PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2179086

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	2022 calendar year, or tax year beginning	and	d ending	_						
В	Check if applicable	C Name of organization SOCIAL & ENVIRONMENTAL	ENTREPRENEURS		D Employer identifi	cation number					
Г	Addres	SS TATO									
Ē	Name change	Doing business as		Room/suite	95-41166						
	return Final return/ termin	Number and street (or P.O. box if mail is not delive 23564 CALABASAS ROAD	E Telephone number (818) 225-9150								
	termin ated	City or town, state or province, country, and Z	ZIP or foreign postal code		G Gross receipts \$	62,235,311.					
	Ameno return	CALADADAD, CA JIJUZ	H(a) Is this a group r	eturn							
	Applic tion	F Name and address of principal officer:ANDF	REW BEATH		for subordinates? Yes X No						
	pendir	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No					
T .	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	list. See instructions					
	Websit				H(c) Group exemption	n number					
K	Form of	organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 1994	v State of legal domicile: CA					
	art I	Summary			<u> </u>						
Activities & Governance		Briefly describe the organization's mission or most s	significant activities: ENVI	RONMEN	TAL AND SOC	IAL JUSTICE					
rna	2	Check this box if the organization discon	tinued its operations or dispo	osed of more	than 25% of its net a	ssets.					
Š	3	Number of voting members of the governing body (I		3	6						
Ğ			lumber of independent voting members of the governing body (Part VI, line 1b)								
Š		Total number of individuals employed in calendar ye				688					
įį		Total number of volunteers (estimate if necessary)				200					
Ę		Total unrelated business revenue from Part VIII, colo				0.					
⋖		Net unrelated business taxable income from Form 9				0.					
			, ,		Prior Year	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)			73,186,668.	61,280,427.					
					0.	0.					
eve		Investment income (Part VIII, column (A), lines 3, 4,			29,559.	454,990.					
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	0.					
		Total revenue - add lines 8 through 11 (must equal F			73,216,227.	61,735,417.					
		Grants and similar amounts paid (Part IX, column (A			6,868,594.	16,003,749.					
		Benefits paid to or for members (Part IX, column (A)		0.	0.						
Ś	1	Salaries, other compensation, employee benefits (P		15,991,105.	25,757,664.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)		0.	0.					
g	b	Total fundraising expenses (Part IX, column (D), line		18.							
û	17	Other expenses (Part IX, column (A), lines 11a-11d,			12,433,859.						
		Total expenses. Add lines 13-17 (must equal Part IX			35,293,558.						
	19	Revenue less expenses. Subtract line 18 from line 1			37,922,669.	2,335,095.					
Net Assets or Fund Balances	8			Ве	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)			72,257,346.	75,980,301.					
LAS BB	21	Total liabilities (Part X, line 26)			1,459,509.	3,000,945.					
<u>E</u> E	22	Net assets or fund balances. Subtract line 21 from I	ine 20		70,797,837.	72,979,356.					
P	art II	Signature Block									
Unc	ler pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedul	es and statem	ents, and to the best of m	y knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.						
Sig		Signature of officer			Date						
He	re	ANDREW BEATH, CHAIRMAN Type or print name and title									
_		Print/Type preparer's name	Preparer's signature	10	Date Check	PTIN					
Pai	d	ARMEN GRIGORIAN	_F o. o o o o o o o o o o o o o o o o		if self-employ	P01582463					
	parer	Firm's name QUIGLEY & MIRON				2-0530003					
	Only	Firm's address 3550 WILSHIRE BLVI)., #1660		Timo Env						
	,	LOS ANGELES, CA 90			Phone no. (2	13) 639-3550					
	v the IF	RS discuss this return with the preparer shown above			1. 1.0.10 110. (2	Yes No					

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

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, INC.

