Form	8868
(Rev	January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

e latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru-		Taxpaye	identificatio	n number (TIN)	
print	EVERGREEN SOCIAL IMPACT	86-2954398				
File by the due date fo filing your	r Number, street, and room or suite no. If a P.O. box, s PO BOX 429					
return. See instructions	City, town or post office, state, and ZIP code. For a f BOTHELL, WA 98041					
Enter the	e Return Code for the return that this application is for (fi					
Applicat	tion	Application			Return	
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation) SARAH KURTZMAN	07				
 If the If this box ▶ 1 Irret the 2 If the 	the tax year entered in line 1 is for less than 12 months, o	Group Exe and atta MAX ganization's , an check rease	Imption Number (GEN), in the names and TINs of the name and the names and TINs of the name and the nam	f this is fo all memb	r the whole <u>c</u> ers the exten npt organizat 	roup, check this
	this application is for Forms 990-PF, 990-T, 4720, or 606 y nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 606 timated tax payments made. Include any prior year over			3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawa ons.	l (direct del	bit) with this Form 8868, see Form 84	153-TE an	d Form 8879	-TE for payment
LHA I	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	868 (Rev. 1-2022)

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			_	IC DISCLOSURE CO		-	OMB No. 1545-0047
_	0	90		nization Exempt I			0004
Forr	n J	JU	Under section 501(c), 527, or 494		•	• •	
Depa	rtment c	of the Treasury		security numbers on this form	-	-	Open to Public Inspection
_		nue Service		//Form990 for instructions and IUL 1, 2021 and		UN 30, 2022	
_	heck if		f organization			D Employer identif	
D a	pplicabl	e:	rorganization				ication number
	Addre chang	es EVER	GREEN SOCIAL IMPAC	т			
	 Name	398					
	Initial		usiness as and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone number	er
	Final return	-5587					
	termir ated	2,061,616.					
	Amen	return					
	Applic tion pendii	F Name a	nd address of principal officer: BET	H HARVEY		for subordinate	
		SAME	AS C ABOVE			H(b) Are all subordinates	
		empt status: [X 501(c)(3) 501(c) (S://WWW.EVERGREENS) ◀ (insert no.) 4947(a)(1)		-	a list. See instructions
				ssociation Other		H(c) Group exemption	M State of legal domicile: WA
	art I	Summary					WI State of legal dominicite, WIL
			e the organization's mission or mos	t significant activities: SEE	SCHEDU	LE O	
Ce	•	Driving debolit					
Activities & Governance	2	Check this bo	x 🕨 🗌 if the organization disco	ontinued its operations or dispo	sed of more	than 25% of its net as	sets.
ver			ting members of the governing body			3	3
ថ	4	Number of inc	lependent voting members of the go	overning body (Part VI, line 1b)			
es é	5	Total number	of individuals employed in calendar	year 2021 (Part V, line 2a)			
i viti	6	Total number	of volunteers (estimate if necessary)				-
Act			d business revenue from Part VIII, co	(),		<u>7a</u>	
	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11			
		Oantiikutiana				Prior Year 0 •	Current Year 10.
ne						0.	
Revenue		•	come (Part VIII, column (A), lines 3, 4	and 7d)		0.	· · ·
Re			e (Part VIII, column (A), lines 5, 6d, 8d			0.	
			- add lines 8 through 11 (must equa			0.	2,061,616.
			milar amounts paid (Part IX, column			0.	250.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	
s	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	
Expenses			undraising fees (Part IX, column (A),			0.	0.
xpe			ing expenses (Part IX, column (D), lir			<u>^</u>	001.515
ш			es (Part IX, column (A), lines 11a-11c			0.	· · · · · ·
			s. Add lines 13-17 (must equal Part			0.	
or		Revenue less	expenses. Subtract line 18 from line	12			
ets o	20	Total accote (I	Part X, line 16)			ginning of Current Year • O	End of Year 19,289,930.
t Assets d Balanc	21	-	(5			0.	
Net.			fund balances. Subtract line 21 from			0.	
Pa	nrt II	Signatur	e Block				
Und	er pena	alties of perjury,	I declare that I have examined this return signed by: Declaration of preparer (other than offic	, including accompanying schedule	es and statem	ents, and to the best of m	ly knowledge and belief, it is
true,	correc	t, and complete	, Declaration of preparer (other than offic	er) is based on all information of w	hich preparer	has any knowledge./1/	2022
Sig	ı	, ·	80 0 f 246ia 8 460			Date	
Her	е		HARVEY, EXECUTIVE	DIRECTOR			
		, ,,				Date Check	PTIN
Paid	I	Print/Type pre	parer's name ILBERT, CPA	Preparer's signature		2/01/22	
	arer		LIBERI, CPA ▶ CLIFTONLARSONALL				41-0746749
	Only		► 10700 NORTHUP WA				11 0/10/11/
200	2 j		BELLEVUE, WA 980	-		Phone no. 42	25-250-6100
Ma	the II	RS discuss this	s return with the preparer shown abo				X Yes No
1000	1 10 0		For Paperwork Poduction Act Noti				Eorm 990 (2021)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) EVERGREEN SOCIAL IMPACT	86-2954398	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. [
1	Briefly describe the organization's mission: EVERGREEN SOCIAL IMPACT WORKS TO STRENGTHEN MISSION-DRIVE	εN	
	ORGANIZATIONS AND ACHIEVE ENDURING IMPACT IN THE PACIFIC		7
	DEVELOPING SHARED INFRASTRUCTURE AND EXPERTISE, BUILDING		
	PARTNERSHIP, AND ADVANCING EQUITY.		
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	XNo
	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	XNo
	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 n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	d
	revenue, if any, for each program service reported.	ues 2,060,5	.10
4a	(Code:) (Expenses \$1,424,128. including grants of \$250.) (Revenue EVERGREEN SOCIAL IMPACT PROVIDES FIDUCIARY SERVICES, INCL	$\mathbb{L}_{\mathbb{I}}^{\mathbb{I}} = \mathbb{Z}, \mathbb{U} = \mathbb{U}, \mathbb{Z}$)10•)
	GOVERNANCE, FUNDS MANAGEMENT, AND OTHER ADMINISTRATIVE SH		
	PROJECTS WITH SOCIAL-IMPACT MISSIONS. IT CAN ACT AS A LON		
		AS A 'NONPROF	TT
	INCUBATOR' FOR PROJECTS SEEKING TO BECOME INDEPENDENT NON		
	ORGANIZATIONS.		
	BY PROVIDING AN ADMINISTRATIVE AND OPERATIONS HUB, IT SUP		
	SPONSORED PROJECTS IN FOCUSING ON THEIR MISSIONS AND BUIL	DING CAPACIT	Y.
4b	(Code:) (Expenses \$) (Revenue	ie\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie\$)
4d	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 1,424,128.		
		Form 9 9	90 (2021)
132002	12-09-21		. ,
	3		

