

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493132009356

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginning	, 07-01-2014 , and ending 06-30)-2015			
B Ch	eck ıf a	pplicable	C Name of organization ECHOING GREEN INC			D Emplo	yer ident	tification number
☐ Ad	dress cl	hange				13-34	24419	
┌ Na	me cha	inge	Doing business as					
┌ Inr	ial retu	ım				F Telenho	one numb	er
Fir			Number and street (or P O box if m 462 7TH AVENUE 13TH FLOOR	ail is not delivered to street address) Ro	om/suite	· ·		
		mınated				(212)	689-11	165
_	ended	return n pending	City or town, state or province, cour NEW YORK, NY 10018	ntry, and ZIP or foreign postal code		G Gross r	eceipts \$	9,108,824
, 74	Jileatioi	n penang			1			
			F Name and address of prin	cipal officer	H(a)	Is this a group subordinates?	return f	for □ Yes 🔽 No
			462 7TH AVENUE 13TH FL	OOR		Suborumates		
			NEWYORK, NY 10018		H(b)	Are all subordi	nates	Γ Y es Γ No
Ta	x-exen	npt status	5	nsert no)		included? If "No," attach	a list (:	see instructions)
	ebsite	e: - W\	WW ECHOINGGREEN ORG		H(c)	Group exempt	ion num	ber ►
<u></u>	6		n 🔽 Corporation 🗆 Trust 🗀 Association	. Гон .		ar of formation 19	<u> </u>	State of legal domicile NY
	n or or rt I		n p Corporation Trust Association	n Other F	L Ye	ar of formation 19	87 M S	tate of legal domicile. NY
Га			-					
			describe the organization's missio TING TOP EMERGING SOCIAL E	-	NNOVATIVE	SOCIAL CHA	NGE WO	RLDWIDE
9								
ĕ								
Ë	,	Chack t	this how by if the organization dis	continued its operations or dispe	sad of more	than 2 En/ of its	not acc	otc .
Governance		Спеск	this box দ if the organization dis	scontinued its operations or dispo	sea or more	tnan 25% orits	net ass	ets
	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			3	23
8	4	Number	of independent voting members of	of the governing body (Part VI, lin	ne 1 b)		4	22
Ē	5	Total nu	ımber of ındıvıduals employed ın o	calendar year 2014 (Part V, line 2	2a)		5	37
Activities &	6	Total nu	ımber of volunteers (estımate ıf n	ecessary)			6	721
•	7a	Total ur	nrelated business revenue from P	art VIII, column (C), line 12 .			7a	0
	b	Net unr	elated business taxable income fr	om Form 990-T, line 34	<u> </u>		7b	0
						Prior Year		Current Year
gı	8		ributions and grants (Part VIII, lir			17,872,		8,653,858
Revenue	9	O Investment income (Part VIII, column (A), lines 3, 4, and 7d)					265	250,018
Š	10						942	4,975
		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)						91,450
	12							9,000,301
	13		s and sımılar amounts paıd (Part		I .	3,944,	99	4,160,060
	14	Bene	fits paid to or for members (Part I	X, column (A), line 4)			0	0
a b	15		ies, other compensation, employe	e benefits (Part IX, column (A), l	ines	3,002,	589	3,691,183
Expenses	16a	5-10 Profe) ssional fundraising fees (Part IX,	column (A.) line 11e)		111,	548	104,394
<u>₹</u>			undraising expenses (Part IX, column (D)		· ·		-	201/051
五	b							
	17		r expenses (Part IX, column (A), l			2,061,		3,320,129
	18		expenses Add lines 13-17 (mus		•	9,119,		11,275,766
	19	ĸeve	nue less expenses Subtract line	TO HOIH HUG TZ		9,387, ginning of Curre		-2,275,465
Not Assets or Fund Balances					Beg	Year		End of Year
326	20	Total	assets (Part X, line 16)		. [19,215,	397	17,728,888
절	21	Total	liabilities (Part X, line 26)			4,473,	213	5,266,994
žÏ	22	Neta	ssets or fund balances Subtract	line 21 from line 20		14,742,	584	12,461,894
Pa	rt II	Sig	nature Block					
my k	nowle	dge and	perjury, I declare that I have exa belief, it is true, correct, and com knowledge					
		***	***			2016-04-27		
Sigr	1	IB	nature of officer			Date		
Her			RYL DORSEY PRESIDENT					
		17	e or print name and title					
	_		Print/Type preparer's name FREDERICK MARTENS	Preparer's signature FREDERICK MARTENS	Date	Check If self-employed	PTIN P002981	.07
Paid		t	Firm's name LUTZ AND CARR CPAS		1	Firm's EIN F 1		
	pare		Firm's address ► 300 EAST 42ND STREET	-		Phone no (212) 607 <u>-</u> 220	99
Use	On	ly				1 110116 110 (212	, 091-225	, ,
		1	NEW YORK, NY 10017			1		

