

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

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ECHOING GREEN, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>462 7TH AVENUE, 13TH FLOOR</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10018</b>	<b>D</b> Employer identification number <b>13-3424419</b>  <b>E</b> Telephone number <b>212-689-1165</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>9,108,824.</b>
<b>J</b> Website: <b>WWW.ECHOINGGREEN.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>NY</b>
<b>F</b> Name and address of principal officer: <b>CHERYL DORSEY</b> <b>SAME AS C ABOVE</b>		
<b>H(c)</b> Group exemption number		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>ASSISTING TOP EMERGING SOCIAL ENTREPRENEURS TO CREATE INNOVATIVE SOCIAL CHANGE WORLDWIDE.</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 23
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 22
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b> 37
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 721
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b> 17,872,933. 8,653,858.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b> 501,265. 250,018.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b> 8,611. 4,975.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b> 124,942. 91,450.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b> 18,507,751. 9,000,301.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b> 3,944,099. 4,160,060.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b> 0. 0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b> 3,002,589. 3,691,183.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b> 111,648. 104,394.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>1,244,504.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b> 2,061,580. 3,320,129.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b> 9,119,916. 11,275,766.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b> 9,387,835. -2,275,465.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b> 19,215,897. 17,728,888.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b> 4,473,213. 5,266,994.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b> 14,742,684. 12,461,894.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>CHERYL DORSEY, PRESIDENT</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>FREDERICK MARTENS</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00298107</b>
	Firm's name <b>LUTZ AND CARR, CPAS LLP</b> Firm's address <b>300 EAST 42ND STREET</b> <b>NEW YORK, NY 10017</b>	Firm's EIN <b>13-1655065</b> Phone no. <b>212-697-2299</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ECHOING GREEN UNLEASHES NEXT GENERATION TALENT TO SOLVE THE WORLD'S BIGGEST PROBLEMS. SINCE OUR FOUNDING ALMOST 25 YEARS AGO BY THE PRIVATE EQUITY FIRM, GENERAL ATLANTIC, WE HAVE FOCUSED OUR EFFORTS ON IDENTIFYING AND FUNDING PROMISING SOCIAL ENTREPRENEURS TO HELP THEM

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

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

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

4a (Code: ) (Expenses \$ 7,283,470. including grants of \$ 4,160,060. ) (Revenue \$ 321,851. ) FELLOWSHIP AND ALUMNI PROGRAM - THE ECHOING GREEN FELLOWSHIP PROGRAM FOCUSES ON IDENTIFYING AND FUNDING PROMISING SOCIAL ENTREPRENEURS TO HELP THEM LAUNCH INNOVATIVE SOCIAL CHANGE ORGANIZATIONS WORLDWIDE. WE'VE INVESTED CLOSE TO \$30 MILLION IN SEED FUNDING TO NEARLY 500 SOCIAL ENTREPRENEURS WHO WORK TO SOLVE DEEP-ROOTED PROBLEMS IN THE WORLD THROUGH THEIR INNOVATIVE IDEAS. THROUGH OUR TWO-YEAR ECHOING GREEN FELLOWSHIP PROGRAM, WE PROVIDE START-UP CAPITAL AND TECHNICAL ASSISTANCE TO HELP NEW LEADERS LAUNCH THEIR ORGANIZATIONS AND BUILD CAPACITY. WE OFFER GRANTS OF UP TO \$90,000, A HEALTH INSURANCE REIMBURSEMENT STIPEND, A YEARLY PROFESSIONAL DEVELOPMENT STIPEND, ACCESS TO CONFERENCES LED BY ORGANIZATIONAL DEVELOPMENT EXPERTS, ACCESS TO TECHNICAL SUPPORT AND PRO BONO PARTNERSHIPS TO HELP GROW YOUR

4b (Code: ) (Expenses \$ 606,574. including grants of \$ ) (Revenue \$ 3,691. ) YOUTH ENGAGEMENT - A MULTI-MEDIA PLATFORM THAT SERVES AS A KEY HUB OF YOUTH ACTIVITY ON SOCIAL ENTREPRENEURSHIP, AND DRIVES THE MOBILIZATION OF YOUNG PROFESSIONALS INTO CAREERS OF SOCIAL CHANGE. THE ACTIVITIES INCLUDE PUBLISHING OUR NEW, 2ND-EDITION "BE BOLD" BOOK, WORK ON PURPOSE, WHICH DELVES MORE DEEPLY INTO THE LIFE JOURNEYS AND LESSONS OF TOP SOCIAL ENTREPRENEURS, EXPANDING ECHOING GREEN'S JUNIOR BOARD, THE SOCIAL INVESTMENT COUNCIL TO PARTNER WITH ECHOING GREEN AND OUR FELLOWS AND DEVELOPING ECHOING GREEN'S WEBSITE AND SOCIAL MEDIA OFFERINGS TO HELP YOUNG PEOPLE NAVIGATE THE CHANGEMAKING LANDSCAPE.