2021.05000 EVERGREEN SOCIAL IMPACT A1104991

	990 (2021) EVERGREEN SOCIAL IMPACT 86-295	4398	P	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B. Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		- 23
10		10		x
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,			- 23
11				
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		x
Ŀ.	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>			X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			- v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			X
132003	3 12-09-21	Form	990	(2021)
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┝──
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		X
D	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</i> "Yes." <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<u> </u>
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		<u> </u>
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
0 -	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
30		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1.00		L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
12000	(gambling) winnings to prize winners?	1c	990	 (2021)
102004	5	1 0111		(-321)

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-	990 (2021) EVERGREEN SOCIAL IMPACT	86-295	4398	P	age 🤇						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			r –							
_		1 1		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		9								
	filed for the calendar year ending with or within the year covered by this return		-	x							
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	~							
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions		20		x						
		~	3a 3b								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x						
h	If "Yes," enter the name of the foreign country		44		- 23						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad										
50			5a		x						
			5b		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		50 50		- 23						
C Go	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50								
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	6.		x						
L			<u>6a</u>								
D	If "Yes," did the organization include with every solicitation an express statement that such contribution	•	Ch								
-	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in average of $$75$ made partly as a contribution and partly for goods and car	viene provided to the power	7-		x						
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser										
b			7b								
С		-	7.		x						
-1	to file Form 8282?	1 1	7c								
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			x						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the									
~	sponsoring organization have excess business holdings at any time during the year?		8								
9	Sponsoring organizations maintaining donor advised funds.										
а			9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:	40-1									
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-								
1	Section 501(c)(12) organizations. Enter:	44-1									
а	Gross income from members or shareholders	11a	-								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l l									
	organization is licensed to issue qualified health plans	13b	-								
С	Enter the amount of reserves on hand	13c			v						
			14a		X						
4a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b								
l4a b		ration or									
4a b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		X						
l4a b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?										
14a b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.				v						
14a	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?		16		X						
14a b 15 16	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	income?			X						
14a b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	income?	16		X						
14a b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	income?			X						

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

EVERGREEN SOCIAL IMPACT 86-2954398 Form 990 (2021)

