

**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

**2008**

**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2008, or tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

G Check all that apply:  Initial return  Final return  Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>ECHOING GREEN</b> Number and street (or P.O. box number if mail is not delivered to street address) Room/suite <b>494 EIGHTH AVENUE - 2ND FLOOR</b> City or town, state, and ZIP code <b>NEW YORK, NY 10001-2519</b>	A Employer identification number <b>13-3424419</b> B Telephone number <b>212-689-1165</b>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 3,913,315.</b> (Part I, column (d) must be on cash basis.)		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input checked="" type="checkbox"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received	4,214,870.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	7,822.	7,822.		STATEMENT 1
	4 Dividends and interest from securities	14,796.	14,796.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	23,847.	0.		STATEMENT 3	
12 Total. Add lines 1 through 11	4,261,335.	22,618.			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	597,105.	0.		597,105.
	14 Other employee salaries and wages	405,985.	0.		405,568.
	15 Pension plans, employee benefits	208,027.	0.		220,583.
	16a Legal fees				
	b Accounting fees <b>STMT 4</b>	55,920.	22,460.		32,763.
	c Other professional fees <b>STMT 5</b>	309,395.	0.		319,640.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion	20,120.	0.		
	20 Occupancy	164,931.	0.		164,580.
	21 Travel, conferences, and meetings	97,161.	0.		94,962.
	22 Printing and publications				
	23 Other expenses <b>STMT 6</b>	221,836.	0.		230,454.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,080,480.	22,460.		2,065,655.
	25 Contributions, gifts, grants paid	1,205,854.			1,740,725.
26 Total expenses and disbursements. Add lines 24 and 25	3,286,334.	22,460.		3,806,380.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	975,001.				
b Net investment income (if negative, enter -0-)		158.			
c Adjusted net income (if negative, enter -0-)			N/A		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2008)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash - non-interest-bearing	213,939.	59,000.	59,000.
	2	Savings and temporary cash investments	1,977,818.	2,428,704.	2,428,704.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable	1,324,906.		
		Less: allowance for doubtful accounts	716,591.	1,324,906.	1,324,906.
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	33,651.	47,728.	47,728.
	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
	Less: accumulated depreciation				
12	Investments - mortgage loans				
13	Investments - other				
14	Land, buildings, and equipment: basis	190,206.			
	Less: accumulated depreciation	STMT 7 186,247.	22,141.	3,959.	3,959.
15	Other assets (describe: SECURITY DEPOSIT)	76,723.	49,018.	49,018.	
16	<b>Total assets</b> (to be completed by all filers)	3,040,863.	3,913,315.	3,913,315.	
Liabilities	17	Accounts payable and accrued expenses	59,315.	69,603.	
	18	Grants payable	2,165,000.	1,587,024.	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	23	<b>Total liabilities</b> (add lines 17 through 22)	2,224,315.	1,656,627.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	349,936.	197,880.	
	25	Temporarily restricted	366,612.	1,819,473.	
	26	Permanently restricted	100,000.	239,335.	
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
30	<b>Total net assets or fund balances</b>	816,548.	2,256,688.		
31	<b>Total liabilities and net assets/fund balances</b>	3,040,863.	3,913,315.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	816,548.
2	Enter amount from Part I, line 27a	2	975,001.
3	Other increases not included in line 2 (itemize): PRIOR PERIOD ADJUSTMENT	3	719,198.
4	Add lines 1, 2, and 3	4	2,510,747.
5	Decreases not included in line 2 (itemize): PRIOR PERIOD ADJUSTMENT	5	254,059.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,256,688.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2007	1,103,039.	2,909,071.	.379172
2006	792,046.	3,052,592.	.259467
2005	873,169.	2,428,880.	.359494
2004	709,718.	998,920.	.710485
2003	721,186.	1,526,064.	.472579

2 Total of line 1, column (d)	2	2.181197
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.436239
4 Enter the net value of noncharitable-use assets for 2008 from Part X, line 5	4	2,004,595.
5 Multiply line 4 by line 3	5	874,483.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2.
7 Add lines 5 and 6	7	874,485.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	3,808,318.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and amount credited to 2009 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political campaign influence, political purposes, Form 1120-POL filing, political expenditures, reimbursement, IRS reporting, changes in governing instruments, unrelated business income, liquidation, section 508(e) requirements, assets, state reporting, and substantial contributors.

**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).....	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? .....	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	13	X	
Website address ► WWW.ECHOINGGREEN.ORG				
14	The books are in care of ► JOHN WALKER	Telephone no. ►	212-689-1165	
Located at ► 494 EIGHTH AVENUE - 2ND FLOOR, NEW YORK, NY		ZIP+4 ►	10001-2519	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here .....	► <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the year .....		►	15	N/A

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here .....	1b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008? .....	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.) .....	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? .....	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No  
 Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **SEE STATEMENT 10**  Yes  No  
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 If you answered "Yes" to 6b, also file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		597,105.	46,570.	13,687.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STUART SHOWALTER 494 EIGHTH AVENUE - 2ND FLOOR, NEW YO	SENIOR ASSOCIATE, TECH. AND STRATEGY	40.00 60,000.	9,187.	1,277.