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

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	990 (2022) , INC. 95-411	6679) _F	age 4				
Pa	rt 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				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23	X					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		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						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? 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):			1				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		X				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf							
	"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		Х				
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				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? 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							
	Part V, line 1	34		X				
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
	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?							
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
		38	X	L				
Pa	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
	·		Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 81	3						
		<u>ק</u>						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						

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

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return2a	688						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	r, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	4R).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	on solicit			Х			
	any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided	to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e 7f		X			
f								
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo	rm 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.		9a					
а	, , , , , , , , , , , , , , , , , , , ,							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	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							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against							
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		100					
		Ī	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Is the organization licensed to issue qualified health plans in more than one state?	•	13a					
u	Note: See the instructions for additional information the organization must report on Schedule O.		104					
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
~	organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х			
-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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INC.

95-4116679

Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	5						
	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 O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
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?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37					
	The organization's CEO, Executive Director, or top management official	15a	Х	37				
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 arrangement with a			37				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (818) 225-9150							
	THE ORGANIZATION - (818) 225-9150 23564 CALABASAS ROAD 201 CALABASAS CA 91302							

95-4116679 INC. Page 7 Form 990 (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	aniza	ation	ı cor	mper	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average		not c	heck		than		Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list anv	Ď					Ė	from the	from related organizations	other compensation
	hours for	direct				p		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	related	tee or	ıstee			ensate				organization
	organizations	Itrus	nal tru		oyee	omp(1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
77.	line)	P P	lns	JJ0	- Š	Hig	For			
(1) JENNIFER HOFFMAN	40.00	4		7.				274 746	0	22 166
CHIEF EXCECUTIVE OFFICER	40.00			Х	├			274,746.	0.	22,166.
(2) AMY FRIEDLANDER	40.00	4				х		219,741.	0.	25 506
PROJECT DIRECTOR	40.00				┢	Λ		219,741.	0.	25,586.
(3) MELISSA MENDOLERA CHIEF FINANCIAL OFFICER	40.00	1				Х		209,300.	0.	21,501.
(4) MURRAY PENNER	40.00				┢	Δ		209,300.	0.	21,301.
PROJECT DIRECTOR OF U.S.	40.00	1				Х		187,792.	0.	31,823.
(5) TREVIS BIRD	40.00				\vdash			101,152.	0.	31,023.
CHIEF OPERATING OFFICER	40.00	1				х		180,084.	0.	17,615.
(6) PIA INFANTE	40.00				 	21		100,004.	•	17,013.
PROJECT DIRECTOR	40.00	1				х		190,385.	0.	646.
(7) CECILY JACKSON-ZAPATA	1.00							23073031		0100
SECRETARY		X		x				72,003.	0.	0.
(8) ANDREW BEATH	1.00	<u> </u>						127000		
PRESIDENT		X		х				0.	0.	0.
(9) RICHARD WEGMAN	1.00									
TREASURER		X		х				0.	0.	0.
(10) MAX GAIL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ANGELO LOGAN	1.00									
DIRECTOR		X						0.	0.	0.
(12) SARAH VAILL	1.00									
DIRECTOR		Х						0.	0.	0.
					$ldsymbol{f eta}$					
		1								
	1	<u> </u>			igspace					
		1								
	-	<u> </u>		_	igspace		_			
		4								
					Ш					

SOCIAL & ENVIRONMENTAL ENTREPRENEURS 95-4116679 Form 990 (2022) Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation ndividual trustee or director hours for (W-2/1099-MISC/ organization from the related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations (ey employee 1099-NEC) and related below organizations)fficer line) 1,334,051 1b Subtotal c Total from continuation sheets to Part VII, Section A 1,334,051. 119,337 d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 6 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address NONE	(B) Description of services	(C) Compensation
2 Tota	al number of independent contractors (including but not limited to those liste	ed above) who received more than	

Form **990** (2022)

\$100,000 of compensation from the organization

Form 990 (2022) , INC.
Part VIII Statement of Revenue

INC.