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

Page 6

Sec	tion A. Governing Body and Management											
				. 1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		3								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			_								
b	Enter the number of voting members included on line 1a, above, who are independent	1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other									
	officer, director, trustee, or key employee?				2		_X					
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision									
					<u>3</u> 4		X X					
 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 												
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 												
 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 												
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?												
	more members of the governing body?				7a		<u>X</u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						v					
•	persons other than the governing body?				7b		<u>X</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-		•	v						
a	The governing body?				8a	X	X					
b	Each committee with authority to act on behalf of the governing body?				8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				<u> </u>		х					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Δ					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			Vee	Na					
10-	Did the extension have lead charters, branches, or efflicted?			ſ	10-	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?				10a							
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•			10b							
110	and branches to ensure their operations are consistent with the organization's exempt purposes?											
	Ita Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
 12a Did the organization have a written conflict of interest policy? <i>If</i> "<i>No</i>," <i>go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 												
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>//</i> " "				12b	X						
C	on Schedule O how this was done	,			12c		х					
13				[13	x						
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				14	x						
15	Did the process for determining compensation of the following persons include a review and approva											
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by inc										
а	The organization's CEO, Executive Director, or top management official				15a		Х					
b	Other officers or key employees of the organization				15b		X					
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a									
	taxable entity during the year?				16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•									
	exempt status with respect to such arrangements?				16b							
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501(c)(3)s	only) a	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website X Another's website X Upon request Other (explain	n on Sc	hedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	, and	financ	cial						
	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 boo	oks and	l records 🕨									
	SARAH KURTZMAN - 206-569-5587											
	PO BOX 429, BOTHELL, WA 98041											
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Form 990 (2021)	EVERGREEN SOCIAL IMPACT	86-2954398 Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employee	es, Highest Compensated
Employe	es, and Independent Contractors	
Check if Sc	chedule O contains a response or note to any line in this Part VII	
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated E	nployees
1a Complete this table	for all persons required to be listed. Report compensation for the cale	endar year ending with or within the organization's tax year.
 List all of the orga 	anization's current officers, directors, trustees (whether individuals or	organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ane	Reportable	Reportable	Estimated
	hours per	box, unless person officer and a direct				s both	n an	compensation	compensation	amount of
	week		cer an I	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		98	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con	_	1099-NEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BETH HARVEY	36.00			0	-		-			
EXECUTIVE DIRECTOR		1		х				53,130.	0.	900.
(2) SARAH KURTZMAN	20.00									
FINANCE MANAGER				Х				5,333.	0.	188.
(3) ANNIE BLACKLEDGE	1.00									
CHAIR		X		Х				0.	Ο.	0.
(4) PETER BLOCH GARCIA	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) ALEJANDRA TRES	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(6) LAURA CANTRELL	1.00									
CHAIR (THRU 12/1/21)		Х		Х				0.	0.	0.
(7) SARAH HILLER	1.00									
VICE CHAIR (THRU 12/1/21)		Х		Х				0.	0.	0.
		1								
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	990 (2021) EVERGREEN	SOCIAL	, I	MP	AC	T				86-29	9543	398	P	age 8
Par	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	box	not c , unles	Pos heck i ss per	more rson i irecto	Highest compensated is that a component of the second seco	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	in I s SC/	an com fr orga and	(F) timate nount other pensa om th anizat d relat	of Ition e ion ied
		line)	Ind	Inst	Offi	Key	Hig	For						
1h	Subtotal								58,463.		0.		1.0	88.
	Total from continuation sheets to Part VII								0.		0.			0.
d 2	Total (add lines 1b and 1c)	at limited to th							58,463.	000 of roportable	0.		1,0	88.
2	compensation from the organization		ose	liste	u au	Jove) wii	ore	eceived more than \$100,	000 of reportable	;			0
•											Г		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-			•	-		•				3		х
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		'								4		X
	rendered to the organization? If "Yes," com											5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	mpensated ind	ene	nder	nt co	ontra	actor	rs th	hat received more than \$	100 000 of comr	ensat	ion fro	m	
	the organization. Report compensation for t	-												
	(A) Name and business	address							(B) Description of s	ervices	C	C) Smper	;) nsatio	n
	D HUTCHINSON CANCER CE 0 FAIRVIEW AVE N, SEAT		_	~ ~					COVID-19 DAT	A				
110	9	81	09			-	PROJECT			59.	1,6	<u> </u>		
								-						
2	Total number of independent contractors (ir	•	ot lin	nitec	d to f	thos 1		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz					L	<u> </u>					Form	990 (:	2021)