4c (Code: ) (Expenses \$ 421,788. including grants of \$ ) (Revenue \$ ) IMPACT INVESTING - THE IMPACT INVESTING PROGRAM SEEKS TO UNLEASH NEXT GENERATION TALENT CRITICAL TO THE IMPACT INVESTMENT MARKET'S SUCCESS BY MAKING IT EASIER FOR EMERGING SOCIAL ENTREPRENEURS AND FUNDERS TO INTERACT AND PARTNER. ACTIVITIES INCLUDE SHARING OUR KNOWLEDGE AND DATA ON THE STATE OF EMERGING SOCIAL INNOVATION, ELEVATING THE PROFILE OF GLOBAL SOCIAL ENTREPRENEURS IN KEY IMPACT INVESTMENT COMMUNITIES BY HIGHLIGHTING BOTH CHALLENGES AND BEST PRACTICES IN EARLY STAGE FUNDING AND SUPPORT PARTNERSHIPS. THROUGH REGIONAL SITE VISITS AND THOUGHT LEADERSHIP, WE ARE SPREADING URGENCY AROUND THIS LACK OF APPROPRIATE CAPITAL, AND ARE ENCOURAGING OTHERS TO JOIN US AND ALSO PROVIDE FOLLOW-ON INVESTMENT. IN ADDITION, WE ARE PILOTING AN INNOVATIVE MODEL OF TALENT DEVELOPMENT AND INVESTMENT READINESS SUPPORT FOR FELLOWS WHO

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

4e Total program service expenses 8,311,832.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes rows for Form 1096, Form W-2G, Form W-3, and various other IRS filing requirements.