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		Check if Schedule O	contains	a response	or note to any lir	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
S SI				1.1					000110110012011
표		Federated campaigns							
윤일		Membership dues							
A,		Fundraising events							
를 를	c	Related organizations		_ 1d					
i, S	e	Government grants (conti	ributions) 1e	3,549,294.				
ij	f	All other contributions, gifts,	grants, ar	nd					
		similar amounts not included	l above	_ 1f	57,731,133.				
Contributions, Gifts, Grants and Other Similar Amounts	c	Noncash contributions included in	lines 1a-11	1g \$					
a S						61,280,427.			
					Business Code	, ,			
a l	2 a				Duomoco Godo				
Š	_								
ine je	b								
E E	C								
Re	C	<u> </u>							
Program Service Revenue	e	·							
-	f	All other program service							
	Ç	g Total. Add lines 2a-2f							
	3	Investment income (include	dends, intere	est, and					
		other similar amounts)				461,234.			461,234.
	4	Income from investment of	of tax-exe	empt bond p	roceeds				
	5	Royalties							
		,		(i) Real	(ii) Personal				
	6 =	Gross rents	6a	.,	.,				
		Less: rental expenses	6b						
			-						
		Rental income or (loss)	[6c]						
		Net rental income or (loss		Securities	(ii) Othor				
	7 a	Gross amount from sales of	_		(ii) Other				
		assets other than inventory	7a	493,650.					
	b	Less: cost or other basis							
June		and sales expenses	7b	499,894.					
ther Revenue	c	Gain or (loss)	7c	-6,244.					
8	c	Net gain or (loss)		<u></u>		-6,244.			-6,244.
Je	8 a	a Gross income from fundraisi	ng events	(not					
ŏ		including \$		of					
		contributions reported on	line 1c).	See					
		Part IV, line 18	,	8a					
	b	Less: direct expenses							
		Net income or (loss) from			1				
		Gross income from gamin							
	5 6	Part IV, line 19		I					
	L	Less: direct expenses							
		Net income or (loss) from	-		I				
	10 a	Gross sales of inventory,							
		and allowances							
		Less: cost of goods sold							
\Box	C	Net income or (loss) from	sales of	inventory					
က္အ					Business Code				
e go	11 a	i							
an in	b)							
Miscellaneous Revenue	c	-							
ļš.		All other revenue							
2		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				61,735,417.	0.	0.	454,990.
						, ,			, ,

95-4116679 Page **10** INC. Form 990 (2022) 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).

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C) 1	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	45 604 250	15 604 250		
	and domestic governments. See Part IV, line 21	15,604,378.	15,604,378.		
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	200 271	200 271		
	individuals. See Part IV, lines 15 and 16	399,371.	399,371.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	206 012	227 520	E0 202	
_	trustees, and key employees	296,912.	237,530.	59,382.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	21,305,921.	18,383,811.	1,942,973.	979,137.
7	Other salaries and wages	41,303,341.	10,303,011.	1,344,313.	313,131.
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	1,555,112.	1,362,025.	193,087.	
9 10	Other employee benefits	2,599,719.	2,359,556.	142,249.	97,914.
	Payroll taxes	2,333,113.	2,337,330.	142,247.	71,714.
11	Fees for services (nonemployees):				
a	Management	35,975.	17,789.	18,186.	
b c	Legal	7,788.	1777030	7,788.	
	Accounting Lobbying	7,7000		777000	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,981.		5,981.	
	Other. (If line 11g amount exceeds 10% of line 25,	. , , , , ,		7,000	
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	206,126.	144,288.		61,838.
13	Office expenses	3,917,583.	3,636,076.	137,454.	144,053.
14	Information technology				
15	Royalties				
16	Occupancy	617,405.	560,948.	56,457.	
17	Travel	1,728,015.	1,423,522.	12,928.	291,565.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,148,736.	1,029,366.	1,977.	117,393.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	173,485.	116,672.	56,813.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CONSULTING PROGRAM SRVC	8,732,548.	8,225,387.	73,310.	433,851.
b	COMMUNITY RELATIONS	707,967.	-	-	707,967.
С	EQUIP PURCH/RENT/MAINT	348,380.	339,656.	8,724.	
d	MEALS	8,920.	293.	8,627.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	59,400,322.	53,840,668.	2,725,936.	2,833,718.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

