496,924.	3	11,036,283.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	1,004,337.	9	723,118.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 548,947.			
	b Less: accumulated depreciation	10b 338,490.	11,927.	10c 210,457.	
	11 Investments - publicly traded securities	30,533,675.	11	33,451,195.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11	1,147,512.	13	4,317,810.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2,788,987.	15	2,479,111.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	74,391,016.	16	67,569,638.		
Liabilities	17 Accounts payable and accrued expenses	885,404.	17	814,145.	
	18 Grants payable	4,987,393.	18	3,306,569.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,703,812.	25	2,769,621.	
	26 Total liabilities. Add lines 17 through 25	8,576,609.	26	6,890,335.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	40,630,812.	27	43,582,105.	
	28 Net assets with donor restrictions	25,183,595.	28	17,097,198.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	65,814,407.	32	60,679,303.	
33 Total liabilities and net assets/fund balances	74,391,016.	33	67,569,638.		

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	12,752,182.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,136,468.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,384,286.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,814,407.
5	Net unrealized gains (losses) on investments	5	275,358.
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	-26,176.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	60,679,303.

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		

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55487644.	19582541.	29032032.	17770880.	10432974.	132306071
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	55487644.	19582541.	29032032.	17770880.	10432974.	132306071
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						42668882.
6 Public support. Subtract line 5 from line 4.						89637189.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	55487644.	19582541.	29032032.	17770880.	10432974.	132306071
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	68,701.	83,220.	723,571.	1955976.	1881380.	4712848.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	28,579.	9,602.	15,810.	2,437.	13,753.	70,181.
11 Total support. Add lines 7 through 10						137089100
12 Gross receipts from related activities, etc. (see instructions)					12	257,000.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	65.39 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	67.73 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

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 in 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	13,006.	15,123.	8,754.		113.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,006.	15,123.	8,754.		113.
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		195,676.	8,060.	187,616.
d Equipment		18,410.	10,946.	7,464.
e Other		334,861.	319,484.	15,377.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				210,457.

Part VII Investments - Other Securities

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

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

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) RECOVERABLE GRANTS	714,852.	COST
(2) NOTES RECEIVABLE	3,052,958.	COST
(3) INVESTMENT IN EQUITY		
(4) SECURITIES	550,000.	COST
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	4,317,810.	

Part IX Other Assets

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

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

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	2,769,621.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,769,621.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	13,073,791.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	275,358.
b	Donated services and use of facilities	2b	105,505.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	380,863.
3	Subtract line 2e from line 1	3	12,692,928.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,254.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	59,254.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,752,182.

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

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

1	Total expenses and losses per audited financial statements	1	18,208,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	105,505.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	26,176.
e	Add lines 2a through 2d	2e	131,681.
3	Subtract line 2e from line 1	3	18,077,214.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,254.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	59,254.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,136,468.

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 26,176.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization ECHOING GREEN, INC.	Employer identification number 13-3424419
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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	50,000.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	175,000.
EAST ASIA AND THE PACIFIC	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	200,000.
NORTH AMERICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	50,000.
EUROPE	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	275,000.
SOUTH AMERICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	100,000.
SUB SAHARAN AFRICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	815,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	100,000.
3 a Subtotal	0	0			1,765,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,765,000.

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

Schedule F (Form 990) (Rev. 12-2024)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC EAST ASIA AND THE PACIFIC	FELLOWSHIP	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	100,000.	WIRE	0.		
		SOUTH AMERICA	FELLOWSHIP	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP	100,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	FELLOWSHIP	100,000.	WIRE	0.		
		SOUTH ASIA	FELLOWSHIP	100,000.	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 **18**

3 Enter total number of other organizations or entities **14**

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)	FELLOWSHIP	100,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	FOLLOW-ON FUNDING	100,000.	WIRE	0.		
		SOUTH ASIA	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.		
		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.		
		CENTRAL AMERICA AND THE CARIBBEAN	FOLLOW-ON FUNDING	50,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		NORTH AMERICA	FOLLOW-ON FUNDING	50,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW-ON FUNDING	50,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOLLOW-ON FUNDING	50,000.	WIRE	0.		
		SOUTH ASIA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		SOUTH ASIA	FOLLOW-ON FUNDING	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	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)
		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.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SIGNAL FUND GRANT	150,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FISCAL SPONSORSHIP	8,000.	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 the 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 the 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 the 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 the 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 the 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 the 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.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

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

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

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

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

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

Name _____

Address _____

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

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO., LLC

(I) ADDRESS OF FUNDRAISER: 527 MADISON AVE, 5TH FLOOR, NEW YORK, NY 10022

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CENTER FOR BLACK SOUTHERN CULTURE 12 N. IDLEWILD ST MEMPHIS, TN 38104	99-2097200	501C3	100,000.	0.			FELLOWSHIP
CONCONNECT HOLDING CORP 45 MAIN STREET SUITE 1709 YONKERS, NY 10701	87-4631151	N/A	100,000.	0.			FELLOWSHIP
HALCYON HOUSE-BLUE FILTER 3400 PROSPECT ST NW WASHINGTON, DC 20007	81-4819533	501C3	100,000.	0.			FELLOWSHIP
HEALTH IN HER HUE 8 W. 12TH STREET NEW YORK, NY 10027	85-2465420	N/A	100,000.	0.			FELLOWSHIP
NEW VOTERS 2060 ST. ANDREWS DR BERWYN, PA 19312	82-5164657	501C3	100,000.	0.			FELLOWSHIP
NUTRIBLE INC 5210 ELK TRAIL DR BLACK JACK, MO 63033	88-2673175	N/A	100,000.	0.			FELLOWSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 22.