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **MATT SMITH - 212-400-3950**  
**462 7TH AVENUE, 13TH FLOOR, NEW YORK, NY 10018**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID HODGSON CO-CHAIR	1.00	X		X				0.	0.	0.
(2) MAYA AJMERA CO-CHAIR	1.00	X		X				0.	0.	0.
(3) CHERYL DORSEY PRESIDENT/EXECUTIVE DIR.	40.00	X		X			217,500.	0.	23,848.	
(4) MARC SAIONTZ TREASURER	1.00	X		X			0.	0.	0.	
(6) ESTHER BENJAMIN BOARD MEMBER	1.00	X					0.	0.	0.	
(7) STEVE BUFFONE BOARD MEMBER	1.00	X					0.	0.	0.	
(8) PETER CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
(9) GUY DE CHAZAL BOARD MEMBER	1.00	X					0.	0.	0.	
(10) BETSY FADER BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MARIANNE GIMON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) DAVID ISSROFF BOARD MEMBER	1.00	X					0.	0.	0.	
(13) KAREN KAHELA SHERWOOD BOARD MEMBER	1.00	X					0.	0.	0.	
(14) ANDREW KASSOY BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MARIE KELLY BOARD MEMBER	1.00	X					0.	0.	0.	
(16) JOSHUA MAILMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(17) CARTER MCCLELLAND BOARD MEMBER	1.00	X					0.	0.	0.	
(18) AJAY NAGPAL BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(19) DIANA PROPPER DE CALLEJON BOARD MEMBER	1.00	X						0.	0.	0.
(20) ADAM SHAPIRO BOARD MEMBER	1.00	X						0.	0.	0.
(21) JEROME VASCELLARO BOARD MEMBER	1.00	X						0.	0.	0.
(22) ROBB VORHOFF BOARD MEMBER	1.00	X						0.	0.	0.
(23) DANIEL WEISS BOARD MEMBER	1.00	X						0.	0.	0.
(24) LARRY WIESENECK BOARD MEMBER	1.00	X						0.	0.	0.
(24) SHALENA BROADNAX-KRUMM SECRETARY	1.00	X		X				0.	0.	0.
(25) LARA GALINSKY VICE PRESIDENT	40.00			X				192,442.	0.	29,430.
(26) MATT SMITH DIRECTOR OF FINANCE	40.00			X				130,167.	0.	24,448.
<b>1b Sub-total</b>								540,109.	0.	77,726.
<b>c Total from continuation sheets to Part VII, Section A</b>								309,500.	0.	31,845.
<b>d Total (add lines 1b and 1c)</b>								849,609.	0.	109,571.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TAYLOR & MILLER ARCHITECTURE & DESIGN, 37 GREENPOINT AVE., STE. 4C, BROOKLYN, NY	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**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RICHARD LEIMSIDER DIRECTOR OF FELLOW & ALUMN	40.00					X		155,500.	0.	12,335.
(28) ANA VAZQUEZ DIRECTOR OF DEVELOPMENT	40.00					X		154,000.	0.	19,510.
Total to Part VII, Section A, line 1c .....								309,500.		31,845.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	713,024.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	7,940,834.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		123,672.				
	<b>h Total.</b> Add lines 1a-1f .....		8,653,858.				
<b>Program Service Revenue</b>	<b>2 a</b> <b>GRANT ASSIGNMENT REVENUE</b> .....	<b>Business Code</b> 900099	250,018.	250,018.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		250,018.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,975.			4,975.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 713,024. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		107,234.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	107,234.			
		<b>c</b> Net income or (loss) from fundraising events .....		0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>		4,980.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	1,289.				
	<b>c</b> Net income or (loss) from sales of inventory .....		3,691.	3,691.			
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> <b>OTHER INCOME</b> .....	900099		87,759.	71,833.		15,926.	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			87,759.				
<b>12 Total revenue.</b> See instructions. ....			9,000,301.	325,542.	0.	20,901.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,577,529.	1,577,529.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	974,342.	974,342.		
<b>3</b> 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.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	692,129.	173,431.	423,125.	95,573.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,263,372.	1,229,576.	536,117.	497,679.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,302.	49,030.	15,954.	19,318.
<b>9</b> Other employee benefits	415,466.	208,838.	118,562.	88,066.
<b>10</b> Payroll taxes	235,914.	113,399.	74,678.	47,837.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	327,507.	209,675.	54,383.	63,449.
<b>b</b> Legal	901.	488.	211.	202.
<b>c</b> Accounting	43,394.	24,397.	9,565.	9,432.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	104,394.			104,394.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	484,843.	297,934.	172,635.	14,274.
<b>12</b> Advertising and promotion	14,319.	9,203.	4,753.	363.
<b>13</b> Office expenses	272,962.	104,706.	127,908.	40,348.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	579,662.	327,760.	131,802.	120,100.
<b>17</b> Travel	1,013,206.	954,567.	20,955.	37,684.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	127,209.	72,840.	27,210.	27,159.
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> <b>EVENT FEES &amp; CATERING</b>	385,237.	326,708.	469.	58,060.
<b>b</b> <b>MISCELLANEOUS</b>	70,889.	49,220.	1,103.	20,566.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	11,275,766.	8,311,832.	1,719,430.	1,244,504.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,131,740.	<b>1</b>	1,558,809.
	<b>2</b> Savings and temporary cash investments .....	4,586,426.	<b>2</b>	4,192,510.
	<b>3</b> Pledges and grants receivable, net .....	11,589,034.	<b>3</b>	11,016,312.
	<b>4</b> Accounts receivable, net .....	50,924.	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	7,353.	<b>8</b>	6,064.
	<b>9</b> Prepaid expenses and deferred charges .....	113,485.	<b>9</b>	206,516.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 829,490.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 213,161.		
	<b>11</b> Investments - publicly traded securities .....	7,829.	<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	25,861.	<b>12</b>	20,536.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	141,562.	<b>15</b>	111,812.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	19,215,897.	<b>16</b>	17,728,888.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	387,776.	<b>17</b>	506,176.
	<b>18</b> Grants payable .....	4,085,437.	<b>18</b>	4,574,087.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	186,731.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,473,213.	<b>26</b>	5,266,994.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,398,097.	<b>27</b>	2,185,725.
	<b>28</b> Temporarily restricted net assets .....	12,105,252.	<b>28</b>	10,036,834.
	<b>29</b> Permanently restricted net assets .....	239,335.	<b>29</b>	239,335.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	14,742,684.	<b>33</b>	12,461,894.
<b>34</b> Total liabilities and net assets/fund balances .....	19,215,897.	<b>34</b>	17,728,888.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,000,301.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,275,766.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,275,465.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,742,684.
5	Net unrealized gains (losses) on investments	5	
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	12,461,894.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2014)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3502438.	4921009.	7602156.	17872933.	8653858.	42552394.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3502438.	4921009.	7602156.	17872933.	8653858.	42552394.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						18773088.
<b>6 Public support.</b> Subtract line 5 from line 4.						23779306.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	3502438.	4921009.	7602156.	17872933.	8653858.	42552394.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	17,542.	17,444.	16,429.	8,611.	4,975.	65,001.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	818.	40.	4,800.	3,185.	15,926.	24,769.
<b>11 Total support.</b> Add lines 7 through 10						42642164.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,497,430.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	55.76 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	51.12 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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 in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**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% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**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 Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> 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
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