, INC

95-4116679 Page **11**

		Check if Schedule O contains a response or note to any line in this Par	X		
		entering and the second and the seco	(A)	<u> </u>	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	53,505,726.	1	60,512,589.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	9,942,134.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 35	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	d l		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(E	3)	6	
ţ	7	Notes and loans receivable, net	5,000.	7	5,000.
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges	1 0 200	9	474,581.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	3,375,145.	11	4,959,501.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	86,496.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	72,257,346.		75,980,301.
	17	Accounts payable and accrued expenses		17	2,914,098.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	5		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	5%		
abi		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part	x		
		of Schedule D	0.	25	86,847.
	26	Total liabilities. Add lines 17 through 25	1,459,509.	26	3,000,945.
		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
lau	27	Net assets without donor restrictions	3,879,038.	27	5,512,834.
Ba	28	Net assets with donor restrictions		28	67,466,522.
ဋ		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	70,797,837.		72,979,356.
	33	Total liabilities and net assets/fund balances		33	75,980,301.
					Form QQ (2000)

Form **990** (2022)

SOCIAL & ENVIRONMENTAL ENTREPRENEURS

Form 990 (2022) , INC. 95-4116679 Page **12**

Part	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 7	Total revenue (must equal Part VIII, column (A), line 12)	1		,73				
2	Total expenses (must equal Part IX, column (A), line 25)				22. 95.			
3 F	Revenue less expenses. Subtract line 2 from line 1							
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 7							
5 1	Net unrealized gains (losses) on investments	5		-15	3,5	76.		
	Donated services and use of facilities	6						
	Investment expenses	7						
	Prior period adjustments	8						
9 (Other changes in net assets or fund balances (explain on Schedule O)	9		0.				
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	72	,97	9,3	56.		
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		
ı	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
ę	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b١	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 separa							
(consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
c l	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,						
1	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
ı	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.						
3a /	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X		
bΙ	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	Ī					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization SOCIAL & ENVIRONMENTAL ENTREPRENEURS INC.

Employer identification number 95-4116679

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.					
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch										
2		A school described in sect i										
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).					
4	一	A medical research organiz						the hospital's name				
•		city, and state:	анон ороналов и со-	ngan onon man a moopha		000		,				
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in				
3		section 170(b)(1)(A)(iv). (C		ilege of difficerally owner	a or operar	ica by a g	overnmental and desent)CG 1				
6				aantal unit daaarihad in	costion 17	70/6\/4\/A\	(v)					
6	H	A federal, state, or local gov						nublic described in				
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
_				(4)(A)(-1) (Ol-t- D								
8	H	A community trust describe						II.				
9		An agricultural research org				-						
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or				
	v	university:										
10	X	An organization that norma	•	•	-		· · · · · · · · · · · · · · · · · · ·	*				
		activities related to its exen										
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	. ,									
11	H	An organization organized a	•	•	•							
12	ш	An organization organized a	· ·	•	=		· · · · · · · · · · · · · · · · · · ·					
		more publicly supported or	-					check the box on				
		lines 12a through 12d that	• •			-	· · · · · ·					
а			· ·		•	•						
		the supported organization			a majority o	of the dire	ctors or trustees of the s	supporting				
		organization. You must o										
b			•					•				
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported				
		organization(s). You mus										
С							•	ed with,				
		its supported organization		•								
d		⊥ Type III non-functionally										
		that is not functionally int	-	•	-		-	iveness				
		requirement (see instruct	•	-								
е		☐ Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or		nally integrated support	ing organiz	zation.						
f		er the number of supported of	•									
g		vide the following information i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(11) 2.114	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)				
				above (see instructions))	169	NO	,	, , , , , , , , , , , , , , , , , , ,				
	<u> </u>											

Schedule A (Form 990) 2022

INC.