3 Enter total number of other organizations listed in the line 1 table 19.

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

Schedule I (Form 990) (Rev. 12-2024)

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
SAMI HEALTH 4901 E. I STREET TACOMA, WA 98404	39-3470948	N/A	100,000.	0.			FELLOWSHIP
SOCIAL & ENVIRONMENTAL ENTREPRENEURS-AI4ABOLITION - 23564 CALABASAS ROAD, SUITE 201 - CALABASAS, CA 91302	95-4116679	501C3	100,000.	0.			FELLOWSHIP
SOUTHERN MOVEMENT COMMITTEE 5611 OHIO AVE A NASHVILLE, TN 37209	87-2184390	501C3	100,000.	0.			FELLOWSHIP
TRUBEL&CO 8 THE GREEN, SUITE 4739 DOVER, DE 19901	88-3957547	501C3	100,000.	0.			FELLOWSHIP
VULVAI 1728 UPAS ST SAN DIEGO, CA 92103	99-0667239	N/A	100,000.	0.			FELLOWSHIP
ACCOUNTABILITY LAB INC 1100 13TH STREET NW, SUITE 800 WASHINGTON, DC 20005	45-4613016	N/A	25,000.	0.			FOLLOW-ON FUNDING
ASYLUM SEEKER ADVOCACY PROJECT (ASAP) - 228 PARK AVE S #84810 - NEW YORK, NY 10003	83-3011862	501C3	50,000.	0.			FOLLOW-ON FUNDING
ATUTU 4416 TALLE WAY DUBLIN, CA 94568	84-4376999	501C3	50,000.	0.			FOLLOW-ON FUNDING
CATALIZADORA LLC 8 THE GREEN SUITE B DOVER, DE 19901	38-4326216	N/A	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
DARRIS CONSULTING LLC 3150 EXCELSIOR BLVD #111 MINNEAPOLIS, MN 55416	85-3441649	N/A	25,000.	0.			FOLLOW-ON FUNDING
DC JUSTICE LAB 1200 U STREET NW WASHINGTON, DC 20009	84-3479025	501C3	25,000.	0.			FOLLOW-ON FUNDING
ENJOY THE BABY, LLC 1613 IRVING PLACE CREEDMOOR, NC 27522	84-4671701	N/A	25,000.	0.			FOLLOW-ON FUNDING
FAMILY MATTERS 1ST 203 CONCORD TURNPIKE ROAD, SUITE 13 CAMBRIDGE, MA 02140	92-2896911	501C3	25,000.	0.			FOLLOW-ON FUNDING
FEDERATION OF AMERICAN SCIENTISTS - FLI SCI - 1112 16TH STREET NW SUITE 600 - WASHINGTON, DC 20036	23-7185827	501C3	25,000.	0.			FOLLOW-ON FUNDING
GIVE DIGNIFIED WORK, INC 8 THE GREEN ST R DOVER, DE 19901	37-2097010	N/A	25,000.	0.			FOLLOW-ON FUNDING
INQUIRING SYSTEM INC - FEED BLACK FUTURES - 887 SONOMA AVE #23 - SANTA ROSA, CA 95404	94-2524840	501C3	25,000.	0.			FOLLOW-ON FUNDING
LOOP CLOSING 2120 VERMONT AVE NW APT 317 WASHINGTON, DC 20001	82-2189927	N/A	50,000.	0.			FOLLOW-ON FUNDING
MALIKAH INC 2117 BROADWAY, PO BOX 6347 ASTORIA, NY 11106	47-1277862	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
NEW GROWTH INNOVATION NETWORK 2103 CORAL WAY SUITE 200 MIAMI, FL 33145	83-1833081	501C3	50,000.	0.			FOLLOW-ON FUNDING
OMENA INC 232 BROWN ST PROVIDENCE, RI 02906	87-1903805	501C3	25,000.	0.			FOLLOW-ON FUNDING
PARITY LAB INC 208 W. STATE ST TRENTON, NJ 08608	87-1751365	501C3	25,000.	0.			FOLLOW-ON FUNDING
PEER DEFENSE PROJECT INC. 10 HALLETS POINT APT 1501 ASTORIA, NY 11102	88-1359120	N/A	50,000.	0.			FOLLOW-ON FUNDING
PHOTO PATCH FOUNDATION INC 1578 AVENUE PL ATLANTA, GA 30329	47-2795597	N/A	50,000.	0.			FOLLOW-ON FUNDING
SANITATION AND HEALTH RIGHTS IN INDIA - 48 FAIRWAY OAKS DR - NEW ORLEANS, LA 70131	81-1209372	501C3	50,000.	0.			FOLLOW-ON FUNDING
SOLAR TURBINE GROUP INTERNATIONAL PO BOX 398059 CAMBRIDGE, MA 02139	76-0834919	N/A	25,000.	0.			FOLLOW-ON FUNDING
SPEETAR INC 1209 ORANGE ST WILMINGTON, DE 19801	36-4970061	N/A	25,000.	0.			FOLLOW-ON FUNDING
TASSELTURN 4455 SOUTH KING DR 1018 CHICAGO, IL 60653	86-1787538	501C3	50,000.	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 APPELLATE PROJECT 1835 7TH ST NW #194 WASHINGTON, DC 20001	84-3852810	501C3	50,000.	0.			FOLLOW-ON FUNDING
THE STEAM CONNECTION 330 MAPLE ROAD, SUITE B TROY, MI 48083	85-2936182	501C3	25,000.	0.			FOLLOW-ON FUNDING
VILLAGE OF WISDOM 600 E. UMSTEAD ST DURHAM, NC 27701	47-2060936	N/A	25,000.	0.			FOLLOW-ON FUNDING
VOCAL JUSTICE 601 WILLIAM STREET #134 OAKLAND, CA 94612	87-4314130	501C3	50,000.	0.			FOLLOW-ON FUNDING
EVMATCH INC. 390 WHEELER AVE REDWOOD CITY, CA 94061	81-3801770	N/A	250,000.	0.			SIGNAL FUND GRANT
SKS FOUNDATION - CLIMATENZA 775 LONGBOAT CLUB ROAD, SUITE 806 LONGBOAT KEY, FL 34228	36-4349951	501C3	50,000.	0.			SIGNAL FUND GRANT
WELLTHI TECHNOLOGIES INC 80 M ST SE WASHINGTON, DC 20003	47-4234332	N/A	250,000.	0.			SIGNAL FUND GRANT
FRECAP FINANCIAL 172 BRYANT STREET, NW WASHINGTON, DC 20007	85-2517687	N/A	90,000.	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
SPECIAL CASH ASSISTANCE	2	16,500.	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 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