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	n 990 rt VI	(2021) EVERGREEN	SOC	IAL IMPA	СТ		86-2954	398 Page 9
Га		Check if Schedule O contains a resp	onse d	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	a Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b						
Am C	C	Fundraising events 1c						
ilar Gif	d	d Related organizations 1d						
Sins,	e f	Government grants (contributions) All other contributions, gifts, grants, and						
her	'	similar amounts not included above 1f		10.				
dtit	g	Noncash contributions included in lines 1a-1f	\$					
ano	h	Total. Add lines 1a-1f			10.			
				Business Code				
ice	2 a	FISCAL SPONSORSHIP		561000	2,060,518.	2,060,518.		
erv ue	b							
ven S	c d							
Program Service Revenue	e							
Pro	f	All other program service revenue						
	g	g Total. Add lines 2a-2f			2,060,518.			
	3	Investment income (including dividends,			549.			E 4 0
		other similar amounts) Income from investment of tax-exempt b			549.			549.
	4 5	Royalties						
	Ū	(i) Rea	al	(ii) Personal				
	6 a	a Gross rents						
	b	b Less: rental expenses 6b						
		Rental income or (loss) 6c						
		I Net rental income or (loss)						
	7 a	a Gross amount from sales of (i) Secur	ities	(ii) Other				
	h	assets other than inventory 7a Less: cost or other basis						
ē	N	and sales expenses						
venue	с	Gain or (loss) 7c						
		d Net gain or (loss)		►				
Other Re	8 a	a Gross income from fundraising events (not including \$ of						
		contributions reported on line 1c). See						
	h	Part IV, line 18 Less: direct expenses						
		 Net income or (loss) from fundraising eve 		>				
		Gross income from gaming activities. See		F				
		Part IV, line 19						
		b Less: direct expenses						
		Net income or (loss) from gaming activitie	es	>				
	10 a	a Gross sales of inventory, less returns and allowances	10a					
	b	 Less: cost of goods sold 						
_		Net income or (loss) from sales of invento						
ß				Business Code				
Miscellaneous Revenue	11 a	MISC INCOME		561000	539.			539.
llanc	b							
scel	c	C						
ž	0 	• Total. Add lines 11a-11d		>	539.			
	12	Total revenue. See instructions		>	2,061,616.	2,060, <u></u> 518.	0.	1,088.
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					10			

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EVERGREEN SOCIAL IMPACT Form 990 (2021) 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 respons			(C)	<u> </u>
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	250.	250.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	50 551	00 500	21 224	
	trustees, and key employees	59,551.	27,567.	31,984.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E 04 010	1.61 1.62	100 440	
7	Other salaries and wages	594,912.	461,463.	133,449.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	100 000	100 000		
9	Other employee benefits	128,986.	103,097.	25,889.	
0	Payroll taxes	56,165.	42,431.	13,734.	
1	Fees for services (nonemployees):				
	Management				
	Legal	2,920.		2,920.	
	Accounting	820.		820.	
	Lobbying	14,500.		14,500.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		650 000	25 (10	
	column (A), amount, list line 11g expenses on Sch 0.)	694,508.	658,890.	35,618.	
12	Advertising and promotion	10 041	14 005	2 1 6 6	
13	Office expenses	17,241.	14,075.	3,166.	
4	Information technology	86,991.	71,018.	15,973.	
15	Royalties	1 ((1	1 500	1 4 1	
6	Occupancy	1,661.	1,520.	141.	
7		6,425.	6,339.	86.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0					
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1/ 015	0 0 2 0	<u> </u>	
3		14,215.	9,030.	5,185.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	27 010	10 611	0 107	
	TAXES AND LICENSES	27,018.	18,611.	8,407.	
	DUES, SUBSCRIPTIONS AND	8,675.	5,614.	3,061.	
	STAFF DEVELOPMENT	6,122.	<u>3,889</u> . 334.	2,233.	
	MISC	550.	334.	216.	
	All other expenses	1 701 510	1 1 1 1 1 1 0	207 202	~
5	Total functional expenses. Add lines 1 through 24e	1,721,510.	1,424,128.	297,382.	0
6	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				Form 990 (20)

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	990 (2 rt X	EVERGREEN SOCI Balance Sheet	00-2	2954398 Page 11		
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	580,800.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4	117,287.	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described		6		
s	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	20,039.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13	18,571,804.	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ		16	19,289,930.	
	17	Accounts payable and accrued expenses			17	109,021.
	18	Grants payable			18	
	19	Deferred revenue			19	18,840,803.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ő	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
lide		controlled entity or family member of any of the			22	
Lia	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	-			
			· · ·		25	
	26			0.	26	18,949,824.
		Organizations that follow FASB ASC 958, che				
es		and complete lines 27, 28, 32, and 33.	·			
anc	27				27	340,106.
Bal	28	Net assets with donor restrictions			28	
l pu		Organizations that do not follow FASB ASC 9				
Fu		and complete lines 29 through 33.	<i>· ·</i> <u> </u>			
o.	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or ec			30	
As	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		0.	32	340,106.
~	33	Total liabilities and net assets/fund balances		0.	33	19,289,930.