95-411<u>6679 Page 2</u> Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke fails to qualify under the tests				ion failed to qualify	under Part III. If th	e organization
Sec	ction A. Public Support		<u>'</u>	,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(0) 2020	(4) 2021	(0) 2022	(i) rotal
-	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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.						
	ction B. Total Support	() 00/0	#10040	1 ()	1 (0 000 (() 0000	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)	•	•	12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2022 (%
15							%
16a	33 1/3% support test - 2022. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o	-					
47-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
h	meets the facts-and-circumstances to 10% -facts-and-circumstances tes						
i.	more, and if the organization meets the						, 1070 OI
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization			•			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

INC. 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 \

Se	ction A. Public Support	elow, please comp	lete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		()	()	()	,	
	membership fees received. (Do not						
	include any "unusual grants.")	21,996,612.	21,215,185.	36,842,027.	73,186,668.	61,280,427.	214,520,919.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business 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	· · · · ·	21,996,612.	21,215,185.	36,842,027.	73,186,668.	61,280,427.	214,520,919.
	Total. Add lines 1 through 5	21,330,012.	21,213,103.	30,042,027.	73,100,000.	01,200,427.	214,320,313.
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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	4,810,331.	6,006,813.	3,315,546.	5,725,433.	11,832,556.	31,690,679.
	Add lines 7a and 7b	4,810,331.	6,006,813.	3,315,546.	5,725,433.	11,832,556.	31,690,679.
_8	Public support. (Subtract line 7c from line 6.)						182,830,240.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	21,996,612.	21,215,185.	36,842,027.	73,186,668.	61,280,427.	214,520,919.
108	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	86,841.	43,970.	24,018.	29,559.	461,234.	645,622.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	86,841.	43,970.	24,018.	29,559.	461,234.	645,622.
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.)	22,083,453.	21,259,155.	36,866,045.	73,216,227.	61,741,661.	215,166,541.
	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3) organizati	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), di	ivided by line 13, o	olumn (f))		15	84.97 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	83.41 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.30 %
18	Investment income percentage from 2	2021 Schedule A, F	Part III, line 17			18	.18 %
19	a 33 1/3% support tests - 2022. If the	organization did no	ot check the box c	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the						and X
	line 18 is not more than 33 1/3%, che	•		,	•	•	
20	Private foundation. If the organizatio						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

		Yes	No
	1		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	o		
	8		
	9a		
	9b		
	0-		
	9c		
	10a		
	iou		
	10b		
dule	A (Forr	n 990)	2022

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily 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			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e 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				
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
800		pported organization(s).	1		
sec	tion L	D. All Type III Supporting Organizations			
	5			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
2		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	,	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations	•		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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 in	structio	ns).	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e 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 V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e 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.

95-4116679 Page 6 INC.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.		
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			
Sect	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):				
a	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-functional	ally integrate	ed Type III supporting org	anization (see	
	instructions)			•	

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 , INC.	()(0) 0		9	5-4116679 Page 7		
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ion D - Distributions		-		Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	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 (describe in Part VI). See instructions.			6			
_ 7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsive)				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
С	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7:						
а	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder, Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
•	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
<u> </u>	Excess from 2022						

Schedule A (Form 990) 2022

SOCIAL & ENVIRONMENTAL ENTREPRENEURS

95-4116679 Page 8 Schedule A (Form 990) 2022 INC. 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 B, Part VI 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.)

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization

SOCIAL & ENVIRONMENTAL ENTREPRENEURS

Employer identification number

95-4116679

Organization type (check one):					
Filers of: Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$				
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify			

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$ 2,837,400.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ 2,270,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ <u>1,716,579</u> .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$ <u>1,578,588.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ <u>1,570,000</u> .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$ 1,415,756.	Person X Payroll Noncash (Complete Part II for		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 1,298,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>1,275,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>1,247,614.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>1,219,794</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>1,140,000</u> .	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - - - - -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - - - - -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - -			
		_ \$			

Employer identification number

Name of organization

SOCIAL & ENVIRONMENTAL ENTREPRENEURS 95-4116679 INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

SOCIAL & ENVIRONMENTAL ENTREPRENEURS , INC.