✓ Yes ☐ No

orm	990 (2014)						Page
Part	Ш		of Program Service ule O contains a respon			s Part III .		
1	Briefl		rganization's mission					
ECHO ALMO AND AROU WORI DRGA SEED	OING (OST 2! FUND JND T KTO S ANIZA SCH(NGEM/	GREEN UNLEAS SYEARS AGO B ING PROMISIN HE WORLD SIN GOLVE DEEPLY- TIONS WE HEL DOL, GLOBAL F AKING BY SUPP	HES NEXT GENERATION OF THE PRIVATE EQUITION, ENTER ITS INCEPTION, ENTER ITS INCEPTION, ENTER ITS INCEPTION, ENTER ITS INCENTION OF THE PED LAUNCH INCLUDION FOR CHILDREN APPORTING YOUNG PEOF	TY FIRM, GIEURS TO HE CHOING GINTHE WOFE TEACH FOND HUNDRELE TO SEL	ENERAL ATLA HELP THEM LA REEN HAS IN\ RLD THROUGH DR AMERICA, EDS OF OTHE ECT CAREERS	NTIC, WE HA' UNCH INNO V ESTED IN NI THEIR INNO CITY YEAR, C RS WE ALSO IN SOCIAL (BIGGEST PROBLEMS SI VE FOCUSED OUR EFFO /ATIVE SOCIAL CHANG EARLY 500 SOCIAL ENT VATIVE IDEAS AMONG GENOCIDE INTERVENTI WORK TO BUILD A ROB CHANGE, WORKING WIT THAT BUILDS OUR FIE	RTS ON IDENTIFYING E ORGANIZATIONS REPRENEURS WHO THE ON NETWORK, THE SUST ECOSYSTEM OF THE ONORS TO
	the pr	or Form 990 or	ndertake any significant		ervices during t	he year which	were not listed on	┌ Yes ┌ No
3	Did th		se new services on Scho ease conducting, or mal		nt changes in h	ow it conducts	, any program	┌ Yes ┌ No
	If"Ye	s," describe the	se changes on Schedule	: O				
4	exper	ses Section 50		rganızatıons	are required t	o report the ar	gest program services, as nount of grants and alloca	
4a	(Code	e) (Expenses \$	7,283,470	ıncludıng grants	of \$	4,160,060) (Revenue \$	321,851)
	ENTR TO NI TWO- ORGA DEVE PART	EPRENEURS TO HEL EARLY 500 SOCIAL E YEAR ECHOING GRI INIZATIONS AND BUI LOPMENT STIPEND, NERSHIPS TO HELP	P THEM LAUNCH INNOVATIVE INTREPRENEURS WHO WORK EEN FELLOWSHIP PROGRAM, ILD CAPACITY WE OFFER GR ACCESS TO CONFERENCES L	SOCIAL CHAN TO SOLVE DEE WE PROVIDE S ANTS OF UP TO ED BY ORGANI AND A COMMU	GE ORGANIZATION EP-ROOTED PROBL TART-UP CAPITAL O \$90,000, A HEAL ZATIONAL DEVELOI JNITY OF LIKE-MIN	IS WORLDWIDE ' EMS IN THE WOR AND TECHNICAL TH INSURANCE R PMENT EXPERTS, IDED SOCIAL ENT	TIFYING AND FUNDING PROMI: WE'VE INVESTED CLOSE TO \$30 RLD THROUGH THEIR INNOVATI ASSISTANCE TO HELP NEW LEA REIMBURSEMENT STIPEND, A YE ACCESS TO TECHNICAL SUPPO REPRENEURS AND PUBLIC SER) MILLION IN SEED FUNDING VE IDEAS THROUGH OUR (DERS LAUNCH THEIR EARLY PROFESSIONAL IRT AND PRO BONO
	(0.1) (B	2.504.)
4b	MOBI WORI JUNIO	H ENGAGEMENT - A LIZATION OF YOUNG K ON PURPOSE, WH DR BOARD, THE SOC	G PROFESSIONALS INTO CARE ICH DELVES MORE DEEPLY IN	ERS OF SOCIA TO THE LIFE J D PARTNER WI	L CHANGE THE AC OURNEYS AND LES TH ECHOING GRE	UTH ACTIVITY ON TIVITIES INCLUD SONS OF TOP SO EN AND OUR FELL) (Revenue \$ SOCIAL ENTREPRENEURSHIP, E PUBLISHING OUR NEW, 2ND- CIAL ENTREPRENEURS, EXPANI OWS AND DEVELOPING ECHOIM	EDITION "BE BOLD" BOOK, DING ECHOING GREEN'S
4c	SUCC KNOV INVES REGIO OTHE INVES	CT INVESTING - THE SESS BY MAKING IN VLEDGE AND DATA O STMENT COMMUNIT: ONAL SITE VISITS AN RS TO JOIN US AND STMENT READINESS	EASIER FOR EMERGING SOCI ON THE STATE OF EMERGING IES BY HIGHLIGHTING BOTH (ID THOUGHT LEADERSHIP, W ALSO PROVIDE FOLLOW-ON SUPPORT FOR FELLOWS WHO	AL ENTREPREN SOCIAL INNOV CHALLENGES A E ARE SPREAD INVESTMENT O ARE SEEKING	EURS AND FUNDE ATION, ELEVATING ND BEST PRACTIC ING URGENCY ARI IN ADDITION, WE IS OR RECEIVING II	IERATION TALENT RS TO INTERACT THE PROFILE OF IS IN EARLY STAC DUND THIS LACK ARE PILOTING AN IVESTMENT BY C) (Revenue \$ CRITICAL TO THE IMPACT INV AND PARTNER ACTIVITIES ING GLOBAL SOCIAL ENTREPRENEL GE FUNDING AND SUPPORT PAR OF APPROPRIATE CAPITAL, AND UNOVATIVE MODEL OF TALEN URATING AND ACTIVATING RES OF EARLY STAGE IMPACT INVES	CLUDE SHARING OUR URS IN KEY IMPACT KTNERSHIPS THROUGH D ARE ENCOURAGING T DEVELOPMENT AND GOURCES, TOOLS AND
4d	Otha	er nrogram servi	ces (Describe in Schedu	le O)				
		enses \$	·	ng grants o	f\$) (R	Revenue \$)

Total program service expenses ►

8,311,832

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	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? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L 5	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? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line $2 \cdot$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

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	<u> </u>		<u></u>
	Estable number was stated in Paul 2 of Estable 1006 Estable 1006 Estable 1100 Estab		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 114 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N o
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
·	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	Check if Schedule (contains a response or note to a	v line in this Part VI											_	.マ
---	---------------------	----------------------------------	------------------------	--	--	--	--	--	--	--	--	--	--	---	----

Ia 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 in Schedule 0 b Enter the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee and the supervision of officers, directors in trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b It the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? c It shere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "res," provide the names and addresses in Schedule O 5 Section B. Policies (This Section B requests information about policies not required by the Internal R organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activiti				Yes	No			
body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Are any operamene decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Is the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes," provide the names and addresses in Schedule O. 5 Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have a written conflict of interest policy? If "No," go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did		1 18 1 2.5						
Independent		body, or if the governing body delegated broad authority to an executive committee						
 a Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 D becarbe in Schedule O how this was done. <li< th=""><td></td><td></td><td></td><td></td><td></td></li<>								
supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? g Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 5 Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12b Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organiz			2		No			
filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, "provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12b Did the organization have a written conflict of interest policy? If "Wo," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization have a written whistleblower policy? 15 Did the organization have a written object of interest policy? 16 Did the organization have a written object of the organization include a review and approval by independent persons, comparability data, and contemp			3		No			
Did the organization have members or stockholders? To 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization have a written obsistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written document retention and destruction policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the organization have a written document retention and destruction policy?								
 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 11a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization have a written document retention and destruction policy? 15 Did the organization have a written document retention and destruction policy? 16 Did the organization have a written document retention and destruction of the deliberation and decision? a The organization invest in contribute	5	5		No				
more members of the governing body? b Are any governance decisions of the forganization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? J 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 in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12b Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization have a written whistleblower policy? 10 Did the organization have a written whistleblower policy? 11b Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	6	6 Did the organization have members or stockholders?						
or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 11a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 11b Did the organization have a written whistleblower policy? 11c Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			7a		No			
a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give inset to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the organization have a written document retention and destruction of the deliberation and decision? The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			7b		No			
b Each committee with authority to act on behalf of the governing body?								
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	а	The governing body?	8a	Yes				
Section B. Policies (This Section B requests information about policies not required by the Internal R 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 c Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Each committee with authority to act on behalf of the governing body?	8b		Νo			
10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			9		Νo			
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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?								
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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod Yes	e.) No			
the form?			evenu 10a					
 Did the organization have a written conflict of interest policy? If "No," go to line 13	10a b	Did the organization have local chapters, branches, or affiliates?			No			
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No			
rise to conflicts?	10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No			
 In Schedule O how this was done	10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No			
Did the organization have a written document retention and destruction policy?	10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No			
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? The organization's CEO, Executive Director, or top management official	10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No			
 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes	No			
b Other officers or key employees of the organization	10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a b 11a b 12a c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No			
taxable entity during the year?	10a b 111a b 112a b c 113 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No			
E TENVALUATE AND THE CONTRACT	10a b 11a b 112a c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No			
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?	10a b 11a b 112a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No			

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
- Describe in 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
- State the name, address, and telephone number of the person who possesses the organization's books and records 20 ►MATT SMITH

Form 990 (2014)	
-----------------	--

)	а	g	e	7
---	---	---	---	---

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 instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	▶[
d	Total (add lines 1b and 1c)	•	849,609	0	109,571

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►5

				110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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	Yes	
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		No

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
TAYLOR & MILLER ARCHITECTURE & DESIGN 37 GREENPOINT AVE STE 4C BROOKLYN, NY 11222	INTERIOR DESIGN	166,554
CHELSEA COMPUTER 21 EAST 4TH STREET SUITE 615 NEW YORK, NY 10003	IT SERVICE	165,571