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

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

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 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 .....	▶ \$ _____
- 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:
 

a Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	239,335.	239,335.	239,335.	239,335.	239,335.
b Contributions					
c Net investment earnings, gains, and losses	993.	1,076.	1,021.	522.	916.
d Grants or scholarships					
e Other expenditures for facilities and programs	993.	1,076.	1,021.	522.	916.
f Administrative expenses					
g End of year balance	239,335.	239,335.	239,335.	239,335.	239,335.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		233,012.	26,088.	206,924.
d Equipment		177,207.	31,980.	145,227.
e Other		419,271.	155,093.	264,178.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				616,329.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	186,731.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	186,731.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

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

1	Total revenue, gains, and other support per audited financial statements		1	9,275,506.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	280,530.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-5,325.	
e	Add lines 2a through 2d	2e		275,205.
3	Subtract line 2e from line 1		3	9,000,301.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,000,301.

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

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

1	Total expenses and losses per audited financial statements		1	11,556,296.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	280,530.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		280,530.
3	Subtract line 2e from line 1		3	11,275,766.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,275,766.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

INTEREST EARNED ON THE ENDOWMENT FUND IS IMMEDIATELY AVAILABLE FOR USE IN GENERAL OPERATIONS.

**PART X, LINE 2:**

MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS AND CONCLUDED THAT NO DISCLOSURES RELATED TO UNCERTAIN TAX POSITIONS ARE REQUIRED IN THE FINANCIAL STATEMENTS.

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

ADJUSTMENT OF INVESTMENT TO NET REALIZABLE VALUE -5,325.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	832,475.
EAST ASIA AND THE PACIFIC	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	9,556.
SOUTH AMERICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	80,000.
SOUTH ASIA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	596,158.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTING TO INDIVIDUALS AND ORGANIZATIONS ONLY	FELLOWSHIP PROGRAM AND RELATED ACTIVITIES	90,000.
<b>3 a</b> Sub-total .....	0	0			1,608,189.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,608,189.

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

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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FISCAL SPONSORSHIP	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FISCAL SPONSORSHIP	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP AWARD	80,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP AWARD	80,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP AWARD	90,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP AWARD	90,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FELLOWSHIP AWARD	80,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	FELLOWSHIP AWARD	90,000.	WIRE TRANSFER	0.		

2 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 ..... **4**

3 Enter total number of other organizations or entities ..... **12**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	FELLOWSHIP AWARD	80,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	FELLOWSHIP AWARD	80,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	FELLOWSHIP AWARD	90,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	FELLOWSHIP AWARD	90,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	FELLOWSHIP AWARD	80,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	FELLOWSHIP AWARD	80,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	FISCAL SPONSORSHIP	9,500.	WIRE TRANSFER	0.		
		SOUTH ASIA	FISCAL SPONSORSHIP	155,700.	WIRE TRANSFER	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FISCAL SPONSORSHIP	SUB-SAHARAN AFRICA	1	95,000.	WIRE TRANSFER	0.		
FELLOWSHIP PROGRAM - AWARD	SUB-SAHARAN AFRICA	5	260,000.	WIRE TRANSFER	0.		
FELLOWSHIP PROGRAM - CASH ASSISTANCE	SUB-SAHARAN AFRICA	7	11,475.	WIRE TRANSFER	0.		
FELLOWSHIP PROGRAM - CASH ASSISTANCE	EAST ASIA AND THE PACIFIC	3	9,091.	WIRE TRANSFER	0.		
FELLOWSHIP PROGRAM - CASH ASSISTANCE	SOUTH ASIA	5	10,008.	WIRE TRANSFER	0.		