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	,061		
Check if Schedule O contains a response or note to any line in this Part XI	,061		
		_	
		-	
	701		
Total expenses (must equal Part IX, column (A), line 25)			10.
3 Revenue less expenses. Subtract line 2 from line 1	340),1	06.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			0.
5 Net unrealized gains (losses) on investments 5			
6 Donated services and use of facilities			
7 Investment expenses7			
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O)			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B))	340),1	06.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			X
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
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:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	3a		x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		1

Form **990** (2021)

The description is before instructions and the latest information. Type: Control of the organization Superstant Superstant Superst	SCHEDULE A (Form 990)			omplete if the organ 494	blic Charity Status and Public Support ete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					OMB No. 1545-0047	
Name of the organization Employer identification number 86 - 2954398 Part1 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.	Internal Devenue Convice				•	Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.					-
PertI Reacon for Public Charity Status. (All organizations must complete the part) See instructions. The organization is not a privite foundation because it is if for lines1 through 12, check control (NJA)(I). A church, convention of churches, or association of churches described in section 1700(NJA)(II). A church, convention of churches, or association of churches described in section 1700(NJA)(II). A church, convention of churches, or association of churches described in section 1700(NJA)(III). A medical research organization described in section 1700(NJA)(III). A medical research organization that normally compared as automating and of its support form a governmental unit described in section 1700(NJA)(IV). I A organization that normally receives as subtanialia part of its support form a governmental unit or from the general public described in section 1700(NJA)(IV). I A norganization that normally receives as subtanialia part of its support form contributions, membership fees, and gross receipts from activities: I A norganization that normally receives as clusively to test for public described in section 500(9)(2). So for the part III and form businesses acquired by the organization after June 30, 1975. See section 500(9)(2). Complete Part III. I A norganization organization described in sections; and (2) no mere than 33 17% of its support from contributions, membership fees, and gross receipts from activities: I morganization organization described in section 500(9)(2). See section 500(9)(2). Check the box on lines 12 that of the prover to regularly appoint or section 500(9)(2). See section 500(9)(2). See section 500(9)(2). Check the	Nar	ne of	the organization	on							
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b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a writher determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization (if) Ellio erganization (if) Ellio erganization about the supported organization above (see instructions)) vest No support (see instructions) upport (see instructions) vest with determination from the IRS that it is a Type I, Type II (vi) Amount of other organization about the supported organization (vi) Amount of monetary organization (i) Name of supported organize to make there (iii) ElN			the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
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g Provide the following information about the supported organization (s). (ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1:10 above (see instructions)) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Yes No Image: support (see instructions) Image			functionally	integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1.10) above (see instructions)) (iv) Is the organization in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Image: State of the organization	1	Ente	er the number (of supported o	organizations						
Image: construction organization Image: construction Image: c							(iv) is the oros	nization listed	())		
above (see instructions)) res NO res NO					(II) EIN		in your governi	ng document?		-	
			organization			above (see instructions))	Yes	No			
Image: Constraint of the second se											
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	edule A (Form 990) 2021 E	VERGREEN			$(h)(1)(\Lambda)(iy)$ and	86 - 2954	398 Page 2		
Га							rachization		
	(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.)								
Sec	ction A. Public Support	,		···· · ,					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and		(6) 2010	(0) 2013	(0) 2020	(e) 2021			
•	membership fees received. (Do not								
	include any "unusual grants.")					10.	10.		
2	Tax revenues levied for the organ-								
-	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3					10.	10.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.						10.		
	ction B. Total Support	1	F	1	1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4					10.	10.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,					E 4 0	E 4 0		
	and income from similar sources					549.	549.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital					539.	539.		
	assets (Explain in Part VI.)					555.	1,098.		
11	Total support. Add lines 7 through 10					12 2,	060,518.		
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the		,	fourth or fifth tax			000,510.		
13	organization, check this box and stop	•					X		
See	ction C. Computation of Publi								
14	Public support percentage for 2021 (I		-	column (f))		14	%		
15	Public support percentage from 2020					15	%		
16a	33 1/3% support test - 2021. If the o					ore, check this box			
	stop here. The organization qualifies								
b	33 1/3% support test - 2020. If the								
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation					
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiza	tion		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	organization				
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or 1	17a, and line 15 is 10	0% or		
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s	stop here. Explain i	n Part VI how the			
	organization meets the facts-and-circu		•	•			▶∐		
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨								

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021 EVERGREEN SOCIAL IMPACT Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support		1				
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•		_		
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	id stop here. The	organization qual	ifies as a publicly	supported organiza	tion	▶□]
b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, che						▶□
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
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		16)			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Part IV Supporting Organizations