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 ►2

Ves No

Form 99		· · · · · · · · · · · · · · · · · · ·				Page 9
Part \	/	Statement of Revenue Check if Schedule O contains a response or note to any lin	ne in this Part VIII			
		The continue of contains a response of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 £	1a	Federated campaigns 1a				
am	b	Membership dues 1b				
Gifts, Grants ilar Amounts	c	Fundraising events 1c 713,024				
iffs ar /	d	Related organizations 1d				
%. ⊞::	e	Government grants (contributions) 1e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 7,940,834				
ntrib d Ott	g	Noncash contributions included in lines 123,672	0.652.050			
<u>၂</u> ၂	h	Total. Add lines 1a-1f	8,653,858			
e .		Business Code				
кеп	2a	GRANT ASSIGNMENT REVEN 900099	250,018	250,018		
<u>22</u>	Ь					
Š	d					
Š	e					
Tan Tan	f	All other program service revenue				
Program Serwoe Revenue	•					
	g	Total. Add lines 2a-2f	250,018			
	3	Investment income (including dividends, interest, and other similar amounts)	4,975			4,975
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(I) Real (II) Personal				
	6a b	Gross rents Less rental				
		expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities (ii) Other Gross amount				
	'"	from sales of assets other				
		than inventory Less cost or				
	Ь	other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$				
æ		See Part IV, line 18				
<u>.</u>	.	a 107,234				
捶	b c	Less direct expenses b 107,234 Net income or (loss) from fundraising events b	0			
_		Gross income from gaming activities				
		See Part IV, line 19				
	.	a				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		returns and allowances .				
	.	a 4,980				
		Less cost of goods sold b 1,289 Net income or (loss) from sales of inventory b	3,691	3,691		
		Miscellaneous Revenue Business Code	-,	-,		
	11a	OTHER INCOME 900099	87,759	71,833		15,926
	ь					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d	87,759			
	12	Total revenue. See Instructions	9,000,301	325,542	0	20,901
	1		9,000,301	323,342		1 20,901

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this				
	ot include amounts reported on lines 6b, o, 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	1,577,529	1,577,529		
2	Grants and other assistance to domestic individuals See Part IV, line 22	974,342	974,342		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,608,189	1,608,189		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	692,129	173,431	423,125	95,573
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,263,372	1,229,576	536,117	497,679
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,302	49,030	15,954	19,318
9	Other employee benefits	415,466	208,838	118,562	88,066
10	Payroll taxes	235,914	113,399	74,678	47,837
11	Fees for services (non-employees)				
а	Management	327,507	209,675	54,383	63,449
b	Legal	901	488	211	202
c	Accounting	43,394	24,397	9,565	9,432
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	104,394			104,394
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	484,843	297,934	172,635	14,274
12	Advertising and promotion	14,319	9,203	4,753	363
13	Office expenses	272,962	104,706	127,908	40,348
14	Information technology				
15	Royalties				
16	Occupancy	579,662	327,760	131,802	120,100
17	Travel	1,013,206	954,567	20,955	37,684
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	127,209	72,840	27,210	27,159
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EVENT FEES & CATERING	385,237	326,708	469	58,060
b	MISCELLANEOUS	70,889	49,220	1,103	20,566
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,275,766	8,311,832	1,719,430	1,244,504
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
				F-	rm 990 (2014)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,131,740	1	1,558,809
	2	Savings and temporary cash investments	4,586,426	2	4,192,510
	3	Pledges and grants receivable, net	11,589,034	3	11,016,312
	4	Accounts receivable, net	50,924	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets		Nicker and leave recovered and		7	
AS	7	Notes and loans receivable, net	7,353		6.064
	8	Inventories for sale or use	113,485	8	6,064
	9 10a	Prepaid expenses and deferred charges	·	9	206,516
	Ь	Less accumulated depreciation 10b 213,161		100	616,329
	11	Investments—publicly traded securities	7,829	11	
	12	Investments—other securities See Part IV, line 11	25,861	12	20,536
	13	Investments—program-related See Part IV, line 11	,	13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	141,562	15	111,812
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,215,897	16	17,728,888
	17	Accounts payable and accrued expenses	387,776	17	506,176
	18	Grants payable	4,085,437	18	4,574,087
	19	Deferred revenue	. ,	19	<u> </u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ap		persons Complete Part II of Schedule L		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	0	25	186,731
	26	Total liabilities. Add lines 17 through 25	4,473,213	26	5,266,994
φ		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	2,398,097	27	2,185,725
<u> </u>	28	Temporarily restricted net assets	12,105,252	28	10,036,834
豆	29	Permanently restricted net assets	239,335	29	239,335
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
et.	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net 1	33	Total net assets or fund balances	14,742,684	33	12,461,894
Z	34	Total liabilities and net assets/fund balances	19,215,897	34	17,728,888
			,=:=,==		, ==,===

Pai	Reconcilliation 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		9,0	00,301
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,2	275,766
3	Revenue less expenses Subtract line 2 from line 1	3		-2,2	275,465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,7	742,684
5	Net unrealized gains (losses) on investments	5		<u> </u>	· ·
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-5,325
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		12,4	161,894
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	arate			
	▼ Separate basis			i	
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n		i	i.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
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 in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

EIN: 13-3424419

Name: ECHOING GREEN INC

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, ependent Cor	Directontracto	ors, rs	Tru	ste	es, k	(ey	Employees, Hig	hest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th person and a	ion (d nan o n is b	ne b oth ctor/	ox, u an of trus	inless ficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former	2/1099-1413C)	2/1099-14130)	related organizations
(1) DAVID HODGSON	1 00	×		х				0	0	0
CO-CHAIR (1) MAYA AJMERA	1 00								_	
		x		х				0	0	0
CO-CHAIR (2) CHERYL DORSEY	40 00									
PRESIDENT/EXECUTIVE DIR		X		Х				217,500	0	23,848
(3) MARC SAIONTZ	1 00	х		Х				0	0	0
TREASURER										
(4) ESTHER BENJAMIN	1 00	x						0	0	0
BOARD MEMBER (5) STEVE BUFFONE	1 00									
BOARD MEMBER		X						0	0	0
(6) PETER CAMPBELL	1 00	×						0	0	0
BOARD MEMBER								0	0	
(7) GUY DE CHAZAL	1 00	x						0	0	0
BOARD MEMBER (8) BETSY FADER	1 00									
BOARD MEMBER		х						0	0	0
(9) MARIANNE GIMON	1 00	.,								
BOARD MEMBER		Х						0	0	0
(10) DAVID ISSROFF	1 00	×						0	0	0
BOARD MEMBER (11) KAREN KAHELA SHERWOOD	1 00									
BOARD MEMBER		×						0	0	0
(12) ANDREW KASSOY	1 00	.,								
BOARD MEMBER		Х						0	0	0
(13) MARIE KELLY	1 00	x						0	0	0
BOARD MEMBER	1 00									
(14) JOSHUA MAILMAN		×						0	0	0
BOARD MEMBER (15) CARTER MCCLELLAND	1 00									
BOARD MEMBER		X						0	0	0
(16) AJAY NAGPAL	1 00	×						0	0	0
BOARD MEMBER		^						0		
(17) DIANA PROPPER DE CALLEJON	1 00	×						0	0	0
BOARD MEMBER (18) ADAM SHAPIRO	1 00									
BOARD MEMBER		X						0	0	0
(19) JEROME VASCELLARO	1 00	V						0	0	0
BOARD MEMBER		X						0	U	0
(20) ROBB VORHOFF	1 00	x						0	0	0
BOARD MEMBER (21) DANIEL WEISS	1 00									
BOARD MEMBER		x						0	0	0
(22) LARRY WIESENECK	1 00									_
BOARD MEMBER		Х					L	0	0	0
(23) SHALENA BROADNAX-KRUMM	1 00	х		Х				0	0	0
SECRETARY (24) LARA GALINSKY	40 00						_			
	40 00			х				192,442	0	29,430
VICE PRESIDENT	1	<u> </u>								<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