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2014

**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.

**PART I, LINE 2:**

FELLOWSHIP PROGRAM: THE ORIGINAL APPLICATION SPECIFIES THE DESIGNATED USE OF THE FUNDS. FELLOWS ARE REQUIRED TO SUBMIT 4 REPORTS (1 EVERY 6 MONTHS) OVER THE COURSE OF THEIR FELLOWSHIP. THESE REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY AND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE ORIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR THE RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO REQUEST EXTRA DETAILED INFORMATION NECESSARY TO PROVE SATISFACTORY EXPENDITURES OF GRANT FUNDS, IN ADDITION TO AN OBLIGATION TO SIGN AN AFFIDAVIT CONFIRMING DETAILS OF THE USE OF FUNDS, IF REQUESTED.

Multiple horizontal lines for additional text entry.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA EVENT		NONE	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	820,258.		820,258.
	2	Less: Contributions	713,024.		713,024.
	3	Gross income (line 1 minus line 2)	107,234.		107,234.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	107,234.		107,234.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				0.

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

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

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

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

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

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: STETWIN CONSULTING

(I) ADDRESS OF FUNDRAISER:

355 LEXINGTON AVE, 15TH FLOOR, NEW YORK, NY 10017

(I) NAME OF FUNDRAISER: DEVELOPMENT GUILD/DDI

(I) ADDRESS OF FUNDRAISER:

233 HARVARD STREET, SUITE 107, BROOKLINE, MA 02446

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: SOPHIST PRODUCTIONS

(I) ADDRESS OF FUNDRAISER:

C/O REED BAKER 2-01 50TH AVENUE, SUITE 22H, LONG ISLAND CITY, NY 11101

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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.	0.			FELLOWSHIP PROGRAM - CASH ASSISTANCE
CEL EDUCATION FUND 2150 ALLSTON WAY, SUITE 340 BERKELEY, CA 94704	45-3154473		7,170.	0.			FELLOWSHIP PROGRAM - CASH ASSISTANCE
SWEAT EQUITY ENTERPRISES, INC. 32 HAVEMEYER STREET, #2B BROOKLYN, NY 11211	20-3498290		8,000.	0.			FELLOWSHIP PROGRAM - CASH ASSISTANCE
PRACTICE MAKES PERFECT, INC. 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004	38-3849473		8,300.	0.			FELLOWSHIP PROGRAM - CASH ASSISTANCE
HUMANURE POWER 48 FAIRWAY OAKS DR NEW ORLEANS, LA 70131	46-3814594		9,500.	0.			FISCAL SPONSORSHIP
AFRICAN COMMUNITIES TOGETHER 204 WEST 133RD STREET, APT 1E NEW YORK, NY 10030	46-1689772	501(C)(3)	21,155.	0.			FISCAL SPONSORSHIP

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**
- 3 Enter total number of other organizations listed in the line 1 table **20.**