Total number of other employees paid over \$50,000  0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ROI VENTURES, LLC 213 WEST INSTITUTE PLACE, CHICAGO, IL 60610	STRATEGIC INITIATIVES	135,000.
<b>Total</b> number of others receiving over \$50,000 for professional services		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

1	Expenses
N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

1	Amount
N/A	
2	
All other program-related investments. See instructions.	
<b>Total.</b> Add lines 1 through 3	0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	0.
b	Average of monthly cash balances .....	1b	1,938,376.
c	Fair market value of all other assets .....	1c	96,746.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	2,035,122.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	2,035,122.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	30,527.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	2,004,595.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	100,230.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	100,230.
2a	Tax on investment income for 2008 from Part VI, line 5 .....	2a	
b	Income tax for 2008. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	100,230.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	100,230.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	100,230.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	3,806,380.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	1,938.
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .....	4	3,808,318.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	2.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	3,808,316.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI, line 7				100,230.
2 Undistributed income, if any, as of the end of 2007:				
a Enter amount for 2007 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
b From 2004	660,035.			
c From 2005	752,088.			
d From 2006	639,827.			
e From 2007	958,319.			
f Total of lines 3a through e	3,010,269.			
4 Qualifying distributions for 2008 from Part XII, line 4: ▶ \$	3,808,318.			
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2008 distributable amount				100,230.
e Remaining amount distributed out of corpus	3,708,088.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	6,718,357.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a	6,718,357.			
10 Analysis of line 9:				
a Excess from 2004	660,035.			
b Excess from 2005	752,088.			
c Excess from 2006	639,827.			
d Excess from 2007	958,319.			
e Excess from 2008	3,708,088.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling ▶  
**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed:

CHERYL DORSEY, 212-698-1165  
 494 EIGHTH AVENUE - 2ND FLOOR, NEW YORK, NY 10001-2519

**b** The form in which applications should be submitted and information and materials they should include:

SEE ATTACHED STATEMENT A

**c** Any submission deadlines:

SEE ATTACHED STATEMENT A

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE ATTACHED STATEMENT A







**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

ECHOING GREEN

Employer identification number

13-3424419

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>ADAM JANOVIC</u>  <u>61 BROADWAY, SUITE 3100</u>  <u>NEW YORK, NY 10006</u>	\$ <u>5,398.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>JOEL ACKERMAN</u> <u>C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>AMERICAN SECURITIES CAPITAL PARTNERS</u>  <u>666 THIRD AVENUE, 29TH FLOOR</u>  <u>NEW YORK, NY 10017</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>ANDREW KASSOY</u>  <u>105 HUDSON STREET, #6N</u>  <u>NEW YORK, NY 10013</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>APOLLO REAL ESTATE ADVISORS</u>  <u>80 COLUMBUS CIRCLE, 20TH FLOOR</u>  <u>NEW YORK, NY 10023</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>PERSHING SQUARE CAPITAL</u>  <u>888 SEVENTH AVENUE, 42ND FLOOR</u>  <u>NEW YORK, NY 10019</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BILL FORD C/O GENERAL ATLANTIC, 55 EAST 52ND STREET, 32ND FLOOR NEW YORK, NY 10055	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	BILL HELMAN 880 WINTER STREET, SUITE 300 WALTHAM, MA 02451	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BLUE MOON FUND 433 PARK STREET CHARLOTTESVILLE, VA 22902	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	BLUE RIDGE FOUNDATION C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR NEW YORK, NY 10001	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CAPITAL IQ 55 WATER STREET, 49TH FLOOR NEW YORK, NY 10041	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	CAROL J. FEINBERG 895 PARK AVENUE NEW YORK, NY 10075	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