Part IV Supplemental Information

PROFESSIONAL LIVES. IN ADDITION, ECHOING GREEN GIVES ITS ALUMNI OPPORTUNITIES TO PARTICIPATE IN THE FELLOW SEARCH AND SELECTION PROCESS.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
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?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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Schedule J (Form 990) (Rev. 12-2024)

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)	424,588.	0.	0.	17,207.	17,255.	459,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHARYANNE MCSWAIN CHIEF OPERATING OFFICER	(i)	315,998.	25,000.	0.	0.	31,512.	372,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KIMBERLY OSAGIE VP, PROGRAMS (THROUGH 8/19/24)	(i)	160,371.	0.	115,774.	0.	983.	277,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH MUELLER VICE PRESIDENT, THOUGHT LEADERSHIP	(i)	239,221.	25,000.	0.	17,911.	1,653.	283,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHLEEN DUFF VICE PRESIDENT, DEVELOPMENT	(i)	211,427.	0.	0.	10,343.	14,775.	236,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SWANAJANI SUSENO SENIOR DIRECTOR, FINANCE	(i)	182,007.	10,000.	0.	12,091.	2,946.	207,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STACY D.M. LEWIS MANAGING DIRECTOR, TALENT	(i)	180,563.	10,000.	0.	13,660.	17,991.	222,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

KIMBERLY OSAGIE (VICE PRESIDENT, PROGRAMS) RECEIVED A SEVERANCE OF \$112,477
IN CALENDAR YEAR 2024.

SCHEDULE O
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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 REVIEWERS AS WELL AS FELLOWSHIP FINALIST JUDGES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BEYOND THE FELLOWSHIP PROGRAM. IN SUPPORTING PROGRAM ALUMNI, ECHOING GREEN PROVIDES FOLLOW-ON FUNDING GRANTS, NEARLY \$1.6M, IN FISCAL YEAR 2025 AS AN ADDITIONAL CAPITAL INVESTMENT.

THE SIGNAL FUND IS STRUCTURED TO MAKE CATALYTIC CAPITAL AVAILABLE TO ECHOING GREEN'S INNOVATIVE LEADERS WHO HAVE DEVELOPED THEIR ORGANIZATIONS OVER FIVE TO TEN YEARS. SIGNAL FUND BRIDGES THE CAPITAL ACCESS GAP THROUGH INVESTMENTS THAT ARE PATIENT, SAFER, AND MORE FLEXIBLE THAN TRADITIONAL MODELS.

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.

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, THE VICE PRESIDENT OF FINANCE & OPERATIONS, AND THE FINANCE COMMITTEE, AND

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Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization ECHOING GREEN, INC.	Employer identification number 13-3424419
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IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

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

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

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

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE, WWW.ECHOINGGREEN.ORG, AFTER FORMAL APPROVAL. OTHER ORGANIZATIONAL DOCUMENTS ARE MADE AVAILABLE ON REQUEST.

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

CHANGE IN GRANTS PAYABLE DISCOUNT	-26,176.
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