Schedule A (Form 990) 2021

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

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Sche	dule A (Form 990) 2021 EVERGREEN SOCIAL IMPACT 8	6-295439	8 Pa	ige 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	cers,		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	No
I	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
)C	tion D. All Type III Supporting Organizations			
			Yes	No
I	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea	r (see instructions).
---	--	-----------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction	s).
---	--	---	--	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

3

2a

2b

3a

11421201 131839 A110499

18 2021.05000 EVERGREEN SOCIAL IMPACT Yes No

	edule A (Form 990) 2021 EVERGREEN SOCIAL IMPAC			36-2954398 Pag
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See Instruction
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
-	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated		nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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_	dule A (Form 990) 2021 EVERGREEN SOC		·	8	6-2954398	Page 7
Par	, , , , , , , , , , , , , , , , , , , ,	a)(3) Supporting Orga	nizations (continu	ied)		
Sect	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets	-		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	le organization is responsive		8		
9	(provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6			0 9		
<u> </u>	Line 8 amount divided by line 9 amount			9 10		
10		(i)	(ii)	10	(iii)	
Sect	on E - Distribution Allocations (see instructions)	() Excess Distributions	Underdistribution Pre-2021	IS	Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021 EVERGREEN SOCIAL IMPACT

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2021 AMOUNT: \$ 539.

Schedule A (Form 990) 2021

SCHEDULE C	Po	olitical Campaign a	nd Lobbyin	g Activities	OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Income	Tax Under section §	501(c) and section 527	2021
Department of the Treasury Internal Revenue Service		if the organization is described Go to www.irs.gov/Form990 for i			Z. Open to Public Inspection
-	-	Form 990, Part IV, line 3, or For		e 46 (Political Campaign	Activities), then
		plete Parts I-A and B. Do not com 01(c)(3)) organizations: Complete P	•	Do not complete Part I-B.	
Section 527 organiz					
		Form 990, Part IV, line 4, or For			
		nave filed Form 5768 (election unc nave NOT filed Form 5768 (election		-	-
		Form 990, Part IV, line 5 (Proxy			
Tax) (See separate inst		······································		,	, , (,
), or (6) organizat	ions: Complete Part III.			
Name of organization		EN COCTAL THDACE		Emp	loyer identification number 86-2954398
Part I-A Compl		EN SOCIAL IMPACT anization is exempt under	r section 501(c) o	or is a section 527 or	
					-
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	n Part IV.	
2 Political campaign	, ,				S
3 Volunteer hours for	political campai	gn activities			
Part I-B Compl	ete if the org	anization is exempt under	r section 501(c)(3	3).	
1 Enter the amount of	of any excise tax	incurred by the organization unde	r section 4955	▶ 9	6
		incurred by organization manager			
		n 4955 tax, did it file Form 4720 fo			
b If "Yes," describe in					Yes No
		anization is exempt unde	r section 501(c),	except section 501(c	:)(3).
		by the filing organization for sect			S
		ization's funds contributed to othe	-		
exempt function ac		. Add lines 1 and 2. Enter here and			
•			,		6
		1120-POL for this year?			Yes No
		ployer identification number (EIN)	-	-	
		tion listed, enter the amount paid omptly and directly delivered to a s			
		additional space is needed, provid			e segregated fund of a
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
				1	

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	EVERGI	REEN S	OCIAL IMPAC	г	86-2	954398 Page 2
Part II-A Complete if the orga section 501(h)).	anizatio	n is exen	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ction under
A Check if the filing organizaties expenses, and share	e of exces	s lobbying e		Part IV each affiliated	group member's name	, address, EIN,
Limits	s on Lobi	oying Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influeb Total lobbying expenditures to influe	14,500.					
 c Total lobbying expenditures (add lin d Other exempt purpose expenditures e Total exempt purpose expenditures 	s				14,500. 1,707,010. 1,721,510.	
f_Lobbying nontaxable amount. Enter	•				236,076.	
If the amount on line 1e, column (a) or Not over \$500,000	(b) is:		bying nontaxable amount on line 1e.	ount is:		
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc	ess over \$500.000		
Over \$1,000,000 but not over \$1,50			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exce			
Over \$17,000,000		\$1,000,0	•			
g Grassroots nontaxable amount (ent	er 25% of	line 1f)			59,019.	
h Subtract line 1g from line 1a. If zero	or less, e	nter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, ei	nter -0			0.	
j If there is an amount other than zero reporting section 4911 tax for this y			· •	ation file Form 4720	Г	Yes No
(Some organizations the	at made a	4-Year Ave a section 50	eraging Period Under	Section 501(h) have to complete all c		low.
	Lobk	oying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					236,076.	236,076.
b Lobbying ceiling amount (150% of line 2a, column(e))						354,114.
c Total lobbying expenditures					14,500.	14,500.
d Grassroots nontaxable amount					59,019.	59,019.
e Grassroots ceiling amount (150% of line 2d, column (e))						88,529.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

132042 11-03-21

Schedule C (F	Form 990) 2021	EVERGREEN	SOCIAL	IMPACT	86-2954398	Page 3
Part II-B	Complete i	f the organization is ex	empt unde	r section 5	01(c)(3) and has NOT filed Form 5768	
	(election ur	nder section 501(h)).				