<b>Name of organization</b>  ECHOING GREEN	<b>Employer identification number</b>  13-3424419
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<u>ANONYMOUS</u> <u>C/O ECHOING GREEN, 494 8TH AVE, 2ND</u> <u>FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>8,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<u>COVENTRY HEALTH CARE INC.</u>  <u>6705 ROCKLEDGE DRIVE, SUITE 900</u>  <u>BETHESDA, MD 20817</u>	\$ <u>9,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<u>DANIEL WEISS &amp; AMY BERKOWER</u> <u>C/O ECHOING GREEN, 494 8TH AVE, 2ND</u> <u>FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>39,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<u>DAVID HODGSON</u> <u>C/O GENERAL ATLANTIC, 3 PICKWICK PLAZA,</u> <u>STE 200</u>  <u>GREENWICH, CT 06830</u>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<u>DELOITTE</u>  <u>2 WORLD FINANCIAL CENTER</u>  <u>NEW YORK, NY 10281</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<u>DREW PEARSON &amp; SHIVA SARRAM</u> <u>C/O ECHOING GREEN, 494 8TH AVENUE, 2ND</u> <u>FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	EDWIN GOULD FOUNDATION  55 EXCHANGE PLACE  NEW YORK, NY 10005	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	ELIZABETH FADER  650 FIFTH AVENUE, 19TH FLOOR  NEW YORK, NY 10019	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	EVAN & FLORENCE JANOVIC  115 CENTRAL PARK WEST, APT 12CE  NEW YORK, NY 10023	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	FORD FOUNDATION  320 EAST 43RD STREET  NEW YORK, NY 10017	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	FRIED FRANK HARRIS SHRIVER & J  ONE NEW YORK PLAZA  NEW YORK, NY 10004	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	GENERAL ATLANTIC SERVICE COMPANY  3 PICKWICK PLAZA, STE 200  GREENWICH, CT 06830	\$ 48,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  ECHOING GREEN	<b>Employer identification number</b>  13-3424419
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	GENERAL ELECTRIC COMPANY  PO BOX 60500  FORT MYERS, FL 33906	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	GERMESHUSEN FOUNDATION  2405 WHITE HORSE ROAD  BERWYN, PA 19312	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	GLASTENBURY FOUNDATION C/O ECHOING GREEN, 494 8TH AVE, 2ND FLR  NEW YORK, NY 10001	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	GROUSBECK FAMILY FOUNDATION  518 MEMORIAL WAY  STANFORD, CA 94305	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	GUY DECHAZAL C/O ECHOING GREEN, 494 8TH AVE, 2ND FLR  NEW YORK, NY 10001	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	HARVARD BUSINESS SCHOOL CLUB OF GREATER NY, INC.  350 5TH AVE., STE. 604  NEW YORK, NY 10118	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	HBO SERVICES INC. 1100 AVE OF THE AMERICAS NEW YORK, NY 10036	\$ 10,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	JAMES S. RUBIN 667 MADISON AVENUE, 11TH FLOOR NEW YORK, NY 10065	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	JEROME VASCELLARO C/O ECHOING GREEN, 494 8TH AVE, 2ND FLR NEW YORK, NY 10001	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	JONATHAN AND KRISTEN KORNGOLD 3 PICKWICK PLAZA GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	KATHRYN CORRO ONE BUSH STREET, SUITE 1450 SAN FRANCISCO, CA 94104	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	KAYE SCHOLLER LLP 425 PARK AVENUE NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	<p><u>KEKST AND COMPANY, INC.</u></p> <p><u>437 MADISON AVENUE</u></p> <p><u>NEW YORK, NY 10022</u></p>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	<p><u>KELLOGG FOUNDATION</u></p> <p><u>1 MICHIGAN AVENUE EAST</u></p> <p><u>BATTLE CREEK, MI 49017</u></p>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	<p><u>KPMG LLP</u></p> <p><u>99 HIGH STREET</u></p> <p><u>BOSTON, MA 02110</u></p>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	<p><u>LAMONT FAMILY FUND</u></p> <p><u>C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR</u></p> <p><u>NEW YORK, NY 10001</u></p>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	<p><u>LEE AND CYNTHIA VANCE FOUNDATION</u></p> <p><u>136 EAST 79TH STREET APT 12A</u></p> <p><u>NEW YORK, NY 10021</u></p>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	<p><u>ANONYMOUS</u></p> <p><u>C/O ECHOING GREEN, 494 8TH AVE, 2ND FLR</u></p> <p><u>NEW YORK, NY 10001</u></p>	\$ <u>139,335.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	MARC & STACEY SAIONTZ 145 W 67TH ST, APT 1E NEW YORK, NY 10023	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	MARIANNE A. GIMON 427 W 21ST STREET, APT 2 NEW YORK, NY 10011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	MARIO MARINO C/O ECHOING GREEN, 494 8TH AVE, 2ND FLR NEW YORK, NY 10001	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	ANONYMOUS C/O ECHOING GREEN, 494 8TH AVE, 2ND FLR NEW YORK, NY 10001	\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	MAURICE AMADO FOUNDATION C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR NEW YORK, NY 10001	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	MAYA AJMERA 1101 14TH STREET NW, SUITE 420 WASHINGTON, DC 20005	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	MERGEMARKET GROUP 11 WEST 19TH STREET, 2ND FLOOR NEW YORK, NY 10011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	MICHAEL R. LOEB C/O ECHOING GREEN, 494 8TH AVE, 2ND FLR NEW YORK, NY 10001	\$ 19,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	MILES LASATER 291 HUMPHREY STREET, #3 NEW HAVEN, CT 06511	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	MORGAN STANLEY 1585 BROADWAY NEW YORK, NY 10036	\$ 6,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	MPOWER LABS 601 N. LAMAR BLVD, SUITE 300 AUSTIN, TX 78703	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	MURRAY METCALF & NANCY LUKITSH 200 CLARENDON STREET, 28TH FLOOR BOSTON, MA 02116	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	<u>NATHAN CUMMINGS FOUNDATION, INC.