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

Schedule I (Form 990) (2014)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL CYCLE SOLUTIONS, INC. 81 WESTBOURNE TER #2 BROOKLINE, MA 02446	27-0259245		23,750.	0.			FISCAL SPONSORSHIP
ANGAZA DESIGN, INC. 1028 15TH AVENUE REDWOOD CITY, CA 94063	27-2842254		38,398.	0.			FISCAL SPONSORSHIP
SIX FOODS 114 WESTERN AVE CAMBRIDGE, MA 02134	46-4498389		45,000.	0.			FELLOWSHIP AWARD
GREENWAVE ORGANIZATION CORP. 43 EAST PEARL STREET NEW HAVEN, CT 06513	47-5438012		53,500.	0.			FISCAL SPONSORSHIP
UNBOUND COLLEGE-PRISON INITIATIVE BRIDGE PROGRAM - 325 PUBLIC STREET - PROVIDENCE, RI 02905	46-2470807		80,000.	0.			FELLOWSHIP AWARD
ARMED SERVICES ARTS PARTNERSHIP 18 COLONA ROAD WAYNE, NJ 07470	47-4007504		80,000.	0.			FELLOWSHIP AWARD
DRIVE CHANGE 630 FLUSHING AVENUE BROOKLYN, NY 11206	46-4691123		80,000.	0.			FELLOWSHIP AWARD
TOMORROW'S LEADERS NYC 735 LINCOLN AVENUE, APT 13E BROOKLYN, NY 11208	45-3943245	501(C)(3)	80,000.	0.			FELLOWSHIP AWARD
SURVJUSTICE 1629 K STREET NW, SUITE 300 WASHINGTON, DC 20006	47-1235373		80,000.	0.			FELLOWSHIP AWARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CIVIC INNOVATION 115 MLK JR DR SW, SUITE 304 ATLANTA, GA 30303	26-4096600	501(C)(3)	80,000.	0.			FELLOWSHIP AWARD
COMMUNITY ACTIVISM LAW ALLIA 332 S MICHIGAN AVE, STE 1032-C297 CHICAGO, IL 60604	46-5386556		80,000.	0.			FELLOWSHIP AWARD
TRUE SCHOOL STUDIO 643 MAGAZINE STREET, SUITE 204 NEW ORLEANS, LA 70130	46-3247476		80,000.	0.			FELLOWSHIP AWARD
ROOTED SCHOOL 643 MAGAZINE STREET, SUITE 206 NEW ORLEANS, LA 70130	47-1901769		80,000.	0.			FELLOWSHIP AWARD
GULF CENTER FOR LAW & POLICY 620 OAK HARDBOR BLVD, SUITE 203 SLIDELL, LA 70458	35-2460567		80,000.	0.			FELLOWSHIP AWARD
TALKING POINTS 509 WEBSTER STREET SAN FRANCISCO, CA 94117	47-4616102		80,000.	0.			FELLOWSHIP AWARD
PROFOUND GENTLEMEN 6017 ANSLEY FALLS DRIVE, APT 1336 CHARLOTTE, NC 28217	47-2225983		90,000.	0.			FELLOWSHIP AWARD
COMMUNITY JUSTICE PROJECT 3000 BISCAYNE BLVD, SUITE 102 MIAMI, FL 33137	47-2777185	501(C)(3)	90,000.	0.			FELLOWSHIP AWARD
FLOURISH AGENDA 1714 FRANKLIN ST 321-100 OAKLAND, CA 94612	33-0488726	501(C)(3)	90,000.	0.			FELLOWSHIP AWARD

Schedule I (Form 990)





**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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FELLOWSHIP AWARD - U.S. INDIVIDUALS	12	715,000.	0.		
FELLOWSHIP PROGRAM - CASH ASSISTANCE FOR U.S. INDIVIDUALS	50	130,716.	0.		
FISCAL SPONSORSHIP - U.S. INDIVIDUALS	3	128,626.	0.		

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

**PART I, LINE 2:**

FELLOWSHIP PROGRAM: THE ORIGINAL APPLICATION SPECIFIES THE DESIGNATED USE OF THE FUNDS. FELLOWS ARE REQUIRED TO SUBMIT 4 REPORTS (1 EVERY 6 MONTHS) OVER THE COURSE OF THEIR FELLOWSHIP. THESE REPORTS INCLUDE DESCRIPTIONS OF THE FUNDS SPENT, ACTIVITIES OF THE ENTITY AND FINANCIAL STATEMENTS. IF THERE IS AN EVIDENT DEPARTURE FROM THE ORIGINAL DESIGNATED USE, THE CONTRACT PROVIDES FOR THE RETURN OF GRANT FUNDS TO ECHOING GREEN. FACILITY EXISTS WITHIN THE CONTRACT FOR ECHOING GREEN TO REQUEST EXTRA DETAILED INFORMATION NECESSARY TO PROVE SATISFACTORY EXPENDITURES OF GRANT FUNDS, IN

**Part IV** Supplemental Information

ADDITION TO AN OBLIGATION TO SIGN AN AFFIDAVIT CONFIRMING DETAILS OF THE USE OF FUNDS, IF REQUESTED.