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			(b)	
		No	Amo	ount
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5)	, or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior year?	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	NO" OR (k	b) Part I	II-A, line	3, IS
answered "Yes."				
1 Dues, assessments and similar amounts from members		. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year				
c Total		2c		
		. 3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		. 5		
Part IV Supplemental Information				

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

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	HEDULE D n 990)		OMB No. 1545-0047					
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	ganization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public Inspection			
	I Revenue Service e of the organizati		990 for instructions and the latest informat		identification number			
Nam	e of the organizati	EVERGREEN SOCIAL I	МРАСТ		6-2954398			
Pa	tl Organiza		d Funds or Other Similar Funds o					
	organization answered "Yes" on Form 990, Part IV, line 6.							
			(a) Donor advised funds	(b) Funds and	d other accounts			
1	1 Total number at end of year							
2		f contributions to (during year)						
3	Aggregate value of	f grants from (during year)						
4	Aggregate value a	t end of year						
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advised	funds				
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization	on inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed only				
	for charitable purp	ooses and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring				
	impermissible priv				Yes No			
Pa	rt II Conserv	ation Easements. Complete if the o	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.				
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).					
	Preservation	n of land for public use (for example, recrea	ation or education) Preservation of a	historically import	tant land area			
	Protection o	of natural habitat	Preservation of a	certified historic s	structure			
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a qual	ified conservation contribution in the form of	a conservation ea	sement on the last			
	day of the tax year	r.		Held a	at the End of the Tax Year			
а	Total number of co	onservation easements		2a				
b	Total acreage rest	ricted by conservation easements		2b				
с	Number of conser	vation easements on a certified historic st	ructure included in (a)	2c				
d			after 7/25/06, and not on a historic structure					
	listed in the National Register							
3			leased, extinguished, or terminated by the or		the tax			
	year 🕨							
4	Number of states	where property subject to conservation ea	sement is located					
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of					
		forcement of the conservation easements			Yes No			
6	Staff and voluntee	r hours devoted to monitoring, inspecting	handling of violations, and enforcing conser		during the year			
7	Amount of expens	es incurred in monitoring, inspecting, han	dling of violations, and enforcing conservatio	n easements durir	ng the year			
	▶\$							
8	Does each conser	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)				
					Yes No			
9			ion easements in its revenue and expense st					
		-	note to the organization's financial statement		he			
		ounting for conservation easements.	5					
Pa			f Art, Historical Treasures, or Othe	er Similar Ass	ets.			
	Complete if	f the organization answered "Yes" on Forr	n 990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	I balance sheet we	orks			
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in furth	nerance of public				
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these items.					
b	If the organization	elected, as permitted under FASB ASC 9	58, to report in its revenue statement and bal	ance sheet works	of			
			c exhibition, education, or research in further					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
	(ii) Assets included in Form 990, Part X							
2								
	the following amounts required to be reported under FASB ASC 958 relating to these items:							
а				► \$				
		eduction Act Notice, see the Instruction			dule D (Form 990) 2021			
	10-28-21	-			- •			
			25					

2021.05000 EVERGREEN SOCIAL IMPACT A1104991

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Sche		EN SOCIAL					8	86-29	54398	З Ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	rt, Hist	orical Tre	easures, o	r Other	Similar	Asset	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checł	any of the	following tha	t make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	(hange progr						
b	Scholarly research		e 🗌	Other							
С	Preservation for future generations										
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 o	r receive donations	of art, hi	storical trea	sures, or oth	er similar a	issets	_	_		_
	to be sold to raise funds rather than to be ma					<u></u>			Yes		No
Par	t IV Escrow and Custodial Arran		lete if the	e organizatio	on answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amount		
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1 f				
	Did the organization include an amount on Fe					-	y?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i							<u> </u>			
		(a) Current year	(b) F	Prior year	(c) Two yea	ars back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organization	ation tha	t are held a	nd administe	red for the	organiza	ition	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990), Part X, lii	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Aco	cumulate	d	(d) Bool	k valu	е
	-	basis (investi	ment)		(other)	depr	reciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X colur	nn (R) line 1	0c)	•					0.
		gearronn oov, ran						Schedule	D (Form	990)	
									•		

132052 10-28-21

Schedule D (Form 990) 2021 EVERGREEN SOCIAL IMPACT

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MARKETABLE SECURITIES	18,571,804.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	18,571,804.	