</u>  <u>475 10TH AVENUE, 14TH FLOOR</u>  <u>NEW YORK, NY 10018</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	<u>NOZOMI TERAOK &amp; JOSHUA LEVINE</u> <u>C/O ECHOING GREEN, 494 8TH AVENUE, 2ND</u> <u>FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	<u>OSLER, HOSKIN &amp; HARCOURT LLP</u>  <u>620 8TH AVENUE, 36TH FLOOR</u>  <u>NEW YORK, NY 10018</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	<u>PAUL WEISS RIFKIND WHARTON &amp; GARRISON</u> <u>LLP</u>  <u>1285 AVENUE OF THE AMERICAS</u>  <u>NEW YORK, NY 10019</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	<u>PERSHING SQUARE FOUNDATION</u>  <u>888 SEVENTH AVENUE, 42ND FLOOR</u>  <u>NEW YORK, NY 10019</u>	\$ <u>475,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	<u>PETER BLOOM &amp; JANET GREENFIELD</u> <u>C/O ECHOING GREEN, 494 8TH AVENUE, 2ND</u> <u>FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	<u>PHILIP P. TRAHANAS</u> <u>THREE PICKWICK PLAZA</u> <u>GREENWICH, CT 06830</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	<u>RED CRANE FOUNDATION</u> <u>PO BOX 73</u> <u>NEW YORK, NY 10274</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	<u>RENE KERN</u> <u>55 EAST 52ND STREET, 32ND FLOOR</u> <u>NEW YORK, NY 10055</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	<u>ROBBERT VORHOFF</u> <u>PARK AVENUE PLAZA, 32ND FLOOR, 55 EAST 52ND STREET</u> <u>NEW YORK, NY 10055</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	<u>RUSSELL I. KLING AND JELENA GMTROVIC</u> <u>C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR</u> <u>NEW YORK, NY 10001</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	<u>STANLEY F. DRUCKENMILLER</u> <u>C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR</u> <u>NEW YORK, NY 10001</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	<u>ANONYMOUS</u> <u>C/O ECHOING GREEN, 494 8TH AVE, 2ND</u> <u>FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	<u>STEVE AND ROBERTA DENNING</u> <u>C/O ECHOING GREEN, 494 8TH AVENUE, 2ND</u> <u>FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	<u>STEVEN B. MALKENSON</u> <u>C/O ECHOING GREEN, 494 8TH AVENUE, 2ND</u> <u>FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	<u>THE ALTSCHUL FOUNDATION</u> <u>C/O HOLLAND AND KNIGHT LLP, 195</u> <u>BROADWAY, 23RD FLOOR</u>  <u>NEW YORK, NY 10007</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	<u>THE ANNIE E. CASEY FOUNDATION</u>  <u>701 ST. PAUL STREET</u>  <u>BALTIMORE, MD 21202</u>	\$ <u>41,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	<u>ANONYMOUS</u> <u>C/O ECHOING GREEN, 494 8TH AVE, 2ND</u> <u>FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	THE DAVID & BARBARA HIRSCHHORN FOUNDATION  C/O AFS, 10 E BALTIMORE, SUITE 1111  BALTIMORE, MD 21202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	THE FLORA FAMILY FOUNDATION  2121 SAND HILL ROAD, SUITE 123  MENLO PARK, CA 94025	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	ANONYMOUS C/O ECHOING GREEN, 494 8TH AVE, 2ND FLR  NEW YORK, NY 10001	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	THE JASMINE CHARITABLE TRUST  36 FORTIFICATION ROAD, KARAKA BAY  WELLINGTON, NY 6022, NEW ZEALAND	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	THE MORIAH FUND ONE FARRAGUT SQUARE SOUTH, 1634 I STREET NW #1000  WASHINGTON, DC 20006	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	THE SEINFELD FAMILY FOUNDATION C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR  NEW YORK, NY 10001	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ECHOING GREEN</b>	Employer identification number <b>13-3424419</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79	<u>THE SKOLL FUND</u>  <u>250 UNIVERSITY AVENUE, SUITE 200</u>  <u>PALO ALTO, CA 94301</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	<u>THOMAS DITOSTO</u>  <u>15 BROOKLAWN DRIVE</u>  <u>SHORT HILLS, NJ 07078</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	<u>TIANDERRAH FOUNDATION</u>  <u>237 MAIN STREET, PO BOX 639</u>  <u>UNADILLA, NY 13849</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	<u>TOM TINSLEY</u>  <u>2401 PENNSYLVANIA AVENUE NW, SUITE 480</u>  <u>WASHINGTON, DC 20037</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	<u>UHURU</u>  <u>410 PARK AVENUE, STE 1720</u>  <u>NEW YORK, NY 10022</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	<u>ANONYMOUS</u> <u>C/O ECHOING GREEN, 494 8TH AVE, 2ND</u> <u>FLR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>212,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
BANK ACCOUNT INTEREST	7,822.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	7,822.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MONEY MARKET ACCOUNT DIVIDENDS	14,796.	0.	14,796.
TOTAL TO FM 990-PF, PART I, LN 4	14,796.	0.	14,796.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	23,847.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	23,847.	0.	