ALUMNI PROGRAM: ECHOING GREEN'S ALUMNI PROGRAM AIMS TO SUPPORT THE ORGANIZATION'S GRANTEEES WITH ADDITIONAL TECHNICAL ASSISTANCE AND PEER SUPPORT AFTER THE FUNDING PERIOD IS COMPLETED. ECHOING GREEN PROVIDES PRO-BONO SUPPORT IN THE FORM OF CONNECTING GRANTEEES TO ONE ANOTHER AS PEERS, MENTORS AND ADVISORS, AS WELL AS ACTING AS TRUSTED ADVISORS FOR A SELECT GROUP OF ALUMNI AT KEY INFLECTION POINTS IN THEIR PERSONAL OR PROFESSIONAL LIVES. IN ADDITION, ECHOING GREEN GIVES ITS ALUMNI OPPORTUNITIES TO PARTICIPATE IN THE FELLOW SEARCH AND SELECTION PROCESS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ECHOING GREEN, INC.**

Employer identification number

**13-3424419**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked 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.

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2014

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





**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
THE SOCIAL ENTREPRENEURS'	THE ORGANIZATION'S	250,018.	ECHOING GRE		X

**Part V Supplemental Information**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: THE SOCIAL ENTREPRENEURS' FUND, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

THE ORGANIZATION'S BOARD CHAIR, DAVID C. HODGSON, IS A MEMBER IN THE LLC

(C) AMOUNT OF TRANSACTION \$ 250,018.

(D) DESCRIPTION OF TRANSACTION: 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.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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 GRANTEEES 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

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/form990).

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

**Part 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 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	123,672.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

ECHOING GREEN, INC.

Employer identification number

13-3424419

FOR 990, PART I, LINE 5

NUMBER OF VOLUNTEERS

THE NUMBER OF VOLUNTEERS INCLUDES FELLOWSHIP APPLICATION JUDGES AS WELL  
AS FELLOWSHIP FINALIST JUDGES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LAUNCH INNOVATIVE SOCIAL CHANGE ORGANIZATIONS AROUND THE WORLD. SINCE  
ITS INCEPTION, ECHOING GREEN HAS INVESTED IN NEARLY 500 SOCIAL  
ENTREPRENEURS WHO WORK TO SOLVE DEEPLY-ROOTED PROBLEMS IN THE WORLD  
THROUGH THEIR INNOVATIVE IDEAS. AMONG THE ORGANIZATIONS WE HELPED  
LAUNCH INCLUDE TEACH FOR AMERICA, CITY YEAR, GENOCIDE INTERVENTION  
NETWORK, THE SEED SCHOOL, GLOBAL FUND FOR CHILDREN AND HUNDREDS OF  
OTHERS. WE ALSO WORK TO BUILD A ROBUST ECOSYSTEM OF CHANGEMAKING BY  
SUPPORTING YOUNG PEOPLE TO SELECT CAREERS IN SOCIAL CHANGE, WORKING  
WITH DONORS TO APPROACH THEIR PHILANTHROPY IN AN ENGAGED MANNER AND  
PROVIDING DATA THAT BUILDS OUR FIELD.

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

ORGANIZATION AND A COMMUNITY OF LIKE-MINDED SOCIAL ENTREPRENEURS AND  
PUBLIC SERVICE LEADERS, INCLUDING THE ECHOING GREEN NETWORK OF NEARLY  
500 ALUMNI WORKING ALL OVER THE WORLD.

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

ARE SEEKING OR RECEIVING INVESTMENT BY CURATING AND ACTIVATING  
RESOURCES, TOOLS AND EXPERTS TO HELP THEM GET INVESTMENT READY AND

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

ENGAGING THEM WITH OUR GLOBAL NETWORK OF EARLY STAGE IMPACT INVESTORS.

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

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

FORM 990, PART VI, SECTION A, LINE 8B:

Name of the organization

ECHOING GREEN, INC.

Employer identification number

13-3424419

THE ONLY COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD (GOVERNING BODY) IS THE EXECUTIVE COMMITTEE. MEETINGS FOR THE EXECUTIVE COMMITTEE ARE NORMALLY HELD ADJACENT TO THE FULL BOARD MEETINGS, BUT ARE NOT DOCUMENTED. TYPICALLY, DECISIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE RATIFIED AT THE NEXT BOARD MEETING AND DOCUMENTED AT THAT TIME.

FORM 990, PART VI, SECTION B, LINE 11:

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.

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.

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

THE CEO RECEIVED A SALARY INCREASE IN THE BEGINNING OF THE FISCAL YEAR, AND

432212  
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

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

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

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

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

ADJUSTMENT OF INVESTMENT TO NET REALIZABLE VALUE	-5,325.
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