Employer identification number 95-4116679

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•	Donor and a second seco		0/1-1/41/171/21
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
9		·	
	balance sheet, and include, if applicable, the text of the footi organization's accounting for conservation easements.	note to the organization's linancial staten	nents that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or C	Other Similar Assets
	Complete if the organization answered "Yes" on Form		7.000.0
	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
··u	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
h	If the organization elected, as permitted under FASB ASC 95		
~	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o exhibition, education, or recognism in fair	and and or public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		' <u>-</u>
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		a. ga, provido
а	Revenue included on Form 990, Part VIII, line 1		\$
a h	Assets included in Form 990, Part Y		

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			raut 4

Pai	t III Organizations Maintaining Co	llections of A	rt, Hist	orical Tr	reasures, c	or Oth	er Si	milar <i>i</i>	Asset	S (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following tha	t make s	signific	cant use	of its			
	collection items (check all that apply):											
а	Public exhibition	d	ı 🔲 I	_oan or exc	hange progra	am						
b	Scholarly research	e		Other								
С	Preservation for future generations											
4	Provide a description of the organization's coll	ections and explai	n how th	ey further t	the organizati	on's exe	mpt p	urpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	asures, or oth	er simila	r asse	ts				
	to be sold to raise funds rather than to be main	ntained as part of	the orgar	nization's c	ollection?					Yes		No
Pai	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	on answered '	'Yes" or	Form	990, P	art IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.										
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for	contribution	ns or other as	sets not	t inclu	ded		_		
	on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar						_					
										Amount		
С	Beginning balance							1c				
d	Additions during the year							1d				
	Distributions during the year							1e				
	Ending balance							1f				
	Did the organization include an amount on For								\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	xplanatio	n has beer	n provided on	Part XII	l		<u></u>			1
Pai	t V Endowment Funds. Complete if t	he organization ar	swered	"Yes" on F								
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Th	ree years	s back	(e) Four	years b	ack
1a	Beginning of year balance											
b	Contributions											
	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	nt year end baland	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 shoul	d equal 100%.										
За	Are there endowment funds not in the possess	sion of the organiz	ation tha	t are held a	and administe	red for t	the					
	organization by:									[Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on S	chedule R?)					3b		
4	Describe in Part XIII the intended uses of the o											
Pai	t VI Land, Buildings, and Equipme	ent.										
	Complete if the organization answered	"Yes" on Form 990	0, Part IV	/, line 11a. \$	See Form 990	, Part X	, line 1	0.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccum	ulated		(d) Book	value	,
		basis (investr	ment)	basis	(other)	de	precia	tion				
1a	Land											
	Buildings											
	Leasehold improvements											
	Equipment											
	Other											
	Add lines 1a through 1a (Column (d) must ear		V colum	on (P) line	100)							0

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 , INC.		95	-4116679 Page 3
Part VII Investments - Other Securities.	5 000 B + N/ II	0 5 000 5	
Complete if the organization answered "Yes"			d af.,,aa,, maa,,,,ab,,,ab,,,a
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-or-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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	: 13.)		
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	on r on r ooo, r are rv, mic	110 01 111. 000 1 0111 000, 1 dit X, iiilo 20	(b) Book value
(1) Federal income taxes			(2) 2001. (2)
(2) OPERATING LEASE RIGHT-OF-	USE ASSET		86,847.
(3)			00,0270
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col. (B) line	25)		86.847.