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	42,920.	21,460.		21,460.
AUDIT AND TAX PREPARATION	13,000.	1,000.		11,303.
TO FORM 990-PF, PG 1, LN 16B	55,920.	22,460.		32,763.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER	309,395.	0.		319,640.	
TO FORM 990-PF, PG 1, LN 16C	309,395.	0.		319,640.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TELEPHONE AND COMMUNICATIONS	16,614.	0.		16,614.	
POSTAGE AND MAILING	12,210.	0.		13,681.	
PRINTING	13,151.	0.		13,151.	
OFFICE SUPPLIES AND SERVICES	24,172.	0.		25,851.	
EVENT FEES AND CATERING	76,512.	0.		79,796.	
MISCELLANEOUS	9,950.	0.		17,448.	
CONFERENCES AND GRANT SELECTION EXPENSES	69,227.	0.		63,913.	
TO FORM 990-PF, PG 1, LN 23	221,836.	0.		230,454.	

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
OFFICE EQUIPMENT	99,633.	97,418.	2,215.		
COMPUTER EQUIPMENT	48,374.	48,374.	0.		
FURNITURE AND FIXTURES	36,857.	35,113.	1,744.		
LEASEHOLD IMPROVEMENTS	5,342.	5,342.	0.		
TOTAL TO FM 990-PF, PART II, LN 14	190,206.	186,247.	3,959.		

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 8  
PART VII-A, LINE 10

NAME OF CONTRIBUTOR	ADDRESS
FORD FOUNDATION	320 EAST 43RD STREET, NEW YORK, NY 10017
KELLOGG FOUNDATION	1 MICHIGAN AVENUE EAST, BATTLE CREEK, MI 49017

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 9  
TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID C. HODGSON 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	CHAIRMAN 1.00	0.	0.	0.
WILLIAM A. ACKMAN 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
MAYA AJMERA 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
CARTER F. BALES 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
ESTHER BENJAMIN 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	TREASURER 1.00	0.	0.	0.
PETER J. CAMPBELL 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
GUY DE CHAZAL 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.



PATRICK CORVINGTON 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
BETSY FADER 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
MARIANNE GIMON 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
ANDREW R. KASSOY 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
REGGIE STANLEY 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
JEROME C. VASCELLARO 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
DAN WEISS 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
DIANA PROPPER DE CALLEJON 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
PAUL GRAVES 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	DIRECTOR 1.00	0.	0.	0.
CHERYL DORSEY 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	PRESIDENT 40.00	160,000.	13,117.	0.
CAROLYN BESS 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	VP DEVELOPMENT 40.00	157,577.	7,315.	13,687.
LARA GALINSKY 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	SENIOR VICE PRESIDENT 40.00	119,248.	12,046.	0.
HEATHER MCGREW 494 EIGHTH AVENUE - 2ND FLOOR NEW YORK, NY 10001-2519	VP PROGRAMS 40.00	122,280.	12,825.	0.

SHIRA HUSBANDS-HANKIN  
494 EIGHTH AVENUE - 2ND FLOOR  
NEW YORK, NY 10001-2519

SECRETARY/ADMINISTRATOR

40.00                      38,000.                      1,267.                      0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

597,105.                      46,570.                      13,687.

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT  
PART VII-B, LINE 5C

STATEMENT 10

GRANTEE'S NAME

GREEN COAST ENTERPRISES

GRANTEE'S ADDRESS

229-B N GENOIS STREET  
NEW ORLEANS, LA 70019

GRANT AMOUNT

45,000.

DATE OF GRANT

09/15/08

AMOUNT EXPENDED

45,000.

PURPOSE OF GRANT

SOCIAL CHANGE

DATES OF REPORTS BY GRANTEE

FEB 2009 & SEP 2009

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

GREEN MANGO

GRANTEE'S ADDRESS

50 LEXINGTON AVENUE, #16H  
NEW YORK, NY 10010

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
45,000.	09/15/08	45,000.

PURPOSE OF GRANT

SOCIAL CHANGE

DATES OF REPORTS BY GRANTEE

FEB 2009 & SEP 2009

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

PHARMASECURE, INC.

GRANTEE'S ADDRESS

16 CAVENDISH COURT  
LEBANON, NH 03766

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
30,000.	09/15/08	30,000.

PURPOSE OF GRANT

SOCIAL CHANGE

DATES OF REPORTS BY GRANTEE

FEB 2009 & SEP 2009

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

SKILL-LIFE INC.

GRANTEE'S ADDRESS

2530 BEEHWOOD BLVD.  
PITTSBURGH, PA 15217

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
30,000.	09/15/08	30,000.