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	Schedule D (Form 990) 2021 EVERGREEN SOCIAL IMPACT			2954398 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			2,061,616.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,061,616.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			2,061,616.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Exper	ises per Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	1,721,510.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,721,510.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,721,510.
Pa	rt 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.

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SCHEDULE O	Supplemental Information to Form 990 or 990	- F7	OMB No. 1545-0047			
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2021			
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection			
Name of the organization			identification number 954398			
	EVERGREEN SOCIAL IMPACI	00-2	994990			
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:				
EVERGREEN SO	CIAL IMPACT WORKS TO STRENGTHEN MISSION-DRIVEN					
ORGANIZATION	5 AND ACHIEVE ENDURING IMPACT IN THE PACIFIC N	ORTHWE	ST BY			
DEVELOPING S	HARED INFRASTRUCTURE AND EXPERTISE, BUILDING A	CULTU	RE OF			
PARTNERSHIP,	AND ADVANCING EQUITY.					
FORM 990, PA	RT VI, SECTION A, LINE 8B:					
NO COMMITTEE;	5 HAVE BEEN FORMED AS OF JUNE 30, 2022.					
FORM 990, PA	RT VI, SECTION B, LINE 11B:					
THE 990 WAS	FIRST REVIEWED BY EXECUTIVE DIRECTOR AND FINAN	CE MAN	AGER. ONCE			
SIGNED OFF B	THEM, 990 WILL BE PRESENTED TO FULL BOARD FO	R REVI	EW AND			
APPROVAL PRI	OR TO FILING WITH IRS					
FORM 990, PA	RT VI, SECTION B, LINE 12:					
	N WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTE	REST.	AN			
	ERSON MUST DISCLOSE THE EXISTENCE OF THE FINAN					
BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS						
AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING						
THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL						
INTEREST AND	ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION	WITH T	HE			
INTERESTED P	ERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD	OR COM	MITTEE			

MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND

VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A

CONFLICT OF INTEREST EXISTS. IF THE GOVERNING BOARD OR COMMITTEE HAS

 REASONABLE
 CAUSE
 TO
 BELIEVE
 A
 MEMBER
 HAS
 FAILED
 TO
 DISCLOSE
 ACTUAL
 OR

 LHA
 For Paperwork
 Reduction
 Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 Schedule
 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization EVERGREEN SOCIAL IMPACT	Employer identification number 86-2954398
POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER	OF THE BASIS FOR
SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN	N THE ALLEGED
FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPON	SE AND AFTER
MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTA	NCES, THE
GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAI	LED TO DISCLOSE
AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE	APPROPRIATE
DISCIPLINARY AND CORRECTIVE ACTION	
FORM 990, PART VI, SECTION B, LINE 15:	
EXECUTIVE DIRECTOR COMPENSATION IS ESTABLISHED/APPROVED BY	THE BOARD OF
DIRECTORS AND IS BASED UPON RELEVANT MARKET DATA (ARCHBRIG	HT WASHINGTON
NONPROFIT SALARY SURVEY). SALARY IS APPROVED AS PART OF A	NNUAL BUDGET
APPROVAL.	
COMPENSATION FOR SPONSORED PROJECT EXECUTIVE DIRECTOR IS R	ECOMMENDED BY ESI
EXECUTIVE DIRECTOR TO SPONSORED PROJECT BOARD CHAIR BASED	ON RELEVANT
MARKET DATA (EITHER ARCHBRIGHT OR THE COUNCIL ON FOUNDATIO	NS). SPONSORED
PROJECT BOARD CHAIR APPROVES SPONSORED PROJECT ED COMPENSA	TION.
COMPENSATION FOR ESI AND SPONSORED PROJECT EDS IS ESTABLIS	HED BY EDS BASED
ON RELEVANT MARKET DATA WITHIN BUDGET CONSTRAINTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEE:	
PROGRAM SERVICE EXPENSES	656,318.

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MANAGEMENT AND GENERAL EXPENSES

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Schedule O (Form 990) 2021

35,618.

Schedule O (Form 990) 2021 Name of the organization EVERGREEN SOCIAL IMPACT	Employer identification number 86-2954398
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	691,936.
IOIAL EXPENSES	091,930.
PAYROLL FEE:	
PROGRAM SERVICE EXPENSES	2,572.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,572.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	694,508.
FORM 990, PART XII, LINE 2C:	
FORM 990, PART XII, LINE 2C: THE PROCESS OF SELECTING AN INDEPENDENT ACCOUNTING FIRM	HAS NOT CHANGED
	HAS NOT CHANGED
THE PROCESS OF SELECTING AN INDEPENDENT ACCOUNTING FIRM	HAS NOT CHANGED
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