DIRECTOR OF DEVELOPMENT

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pore individual trustee or director	ion (e nan o n is b	ne booth a	ox, u an of trus (trus	nless ficer tee)	Forme	(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
(26) MATT SMITH DIRECTOR OF FINANCE	40 00			х				130,167	0	24,448
(1) RICHARD LEIMSIDER DIRECTOR OF FELLOW & ALUMN	40 00					х		155,500	0	12,335
(2) ANA VAZQUEZ	40 00					х		154,000	0	19,510

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132009356

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2011

Open to Public Inspection

		ne organization EEN INC					Employer identifica	ation number
LCITO	INO OK	LEN INC					13-3424419	
Pa	rt I	Reason for Publi	ic Charity S	Status (All organiza	itions must co	mplete this p	art.) See instruction	ons.
The	organı	zation is not a private f	oundation bec	auseıtıs (Forlines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).	
2	Γ	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)			
3	Г	A hospital or a cooper	ratıve hospıtal	service organization of	described in sec	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in se c	ction 170(b)(1)(A)(iii	i). Enter the
5	Г	An organization opera		nefit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in
		section 170(b)(1)(A)	(iv). (Complet	e Part II)				
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	L)(A)(v).	
7	<u> </u>			es a substantial part				general public
	_			vi). (Complete Part II				
8	<u> </u>			tion 170(b)(1)(A)(vi)				
9	Г	An organization that n	normally recen	es (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross
				s exempt functions—s				
				ncome and unrelated b				n businesses
		acquired by the organ	ızatıon after Ju	ıne 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)	
10	Г	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ety See sectio i	ı 509(a)(4).	
11	Г	An organization organ	•	•			•	
				nizations described in				
а	Г			at describes the type operated, supervised, or				
•	,			to regularly appoint o				
	_	organization You mus	t complete Pa	rt IV, Sections A and	В.			
b			=	upervised or controlle		• •	- ' '	•
		management of the su must complete Part I		nization vested in the :	same persons t	hat control or r	nanage the supported	organization(s) You
c	Г			supporting organizatio	n operated in c	onnection with	and functionally inte	grated with, its
_	,			uctions) You must co				g
d	Γ			d. A supporting organi				
				nızatıon generally mu			ement and an attentiv	eness requirement
e	\vdash			e te Part IV, Sections A eceived a written deter			satunei tuneii t	vne III functionally
	'	integrated, or Type II					3 d 1 ypc 1, 1 ypc 11, 1	ype III lanetionally
f				nizations				
g		Provide the following i	nformation ab	out the supported orga	nızatıon(s)			
	(i)N:	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of
		organization	(,	organization	listed in your		monetary support	other support (see
				(described on lines	docume	ent?	(see instructions)	ınstructions)
				1-9 above or IRC				
				section (see instructions))				
				instructions,,	Yes	No		
			-		1	 		

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.)

Se	ection A. Public Support	•	•		•	•		
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,502,438	4,921,009	7,602,156	17,872,933	8,0	653,858	42,552,394
_	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 5	Total. Add lines 1 through 3 The portion of total contributions	3,502,438	4,921,009	7,602,156	17,872,933	8,0	553,858	42,552,394
	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							18,773,088
6	(f) Public support. Subtract line 5 from line 4							23,779,306
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	۱4	(f) Total
7	A mounts from line 4	3,502,438	4,921,009	7,602,156	17,872,933	8,6	53,858	42,552,394
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	17,542	17,444	16,429	8,611		4,975	65,001
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)	818	40	4,800	3,185		15,926	24,769
11	Total support Add lines 7 through 10							42,642,164
12	Gross receipts from related activit	es, etc (see inst	ructions)			12		2,497,430
13	First five years. If the Form 990 is organization, check this box and st	op here	<u> </u>					
14	ection C. Computation of Pul Public support percentage for 2014			11 column (f))		1		
15	Public support percentage for 2013			11, column (1))		14		55 760 %
	-	-	-		1 4 22 4/20/	15	-11-+	51 120 %
b	33 1/3% support test—2014. If the and stop here. The organization quasing 33 1/3% support test—2013. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization or more, and if the organization is 10% or more, and if the organizati	alifies as a public organization did n qualifies as a pu — 2014. If the org tion meets the "f	ly supported orga not check a box oublicly supported anization did not o acts-and-circums	nization on line 13 or 16a, organization check a box on lir tances" test, che	and line 15 is 33 ie 13, 16a, or 16l eck this box and s	3 1/3% or root, and line stop here.	more, ch 14 Explain	eck this
Ь	in Part VI how the organization merorganization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part VI how the organization merorganization merorganization merorganization merorganization merorganization merorganization merorganization merorganization merorganization in the organization	—2013. If the organization meets the	anızatıon dıd not o e "facts-and-cırcı	check a box on lir umstances" test,	ie 13, 16a, 16b, c check this box ar	or 17a, and nd stop he	d line re.	▶ □
	Explain in Part VI how the organiza supported organization				-			y ▶ ┌
18	Private foundation. If the organiza instructions	tion did not check	c a box on line 13	, 16a, 16b, 17a, d	or 17b, check this	box and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 $(2)^7$ 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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 See instructions. All other
ype	[]	II 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes					
2 Amounts paid to perform activity that directly furthexcess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3 Administrative expenses paid to accomplish exemp	anızatıons					
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval rec	nured)					
6 Other distributions (describe in Part VI) See instru	JCTIONS					
7 Total annual distributions. Add lines 1 through 6						
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide				
9 Distributable amount for 2014 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
		(::)	(:::)			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1 Distributable amount for 2014 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2014						
a From 2009						
b From 2010						
c From 2011						
d From 2012						
e From 2013						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2014 from Section D, line 7 \$						
A pplied to underdistributions of prior years						
b Applied to 2014 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7 Excess distributions carryover to 2015. Add lines 3j and 4c						
8 Breakdown of line 7						
a From 2010						
b From 2011						
c From 2012						
d From 2013						

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).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132009356

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Name of the organization **Employer identification number** ECHOING GREEN INC 13-3424419 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year

anization informall grantoos, denote and deno

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?

6	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a conferring impermissible private benefit?					
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" t	o Forn	n 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 (e.g., recreation or education) Protection of natural habitat Preservation of a		cally important land area d historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in easement on the last day of the tax year	the form	n of a conservation			
			Held at the End of the			
а	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)					
d	Number of conservation easements included in (c) acquired after $8/17/06$, and not on a historic structure listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during					
	the tax year 🛌					
4	Number of states where property subject to conservation easement is located 🛌					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han enforcement of the conservation easements it holds?	dling of	violations, and Yes			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments d	uring the year			
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s durıng	the year			
-	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 17	'0(h)(4)(B)(ı)			

the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

If the organization elected, as permitted under SFAS 116 (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

If the organization elected, as permitted under SFAS 116 (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 in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

and section 170(h)(4)(B)(II)?