PURPOSE OF GRANT

SOCIAL CHANGE

DATES OF REPORTS BY GRANTEE

FEB 2009 & SEP 2009

ANY DIVERSION BY GRANTEE

NONE

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
PAID DURING THE YEAR

STATEMENT 11

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
A SINGLE DROP, 367 KNIGHTS CIRCLE, VALLEJO, CA 94591	NONE FELLOWSHIP	PUBLIC CHARITY	46,000.
ADARSH KUMAR C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
ADITYA NATRAJ C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
AIDG, PO BOX 104, WESTON, MA 02493	NONE ACCELERATOR GRANT	PUBLIC CHARITY	18,500.
ADVOCATES FOR INFORMED CHOICES, 6530 EAGLE RIDGE ROAD, PENNGROVE, CA 94951	NONE FELLOWSHIP	PUBLIC CHARITY	30,719.
ASYLUM ACCESS, 115 1/2 BARTLETT ST., SAN FRANCISCO, CA 94110	NONE FELLOWSHIP	PUBLIC CHARITY	31,000.
BUFFALO REUSE, 298 NORTHAMPTON ST., BUFFALO, NY 14208	NONE FELLOWSHIP	PUBLIC CHARITY	30,000.
BUILD CHANGE, 1233 CALIFORNIA ST. #310, SAN FRANCISCO, CA 94109	NONE ACCELERATOR GRANT	PUBLIC CHARITY	25,000.

BUILDING TOMORROW, 407 NORTH FULTON ST., INDIANAPOLIS, IN 46202	NONE  FELLOWSHIP	PUBLIC CHARITY	31,524.
CATHERINE ORENSTEIN C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,999.
CENTRO DE LOS DERECHOS DEL MIG, CALLE VICTOR ROSALES, 164 COL. CENTRO ZACATE	NONE  ACCELERATOR GRANT	PUBLIC CHARITY	25,000.
CHORDOMA FOUNDATION, PO BOX 4562, GREENSBORO, NC 27404	NONE  FELLOWSHIP	PUBLIC CHARITY	31,000.
CREA COMUNIDADES, SC INSURGENTES CENTRO NO 41, COLONIA SAN RAFAEL, 06470 ME	NONE  FELLOWSHIP	PUBLIC CHARITY	45,862.
CREATIVE INTERVENTIONS, 1904 FRANKLIN STREET, #200, OAKLAND, CA 94612	NONE  ACCELERATOR GRANT	PUBLIC CHARITY	25,000.
DISASTER ACCOUNTABILITY PROJECT, 31 NORTH QUAKER LANE, WEST HARTFORD, CT 061	NONE  FELLOWSHIP	PUBLIC CHARITY	31,000.
EG JUSTICE, 998 NORTHWEST BLVD, COLUMBUS, OH 43212	NONE  FELLOWSHIP	PUBLIC CHARITY	30,000.
ELIZABETH SCHARPF C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	31,000.



EMBRACE, 20170 THELMA AVE, SARATOGA, CA 95070	NONE FELLOWSHIP	PUBLIC CHARITY	45,621.
ENGLISH AT WORK, 3710 CEDAR STREET, SUITE 227, AUSTIN, TX 78705	NONE FELLOWSHIP	PUBLIC CHARITY	31,000.
GENOCIDE INTERVENTION NETWORK, 1200 18TH STREET NW, SUITE 320, WASHINGTON, D	NONE ACCELERATOR GRANT	PUBLIC CHARITY	25,000.
GREEN COAST ENTERPRISES, 229-B N GENOIS STREET, NEW ORLEANS, LA 70119	NONE FELLOWSHIP	LIMITED LIABILITY COMPANY	45,375.
GREEN MANGO, 50 LEXINGTON AVENUE, 16H, NEW YORK, NY 10010	NONE FELLOWSHIP	LIMITED LIABILITY COMPANY	45,000.
GTECH STRATEGIES INC., 214 N. LEXINGTON STREET, PITTSBURGH, PA 15208	NONE FELLOWSHIP	PUBLIC CHARITY	45,000.
HOT BREAD KITCHEN, 232 THIRD STREET, #A108, BROOKLYN, NY 11215	NONE FELLOWSHIP	PUBLIC CHARITY	30,943.
IMAK INC., 323 WEST 96TH STREET, #405, NEW YORK, NY 10025	NONE FELLOWSHIP	PUBLIC CHARITY	45,000.
JASKARAN KAUR C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE ACCELERATOR GRANT	N/A	25,000.
JOHN THOMPSON C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	31,127.