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 SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part	••• Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tr</u>	easu	res, or C	the	<u>r Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	neck a	•		•		significant use	ofits	
а	Public exhibition		d	Γ	Loan	or exch	nange prog	rams			
b	Scholarly research		e	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	ın hov	w they	/ furthe	er the o	rganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit										
Do	assets to be sold to raise funds rather than t									┌ Yes	│ No
Раг	Escrow and Custodial Arrang Part IV, line 9, or reported an an						ranswere	u r	es to Form s	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						rotherass	ets r		┌ Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able		_				
									An	nount	
C	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for es	crowo	rcusto	dıal accou	nt lıa	bility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatıc	n has	been p	rovided in	Part :	XIII		Γ
Pa	rt V Endowment Funds. Complete										
4-	Danish a five a halance	(a)Current year 239,335	(b)	Prior y	ear 239,335	<u> </u>	o years back 239,33	+ ` _	Three years back 239,335	(e)Four	239,335
1a L	Beginning of year balance	239,333			239,333		239,33.	1	239,333		
b	Contributions							+			
С	Net investment earnings, gains, and losses	993			1,076		1,02	1	522		916
d	Grants or scholarships										
e	Other expenditures for facilities and programs	993			1,076		1,02	1	522		916
f	Administrative expenses										
g	End of year balance	239,335			239,335		239,33	5	239,335		239,335
2	Provide the estimated percentage of the cur	rent vear end balanc	e (lin	ne 1 a	colum	n (a)) h	neld as	<u> </u>	I		
– a	Board designated or quasi-endowment	ene year ena barane	(1111	9,	corum	(4),.	icia ab				
b	Permanent endowment > 100 000 %										
	r emidnent endowment P										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse		ition	that a	re helo	d and a	dmınıstere	d for	the		
	organization by	J								Yes	No
	(i) unrelated organizations								3a(No
	(ii) related organizations								3a(No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	•						•	31	D	<u> </u>
	t VI Land, Buildings, and Equipme					n answ	ered 'Yes	' to	Form 990. Pa	art IV. I	ine
	11a. See Form 990, Part X, line								•		
	Description of property) Cost o sis (inve		(b)Cost or basis (oth		(c) Accumulated depreciation	d (d) I	3ook value
1a	Land										
b	Buildings										
c	Leasehold improvements						23:	3,012	26,0	88	206,924
d I	Equipment		•				17	7,207	31,9	80	145,227
	Other							9,271	155,0	93	264,178
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X	(, colu	ımn (E	3), line	10(c).)		•	<u> ►</u>		616,329
									Schedule [(Form	990) 2014

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	. ,	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	P	
Part VIII Investments—Program Related.		
See Form 990, Part X, line 13.		Transvered res to roini 550, raitiv, line fre.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	
Part IX Other Assets. Complete if the organizat		
(a) Des	Сприоп	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	e 15.)	
	ganızatıon answered 'Yes' t	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
-	(b) Book value	
Federal income taxes	106731	
DEFERRED RENT	186,731	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	186,731	

Par		levenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		nts With Revenue	per Re	eturn Complete if
1	•	er support per audited financial statements			1	9,275,506
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b	280,530	1	
C	Recoveries of prior year grant	s	2c]	
d	Other (Describe in Part XIII)		2d	-5,325		
е	Add lines 2a through 2d .		· · ·		2e	275,205
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	9,000,301
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	0
5		d 4c. (This must equal Form 990, Part I, line			5	9,000,301
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts With Expense	s per	Return. Complete
1		r audited financial statements			1	11,556,296
2	·	it not on Form 990, Part IX, line 25	•			11,330,230
a		acilities	2a	280,530		
b			2b	200,000	1	
c	-		2c		1	
d	Other (Describe in Part XIII)		2d		1	
e	·				2e	280,530
3	-				3	11,275,766
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				, ,
а		uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
C	Add lines 4a and 4b			·	4c	0
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, lir	e 18)		5	11,275,766
Par	Supplemental Inf	formation			'	
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				e any addıtıonal
	Return Reference	Explanation				
PART	V, LINE 4	INTEREST EARNED ON THE ENDOWME GENERAL OPERATIONS	NT FUN	ID IS IMMEDIATELY A	AVAILA	BLE FOR USE IN
PART X, LINE 2 MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS AND CONCLUDED DISCLOSURES RELATED TO UNCERTAIN TAX POSITIONS ARE REQUIRED IN THE STATEMENTS						
	XI, LINE 2D - OTHER STMENTS	ADJUSTMENT OF INVESTMENT TO NET	REAL	IZABLE VALUE -5,325	5	

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132009356 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2014 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. Department of the Treasury Open to Public ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Inspection** Name of the organization Employer identification number ECHOING GREEN INC 13-3424419 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures (a) Region offices in the employees, region (by type) (e.g., program service, describe for and investments agents, and fundraising, program services, specific type of region in region ındependent investments, grants to service(s) in region contractors in recipients located in the region region) (1) SUB-SAHARAN AFRICA Ω 0 GRANTING TO FELLO WSHIP 832,475 INDIVIDUALS AND PROGRAM AND ORGANIZATIONS RELATED ACTIVITIES ONLY (2) EAST ASIA AND THE 0 GRANTING TO Ω FELLO WSHIP 9.556 PACIFIC INDIVIDUALS AND PROGRAM AND ORGANIZATIONS RELATED ACTIVITIES IO N L Y (3) SOUTH AMERICA 0 O GRANTING TO FELLOWSHIP 000.08 INDIVIDUALS AND PROGRAM AND ORGANIZATIONS RELATED ACTIVITIES ONLY (4) SOUTH ASIA 0 O GRANTING TO FELLO WSHIP 596,158 INDIVIDUALS AND PROGRAM AND ORGANIZATIONS RELATED ACTIVITIES ONLY (5) MIDDLE EAST AND NORTH 0 O GRANTING TO FELLO WSHIP 90.000 AFRICA INDIVIDUALS AND PROGRAM AND ORGANIZATIONS RELATED ACTIVITIES ONLY 0 0 1,608,189 3a Sub-total **b** Total from continuation sheets 0 0 to Part I c Totals (add lines 3a and 3b) 1,608,189 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2014

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any 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	(c) Region	(d) Purpose of	(-) (403.14		43.5	
	and EIN (if applicable)		grant	(e) A mount 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)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

3 Enter total number of other organizations or entities

1

Schedule F (Form 990) 2014 Page **3** Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other) (1) FISCAL SPONSORSHIPSUB-SAHARAN 95,000 WIRE TRANSFER 1 AFRICA (2) FELLOWHSIP SUB-SAHARAN 5 260,000 WIRE TRANSFER PROGRAM - AWARD AFRICA 11,475 WIRE TRANSFER (3) FELLOWSHIP SUB-SAHARAN 7

PROGRAM - CASH ASSISTANCE	AFRICA	/	11,475	WIRE TRANSFER		
(4) FELLOWSHIP PROGRAM - CASH ASSISTANCE	EAST ASIA AND THE PACIFIC			WIRE TRANSFER		
(5) FELLOWSHIP PROGRAM - CASH ASSISTANCE	SOUTH ASIA	5	10,008	WIRE TRANSFER		
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(18)						
	•				Sched	ule F (Form 990) 2014

Part IV Foreign Forms

1	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	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	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)	Г	Yes	굣	Νo
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)	Γ	Yes	দ	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)	Г	Yes	굣	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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	▼	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	FELLOWSHIP PROGRAM THE ORIGINAL APPLICATION SPECIFIES THE DESIGNATED USE OF THE FUNDS FE LLOWS ARE REQUIRED TO SUBMIT 4 REPORTS (1 EVERY 6 MONTHS) OVER THE COURSE OF THEIR FELLOWS HIP THESE REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY AND F INANCIAL 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 S ATISFACTORY EXPENDITURES OF GRANT FUNDS, IN ADDITION TO AN OBLIGATION TO SIGN AN AFFIDAVIT CONFIRMING DETAILS OF THE USE OF FUNDS, IF REQUESTED

Additional Data

Software ID: Software Version:

EIN: 13-3424419

Name: ECHOING GREEN INC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			FISCAL SPONSORSHIP	20,000	WIRE TRANSFER			
			FISCAL SPONSORSHIP	25,000	WIRE TRANSFER			
			FELLO WSHIP A WA RD	80,000	WIRE TRANSFER			
			FELLO WSHIP A WA RD	80,000	WIRE TRANSFER			

, Form 990 Scheau	Form 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
			FELLO WSHIP A WA RD	90,000	WIRE TRANSFER					
			FELLO WSHIP A WA RD	90,000	WIRE TRANSFER					
			FELLO WSHIP A WA RD	80,000	WIRE TRANSFER					
			FELLO WSHIP A WA RD	90,000	WIRE TRANSFER					

, rorm 990 Scheau	ie E bart II	- Grants or Entitle	es outside ine un	ited States	_			
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH AMERICA	FELLO WSHIP A WA R D	80,000	WIRE TRANSFER			
		SOUTH ASIA	FELLO WSHIP A WA RD	80,000	WIRE TRANSFER			
		SOUTH ASIA	FELLO WSHIP A WA RD	90,000	WIRE TRANSFER			
		SOUTH ASIA	FELLO WSHIP A WA RD	90,000	WIRE TRANSFER			

, Form 990 Scheau	ie F Part II	- Grants or Entiti	es Outside The Un	ited States				<u>.</u>
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			FELLO WSHIP A WA RD	80,000	WIRE TRANSFER			
			FELLO WSHIP A WA RD	80,000	WIRE TRANSFER			
			FISCAL SPONSORSHIP	9,500	WIRE TRANSFER			
			FISCAL SPONSORSHIP	155,700	WIRE TRANSFER			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132009356

OMB No 1545-0047

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization
ECHOING GREEN INC

Employer identification number

						13-3424419					
Pai	filers are not require			janızatıo	n answered "Yes" to	Form 990, Part IV, l	ine 17. Form 990-EZ				
1	Indicate whether the organ	ızatıon raısed funds t	hrough a	nv of the f	ollowing activities. Che	ck all that apply					
а	Mail solicitations										
b	Internet and email soli	citations		f	Solicitation of gove	=					
c	Phone solicitations	citations		a	Special fundraising						
_	✓ In-person solicitations			y	y Special fullulaising	j events					
d	♥ In-person solicitations	•									
2a	Did the organization have a or key employees listed in						Γ _{Yes} Γ No				
b	If "Yes," list the ten highes to be compensated at least			fundraisei	rs) pursuant to agreeme	nts under which the fun	idraiser is				
((i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais cust	Did ser have ody or crol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization				
			Yes	outions?							
1	STETWIN CONSULTING 355 LEXINGTON AVE 15TH FLOOR	GALA EVENT FUNDRIASING CONSULTING	165	No	820,258	41,000	779,258				
	NEW YORK, NY 10017										
2	DEVELOPMENT GUILDDDI 233 HARVARD STREET SUITE 107	FUNDRAISING STRATEGY DESIGN		No	0	57,394	0				
3	BROOKLINE, MA 02446	TEVT TO DIEDGE		N. a	0	6.000	0				
3	SOPHIST PRODUCTIONS C/O REED BAKER 2-01 50TH AVENUE SU LONG ISLAND CITY, NY 11101	TEXT TO PLEDGE CONTRACT		No	0	6,000	0				
4											
5											
6											
7											
8											
9											
10											
ota	ıl				820,258	104,394	779,258				
3	List all states in which the registration or licensing	organızatıon ıs regist	ered or li	censed to	solicit contributions or	has been notified it is	exempt from				

		events with gross receipts of		(h) Event #2	(a) Other events	(d) Total events
			(a) Event #1	(b) Event #2	(c) O ther events	(add col (a) through
			GALA EVENT (event type)	(event type)	(total number)	col (c))
<u>⊕</u>	1	Construction	820,258		(40-4442-1)	820,258
Revenue	2	Gross receipts Less Contributions				
2	3	Gross income (line 1	713,024	•		713,024
		minus line 2)	107,234	I		107,234
	4	Cash prizes				
မှာ	5	Noncash prizes				
e NSe	6	Rent/facility costs				
Expenses	7	Food and beverages .	107,234	ŀ		107,234
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		(107,234)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)	•	0
Par	t III	Gaming. Complete if the o		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
		\$15,000 on Form 990-EZ, li				
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
е С	4	Rent/facility costs				
₽ D	5	Other direct expenses				
	6	Volunteer labor	┌ Yes %	Г Yes %	Г Yes %	_
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9	Ent	er the state(s) in which the organiz	ation conducts gaming ac	tivities		
а		he organization licensed to conduc				Fyes Fno
b	If"l	No," explain				
10a	Wer	re any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax vear?	Гусс Гыс
ь		Yes," explain				i les i no

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	,,		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
С	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

General Information on Grants and Assistance

DLN: 93493132009356

Open to Public

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

See Additional Data Table

(Form 990)

Part I

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number ECHOING GREEN INC

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

13-3424419

2 Describe in Part IV the organization	tion's procedures for	monitoring the use of	grant funds in the Unite	d States			
Part II Grants and Other As Form 990, Part IV, line							s" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	1	I	l			1	

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

20

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FELLO WSHIP AWARD - U S INDIVIDUALS	12	715,000			
(2) FELLOWSHIP PROGRAM - CASH ASSISTANCE FOR U S INDIVIDUALS	50	130,716			
(3) FISCAL SPONSORSHIP - U S INDIVIDUALS	3	128,626			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										
Part IV Supplemental In	Supplemental information. Provide the information required in Part 1, line 2, Part 111, column (b), and any other additional information.									
Return Reference	Explanation									
	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 GRANTEES WITH ADDITIONAL TECHNICAL ASSISTANCE AND PEER SUPPORT AFTER THE FUNDING PERIOD IS COMPLETED ECHOING GREEN PROVIDES PRO-BONO SUPPORT IN THE FORM OF CONNECTING GRANTEES TO ONE ANOTHER AS PEERS, MENTORS AND ADVISORS, AS WELL AS ACTING AS TRUSTED ADVISORS FOR A SELECT GROUP OF ALUMNI AT KEY INFLECTION POINTS IN THEIR PERSONAL OR PROFESSIONAL LIVES IN ADDITION, ECHOING GREEN GIVES ITS ALUMNI OPPORTUNITIES TO PARTICIPATE IN THE FELLOW SEARCH AND SELECTION PROCESS									

Additional Data

Software ID:

Software Version:

EIN: 13-3424419

Name: ECHOING GREEN INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H OGAWA PLAZA SUITE 420 OAKLAND, CA 94612	94-2752421		6,500				FELLOWSHIP PROGRAM - CASH ASSISTANCE
CEL EDUCATION FUND 2150 ALLSTON WAY SUITE 340 BERKELEY,CA 94704	45-3154473		7,170				FELLOWSHIP PROGRAM - CASH ASSISTANCE
SWEAT EQUITY ENTERPRISES INC 32 HAVEMEYER STREET 2B BROOKLYN,NY 11211	20-3498290		8,000				FELLOWSHIP PROGRAM - CASH ASSISTANCE