KHMER LEGACIES, 55 PROSPECT STREET #3, NEW HAVEN, CT 06511	NONE FELLOWSHIP	PUBLIC CHARITY	31,000.
LAURIE PARISE C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE ACCELERATOR GRANT	N/A	25,000.
MERCADO GLOBAL, 20 MICHELL DRIVE, NEW HAVEN, CT 06510	NONE ACCELERATOR GRANT	PUBLIC CHARITY	25,000.
MOBILE METRIX, 1356 8TH AVENUE, ENCINA HALL WEST, ROOM 204, SAN FRANCISCO, C	NONE FELLOWSHIP	PUBLIC CHARITY	30,000.
MUBUSO ZAMCHIYA C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
NINA DUDNIK C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	31,000.
NATIVE AMERICAN COMMUNITY ACADEMY, 1100 CARDENAS AVE SE, ALBUQUERQUE, NM 871	NONE ACCELERATOR GRANT	PUBLIC CHARITY	10,000.
NOLA180, 3519 TRAFALGAR ST, NEW ORLEANS, LA 70119	NONE FELLOWSHIP	PUBLIC CHARITY	30,000.
ONE ACRE FUND, 1742 TATUM ST., FALCON HEIGHTS, MN 55113	NONE FELLOWSHIP	PUBLIC CHARITY	30,000.

PHARMASECURE INC. 16 CAVENDISH COURT, LEBANON, NH 03766	NONE FELLOWSHIP	CORPORATION	46,000.
RAFA CANCEL-VAZQUEZ C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
RAFAQ R KALAM ID DIN C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,615.
ROBERT MUTSAERS C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	31,000.
RURAL CHINA EDUCATION FUND, PO BOX 92424, ROCHESTER, NY 14692	NONE FELLOWSHIP	PUBLIC CHARITY	46,000.
SAMAH SALAIME C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
SEHNAZ LAYIKEL C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
SKILL-LIFE INC. 2530 BEECHWOOD BLVD, PITTSBURGH, PA 15217	NONE FELLOWSHIP	CORPORATION	30,525.
SOLIYA, 1207 LUCILLE AVENUE, VENICE, CA 90291	NONE ACCELERATOR GRANT	PUBLIC CHARITY	25,000.
THE RECIPROCITY FOUNDATION, 100 CHURCH ST, SUITE 1604, NEW YORK, NY 10007	NONE FELLOWSHIP	PUBLIC CHARITY	46,000.

THE WAGE JUSTICE CENTER, 1930 WILSHIRE BLVD, STE 500A, LOS ANGELES, CA 90057	NONE  FELLOWSHIP	PUBLIC CHARITY	45,000.
US PUBLIC SERVICE ACADEMY, 1225 I ST NW, SUITE 600, WASHINGTON, DC 20005	NONE  FELLOWSHIP	PUBLIC CHARITY	30,379.
VENTURES IN DEVELOPMENT, THE BELCHERS TOWER 2, FLAT 49G, 89 POKFULAM ROAD, H	NONE  FELLOWSHIP	PUBLIC CHARITY	45,000.
VIDEO VOLUNTEERS, PO BOX 6, BELLVALE, NY 10912	NONE  FELLOWSHIP	PUBLIC CHARITY	15,000.
GRANTEE HEALTH INSURANCE			126,536.
TOTAL TO FORM 990-PF, PART XV, LINE 3A			<u>1,740,725.</u>

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
APPROVED FOR FUTURE PAYMENT

STATEMENT 12

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ACCOUNTABILITY COUNSEL, 53 ALVARADO STREET, SAN FRANCISCO, CA 94110	NONE  FELLOWSHIP	PUBLIC CHARITY	60,000.
CITIZENS MARKET, 5 LINDA LANE, APT 43, DORCHESTER, MA 02125	NONE  FELLOWSHIP	PUBLIC CHARITY	60,000.
CITY HALL FELLOWS, INC., 286 N MADISON AVE, UNIT 11D, PASADENA, CA 91101	NONE  FELLOWSHIP	PUBLIC CHARITY	60,000.
EDUCATE!, P.O. BOX 4847, BOULDER, CO 80306-4847	NONE  FELLOWSHIP	PUBLIC CHARITY	60,000.
THE EXTRAORDINARIES, 1775 O'FARRELL ST., APT. #9, SAN FRANCISCO, CA 94115	NONE  FELLOWSHIP	LIMITED LIABILITY COMPANY	60,000.
FROGTEK, 330 W 58TH ST., #11E, NEW YORK, NY 10019	NONE  FELLOWSHIP	LIMITED LIABILITY COMPANY	60,000.
GARDENS FOR HEALTH INTERNATIONAL, 9 AVON STREET, CAMBRIDGE, MA 02138	NONE  FELLOWSHIP	PUBLIC CHARITY	90,000.
GLOBAL HEALTH CORPS, 15 W 9TH ST. APT. 5, NEW YORK, NY 10011	NONE  FELLOWSHIP	PUBLIC CHARITY	90,000.