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PRACTICE MAKES PERFECT INC25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	38-3849473		8,300				FELLOWSHIP PROGRAM - CASH ASSISTANCE		
HUMANURE POWER48 FAIRWAY OAKS DR NEW ORLEANS,LA 70131	46-3814594		9,500				FISCAL SPONSORSHIP		
AFRICAN COMMUNITIES TOGETHER204 WEST 133RD STREET APT 1E NEW YORK, NY 10030	46-1689772	501(C)(3)	21,155				FISCAL SPONSORSHIP		

<u> Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GLOBAL CYCLE SOLUTIONS INC81 WESTBOURNE TER 2 BROOKLINE, MA 02446	27-0259245		23,750				FISCAL SPONSORSHIP		
ANGAZA DESIGN INC1028 15TH AVENUE REDWOOD CITY, CA 94063	27-2842254		38,398				FISCAL SPONSORSHIP		
SIX FOODS114 WESTERN AVE CAMBRIDGE,MA 02134	46-4498389		45,000				FELLOWSHIP AWARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GREENWAVE ORGANIZATION CORP43 EAST PEARL STREET NEW HAVEN,CT 06513	47-5438012		53,500				FISCAL SPONSORSHIP	
UNBOUND COLLEGE- PRISON INITIATIVE BRIDGE PROGRAM325 PUBLIC STREET PROVIDENCE,RI 02905	46-2470807		80,000				FELLOWSHIP AWARD	
ARMED SERVICES ARTS PARTNERSHIP18 COLONA ROAD WAYNE,NJ 07470	47-4007504		80,000				FELLOWSHIP AWARD	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
DRIVE CHANGE630 FLUSHING AVENUE BROOKLYN,NY 11206	46-4691123		80,000				FELLOWSHIP AWARD				
TOMORROW'S LEADERS NYC735 LINCOLN AVENUE APT 13E BROOKLYN,NY 11208	45-3943245	501(C)(3)	80,000				FELLOWSHIP AWARD				
SURVJUSTICE1629 K STREET NW SUITE 300 WASHINGTON,DC 20006	47-1235373		80,000				FELLOWSHIP AWARD				

Form 990,Schedule I, Pai	rt II, Grants ar	id Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CIVIC INNOVATION115 MLK JR DR SW SUITE 304 ATLANTA,GA 30303	26-4096600	501(C)(3)	80,000				FELLOWSHIP AWARD
COMMUNITY ACTIVISM LAW ALLIA332 S MICHIGAN AVE STE 1032- C297 CHICAGO,IL 60604	46-5386556		80,000				FELLOWSHIP AWARD
TRUE SCHOOL STUDIO 643 MAGAZINE STREET SUITE 204 NEW ORLEANS, LA 70130	46-3247476		80,000				FELLOWSHIP AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ROOTED SCHOOL643 MAGAZINE STREET SUITE 206 NEW ORLEANS,LA 70130	47-1901769		80,000				FELLOWSHIP AWARD			
GULF CENTER FOR LAW & POLICY620 OAK HARDBOR BLVD SUITE 203 SLIDELL, LA 70458	35-2460567		80,000				FELLOWSHIP AWARD			
TALKING POINTS509 WEBSTER STREET SAN FRANCISCO,CA 94117	47-4616102		80,000				FELLOWSHIP AWARD			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
PROFOUND GENTLEMEN 6017 ANSLEY FALLS DRIVE APT 1336 CHARLOTTE,NC 28217	47-2225983		90,000				FELLOWSHIP AWARD				
COMMUNITY JUSTICE PROJECT3000 BISCAYNE BLVD SUITE 102 MIAMI,FL 33137	47-2777185	501(C)(3)	90,000				FELLOWSHIP AWARD				
FLOURISH AGENDA1714 FRANKLIN ST 321-100 OAKLAND,CA 94612	33-0488726	501(C)(3)	90,000				FELLOWSHIP AWARD				

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
INSTIGLIO INC125 WESTERN AVENUE BOSTON,MA 02163	45-5015494		184,300				FISCAL SPONSORSHIP					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132009356

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ECHOING GREEN INC

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number**

.

		13-3424419					
Pa	art I Questions Regarding Compensation						
		-		Yes	No		
1a	Check the appropriate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to prov						
	First-class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organizat reimbursement or provision of all of the expenses described		1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization'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						
	▼ Compensation committee ▼	Written employment contract					
		Compensation survey or study					
	Form 990 of other organizations	Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VI or a related organization	I, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-control paymer	nt?	4a		Νo		
b	Participate in, or receive payment from, a supplemental nor	nqualified retirement plan?	4b		Νo		
c	Participate in, or receive payment from, an equity-based co	ompensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the	he applicable amounts for each item in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations m	nust complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a compensation contingent on the revenues of						
а	The organization?		5a		Νo		
ь	Any related organization?		5b		No		
	If "Yes," to line 5a or 5b, describe in Part III	ļ					
6	For persons listed in Form 990, Part VII, Section A, line 1a compensation contingent on the net earnings of	a, did the organization pay or accrue any					
а	The organization?		6a		Νo		
b	Any related organization?	Ī	6b		No		
	If "Yes," to line 6a or 6b, describe in Part III	Ī					
7	For persons listed in Form 990, Part VII, Section A, line 1a payments not described in lines 5 and 6? If "Yes," describe		7		No		
8	Were any amounts reported in Form 990, Part VII, paid or a	accured pursuant to a contract that was					
	subject to the initial contract exception described in Regula						
	ın Part III		8		Νo		
9	If "Yes" to line 8, did the organization also follow the rebutt section 53 $4958-6(c)$?	table presumption procedure described in Regulations	9				

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
1 CHERYL DORSEY, PRESIDENT/EXECUTIVE DIR	(i) (ii)	207,500 0	10,000	0	15,592 0	8,256 0	241,348 0	0	
2 LARA GALINSKY, VICE PRESIDENT	(i) (ii)	182,442 0	10,000	0	14,538 0	14,892 0	221,872	0	
3 MATT SMITH, DIRECTOR OF FINANCE	(i) (ii)	129,667 0	500 0	0	7,054 0	17,394 0	154,615 0	0	
4 RICHARD LEIMSIDER, DIRECTOR OF FELLOW & ALUMN	(i) (ii)	155,000 0	500 0	0	11,254 0	1,081	167,835 0	0	
5 ANA VAZQUEZ, DIRECTOR OF DEVELOPMENT	(i) (ii)	153,500 0	500 0	0	11,254 0	8,256 0	173,510 0	0	

Schedule J (Form 990) 2014

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

Return Reference Explanation

Schedule J (Form 990) 2014

DLN: 93493132009356

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ECHOING GREEN INC 13-3424419 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (d) Loan to (e)Original (f)Balance (i)Written **(g)** In (h) (c) Purpose of or from the agreement? ınterested with organization principal due default? Approved organization? by board or person loan amount committee? Yes Yes Τо From No Yes No

lotai	F \$							
Part IIII Grants or As	ssistance Benefiting Ir	nterested Persons.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.								
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type o	of assistance	e (e) Purpos	e of assistance		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990	, Part IV, line 28a, 28b, or 28c	
---	----------------------------------	--