INCENTIVE MENTORING PROGRAM, 822 CAREN DRIVE, ELDERSBURG, MD 21784	NONE FELLOWSHIP	PUBLIC CHARITY	60,000.
INDIA GOVERNS, 66, GAUTAM APARTMENTS, GULMOHAR PARK ROAD, NEW DELHI, 110049,	NONE FELLOWSHIP	PUBLIC CHARITY	60,000.
THE JUICE PROJECT, 3734 S SPRING AVE., ST. LOUIS, MO 63116	NONE FELLOWSHIP	PUBLIC CHARITY	90,000.
MIDEAST YOUTH, P.O. BOX 5516, ISA TOWN 5516, BAHRAIN	NONE FELLOWSHIP	PUBLIC CHARITY	60,000.
MIRAKLE COURIERS 101 B PRIME AVENUE, VILLE PARLE (WEST), MUMBAI, MAHARSHTRA 400053, INDIA	NONE FELLOWSHIP	CORPORATION	60,000.
NEW MEDIA ADVOCACY PROJECT, 75 HENRY STREET, BROOKLYN, NY 10010	NONE FELLOWSHIP	PUBLIC CHARITY	60,000.
CHORDOMA FOUNDATION, PO BOX 4562, GREENSBORO, NC 27404	NONE FELLOWSHIP	PUBLIC CHARITY	30,000.
CREA COMUNIDADES, SC INSURGENTES CENTRO NO 41, COLONIA SAN RAFAEL, 06470 ME	NONE FELLOWSHIP	PUBLIC CHARITY	45,000.
DISASTER ACCOUNTABILITY PROJECT, 31 NORTH QUAKER LANE, WEST HARTFORD, CT 061	NONE FELLOWSHIP	PUBLIC CHARITY	30,000.
EMBRACE, 20170 THELMA AVE, SARATOGA, CA 95070	NONE FELLOWSHIP	PUBLIC CHARITY	45,000.

GREEN COAST ENTERPRISES, 229-B N GENOIS STREET, NEW ORLEANS, LA 70119	NONE  FELLOWSHIP	LIMITED LIABILITY COMPANY	45,000.
GREEN MANGO, 50 LEXINGTON AVENUE, 16H, NEW YORK, NY 10010	NONE  FELLOWSHIP	LIMITED LIABILITY COMPANY	45,000.
GTECH STRATEGIES INC., 214 N. LEXINGTON STREET, PITTSBURGH, PA 15208	NONE  FELLOWSHIP	PUBLIC CHARITY	45,000.
IMAK INC., 323 WEST 96TH STREET, #405, NEW YORK, NY 10025	NONE  FELLOWSHIP	PUBLIC CHARITY	45,000.
PHARMASECURE INC. 16 CAVENDISH COURT, LEBANON, NH 03766	NONE FELLOWSHIP	CORPORATION	45,000.
VENTURES IN DEVELOPMENT, THE BELCHERS TOWER 2, FLAT 49G, 89 POKFULAM ROAD, H	NONE  FELLOWSHIP	PUBLIC CHARITY	45,000.
ADVOCATES FOR INFORMED CHOICES, 6530 EAGLE RIDGE ROAD, PENNGROVE, CA 94951	NONE  FELLOWSHIP	PUBLIC CHARITY	30,000.
RAFA CANCEL-VAZQUEZ C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
HOT BREAD KITCHEN, 232 THIRD STREET, #A108, BROOKLYN, NY 11215	NONE FELLOWSHIP	PUBLIC CHARITY	30,000.

## ECHOING GREEN

13-3424419

ADITYA NATRAJ C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
ADARSH KUMAR C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
MUBUSO ZAMCHIYA C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
ELIZABETH SCHARPF C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
CATHERINE ORENSTEIN C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
SAMAH SALAIME C/O ECHOING GREEN, 494 8TH AVENUE, 2ND FLR, NEW YORK, NY 10001	NONE FELLOWSHIP	N/A	30,000.
DISCOUNTING OF GRANTS PAYABLE TO PRESENT VALUE			-32,976.
TOTAL TO FORM 990-PF, PART XV, LINE 3B			<u>1,587,024.</u>



**Depreciation and Amortization** 990-PF  
 (Including Information on Listed Property)

**2008**  
 Attachment  
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **ECHOING GREEN** Business or activity to which this form relates: **FORM 990-PF PAGE 1** Identifying number: **13-3424419**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	20,120.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	20,120.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2008 tax year: 43 Amortization of costs that began before your 2008 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>			<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>  <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization		Employer identification number		
	ECHOING GREEN		13-3424419		
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only		
494 EIGHTH AVENUE - 2ND FLOOR					
City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
NEW YORK, NY 10001-2519					

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
 Form 990-PF   
 Form 990-T (trust other than above)   
 Form 4720   
 Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**JOHN WALKER**

• The books are in the care of **▶ 494 EIGHTH AVENUE - 2ND FLOOR - NEW YORK, NY 10001-2519**  
 Telephone No. **▶ 212-689-1165** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **MAY 15, 2010**.

**5** For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

**6** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**7** State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.**

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c</b>	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** \_\_\_\_\_ Title **▶** \_\_\_\_\_ Date **▶** \_\_\_\_\_