<u>Complete if the organization</u>	<u>n answered "Yes" on F</u>	onn 990, Part IV, iin	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz reveni	ation's
				Yes	No
(1) THE SOCIAL ENTREPRENEURS' FUND LLC	THE ORGANIZATION'S BOARD CHAIR, DAVID C HODGSON, IS A MEMBER IN THE LLC	, ,	ECHOING GREEN ENTERED INTO AN AGREEMENT WITH THE SOCIAL ENTREPRENEURS' FUND, LLC (THE "LLC"), WHICH PERMITS ECHOING GREEN TO ASSIGN EXISTING FELLOWSHIP GRANT OBLIGATIONS TO THE LLC SEE BELOW FOR ADDITIONAL EXPLANATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L PART IV	ECHOING GREEN ENTERED INTO AN AGREEMENT WITH THE SOCIAL ENTREPRENEURS' FUND,
	LLC (THE "LLC"), WHICH PERMITS ECHOING GREEN TO ASSIGN EXISTING FELLOWSHIP
	GRANT OBLIGATIONS TO THE LLC FELLOWSHIP GRANTS ELIGIBLE FOR ASSIGNMENT MUST
	BE THOSE MADE TO FOR-PROFIT GRANTEES WHICH WERE NOT PREVIOUSLY FUNDED BY
	DONOR-RESTRICTED CONTRIBUTIONS IN ADDITION TO ASSUMING ANY EXISTING
	LIABILITY OF ECHOING GREEN, THE LLC WILL ALSO PAY ECHOING GREEN ANY AMOUNTS
	PREVIOUSLY PAID UNDER THE ASSIGNED FELLOWSHIP AGREEMENTS, PLUS AN AMOUNT
	EQUAL TO 3% INTEREST ACCRUED SINCE THE FELLOWSHIP AWARD AMOUNTS ASSIGNED
	TO THE LLC, AND REIMBURSEMENT OF PRIOR PAYMENTS MADE IN CONNECTION WITH THE
	FELLOWSHIPS ASSIGNED, ARE RECOGNIZED AS REVENUE BY ECHOING GREEN FOR
	FELLOWSHIP GRANTS ASSIGNED, ECHOING GREEN RETAINS THE RIGHT TO RECEIVE
	PAYMENT FROM THE LLC FOR A PORTION OF ANY AMOUNTS RECEIVED BY THE LLC FROM A
	GRANTEE REPRESENTING RETURN ON INVESTMENT AMOUNTS DUE TO ECHOING GREEN
	WOULD BE EQUAL TO 20% OF ANY AMOUNTS RECEIVED IN EXCESS OF THE RESPECTIVE
	TOTAL ORIGINAL FELLOWSHIP AWARD FOR THE YEAR ENDED JUNE 30, 2015, ECHOING
	GREEN ELECTED TO ASSIGN A TOTAL OF \$250,000 OF FELLOWSHIP GRANT OBLIGATIONS
	IN ADDITION TO THE AMOUNT ASSIGNED, ECHOING GREEN RECEIVED \$18 OF INTEREST
	FROM THE LLC ON FELLOWSHIP GRANT INSTALLMENTS PREVIOUSLY PAID IN ACCORDANCE
	WITH ECHOING GREEN'S CONFLICT OF INTEREST POLICY, MR HODGSON RECUSED HIMSELF
	FROM THE DISCUSSION AND DECISION MAKING BY THE ECHOING GREEN BOARD OF
	DIRECTORS IN CONNECTION WITH THIS MATTER

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132009356

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE M (Form 990)

Internal Revenue Service

Department of the Treasury

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Noncash Contributions

Name of the organization ECHOING GREEN INC

Employer identification number

13-3424419

Pa	rt I Types of Property	_					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermining	ts
1	Art—Works of art			- 5			
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .	X	6	123,672	FAIR MARKET VAL	<u>.UE</u>	
	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Oualified conservation						
	contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—O ther						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxıdermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	O ther ► ()						
	O ther ▶()						
	O ther ▶()						
	Other ► ()			<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29	Yes	0 No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I lines	1 through 28 that	1 63	140
	it must hold for at least three ye						
	for exempt purposes for the enti					302	No
h	If "Yes," describe the arrangem					30a	No_
31	Does the organization have a gi			review of any non-standard	contributions?	31	No
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	noncash		
	contributions?	· ·				32a	No
ь 33	 If "Yes," describe in Part II If the organization did not report describe in Part II 	t an amount	in column (c) for a type of	property for which column (a) is checked,		

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

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

Return Reference Explanation

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE 0**

As Filed Data -

DLN: 93493132009356

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Return Reference	Explanation
FOR 990, PART I,	NUMBER OF VOLUNTEERS THE NUMBER OF VOLUNTEERS INCLUDES FELLOWSHIP APPLICATION JUDGES AS WELL
LINE 5	AS FELLOWSHIP FINALIST JUDGES

Reference	·
FORM 990,	THE PURPOSE OF THE EXECUTIVE COMMITTEE IS TO ACT ON SPECIFIC ISSUES ON THE BOARD'S BEHALF TO ACCOMPLISH
PART VI,	THIS, ITS RESPONSIBILITIES ARE TO ACT FOR THE BOARD BETWEEN MEETINGS, PROVIDED THAT IT MAY NOT APPROVE OR
SECTION A,	RECOMMEND TO MEMBERS THE DISSOLUTION OR MERGER OF ECHOING GREEN'S ASSETS, ELECT, APPOINT OR REMOVE
LINE 1	DIRECTORS OR PERMANENTLY FILL VACANCIES ON THE BOARD OR ANY COMMITTEE OF THE BOARD, ADOPT, AMEND OR
	REPEAL THE BY LAWS OR ARTICLES OF INCORPORATION, AMEND ANY COMMITTEE CHARTER OR RESOLUTION OF A BOARD
	COMMITTEE PREVIOUSLY ESTABLISHED BY THE BOARD, HIRE OR FIRE THE EXECUTIVE DIRECTOR, 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 EXECUTIVE DIRECTOR

Return Reference	Explanation
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

Return Reference	Explanation
	THE FORM 990 IN DRAFT FORMAT IS FIRST REVIEWED BY THE DIRECTOR OF FINANCE AND THE FINANCE COMMITTEE. THE FINANCE COMMITTEE THEN MAKES A FORMAL RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL UPON REVIEW AT ITS NEXT MEETING. THE FINAL FORM 990 IS THEN FILED WITH THE IRS

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO RECEIVED A SALARY INCREASE IN THE BEGINNING OF THE FISCAL YEAR, AND A COMPENSATION BONUS FOR PERFORMANCE IN THE PREVIOUS FISCAL YEAR THIS ADJUSTMENT WAS DISCUSSED AND APPROVED BY THE EXECUTIVE COMMITTEE. THE SENIOR VP RECEIVED A SALARY INCREASE IN THE BEGINNING OF THE FISCAL YEAR AND A COMPENSATION BONUS FOR PERFORMANCE IN THE PREVIOUS FISCAL YEAR THIS ADJUSTMENT WAS DISCUSSED AND APPROVED BY THE CEO IN CONJUNCTION WITH THE EXECUTIVE COMMITTEE. ALL OTHER EMPLOYEES RECEIVED SALARY ADJUSTMENTS AFTER REVIEW BY THE SENIOR VP, WHICH TOOK INTO ACCOUNT COMPARABLE SALARIES FOR SIMILAR NON-PROFITS IN NYC, AND ALSO THE ADVICE OF AN EXTERNAL HR CONSULTANT

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJUSTMENT OF INVESTMENT TO NET REALIZABLE VALUE -5,325