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... X

95-4116679 Page 4

Sche	dule D (Form 990) 2022 , INC.			95-	4116679 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	61,575,860.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	450 556		
	Net unrealized gains (losses) on investments		-153,576.	4	
	Donated services and use of facilities			_	
	Recoveries of prior year grants			_	
	Other (Describe in Part XIII.)	2d			152 576
	Add lines 2a through 2d			2e	-153,576.
	Subtract line 2e from line 1			3	61,729,436.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1	5,981.		
	Investment expenses not included on Form 990, Part VIII, line 7b		3,701.	_	
	Other (Describe in Part XIII.) Add lines 4a and 4b			10	5,981.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			4c 5	61,735,417.
	t XII Reconciliation of Expenses per Audited Financial Staten				
1 0	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		poooo po.		
1	Total expenses and losses per audited financial statements			1	59,394,341.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
	Subtract line 2e from line 1			3	59,394,341.
	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	5,981.	_	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	5,981.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	59,400,322.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			4; Part	X, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional infor	mation.		
PAR	T X, LINE 2:				
	,				
ACC	OUNTING STANDARDS REQUIRE AN ORGANIZATION	TO E	ALUATE ITS	ТА	X POSITIONS
	~				
AND	PROVIDE FOR A LIABILITY FOR ANY POSITION	IS THAT	TOM CLUOW T	BE	CONSIDERED
'MC	RE LIKELY THAN NOT' TO BE UPHELD UNDER A	TAX AU	JTHORITY EX	IMA	NATION.
MAN	AGEMENT HAS EVALUATED ITS TAX POSITIONS A	AND HAS	S CONCLUDED	TH	AT A
PRC	VISION FOR A TAX LIABILITY IS NOT NECESSA	ARY AT	DECEMBER 3	31,	2022.
~=D	EDALLY MUD ORGANICAMIONIC INCORNAMION DI		DEMATE ODE		IOD.
GEN	ERALLY, THE ORGANIZATION'S INFORMATION RE	TURNS	REMAIN OPE	CIN F.	OR
┏ູ	MINATION THREE (FEDERAL) OR FOUR (STATE (ים כאדי	FODNIA VE	יא דו כי	EDOM WAE
EAA	MINATION THREE (FEDERAL) OR FOUR (STATE (OF CALL	LFORNIA) IE	AKS	FROM THE
חשת	'E OF FILING.				
באב	T OI TIBING.				

SOCIAL & ENVIRONMENTAL ENTREPRENEURS

Schedule D (Form 990) 2022 , INC .	95-4116679 Page 5
Part XIII Supplemental Information (continued)	<u> </u>

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

SOCIAL & ENVIRO	NMENTAL	ENTREPRE	NEURS			
, INC.					95-41166	
		ctivities Out	tside the United States. Comple	ete if the organ	ization answered '	'Yes" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	Yes X No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
United States.		3	·	3		
3 Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region		(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	•	gram service,	expenditures for and
	in the region	independent	gram services, investments, grants to		specific type	investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EUROPE (INCLUDING		_				
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,			GRANTS TO SUPPORT JOINT			
AUSTRIA, BELGIUM	0	0	NETWORK ACTIVITIES	N/A		89,996.
RUSSIA AND						
NEIGHBORING STATES -						
ARMENIA, AZERBIJAN,			GRANTS TO SUPPORT JOINT			
BELARUS,	0	0	NETWORK ACTIVITIES	N/A		20,000
SOUTH AMERICA -						
ARGENTINA, BOLIVIA,						
BRAZIL, CHILE,			GRANTS TO SUPPORT JOINT			
COLUMBIA, ECUADOR,	0	0	NETWORK ACTIVITIES	N/A		55,000.
SOUTH ASIA -						· ·
AFGHANISTAN,						
BANGLADESH, BHUTAN,			GRANTS TO SUPPORT JOINT			
INDIA, MALDIVES,	0	0	NETWORK ACTIVITIES	N/A		50,375.
SUB-SAHARAN AFRICA -						
ANGOLA, BENIN,						
BOTSWANA, BURKINA			GRANTS TO SUPPORT JOINT			
FASO,	0	0	NETWORK ACTIVITIES	N/A		139,000.
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,			GRANTS TO SUPPORT JOINT			
ARUBA, BAHAMAS,	0	0	NETWORK ACTIVITIES	N/A		5,000
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,			GRANTS TO SUPPORT JOINT			
CAMBODIA,	0	0	NETWORK ACTIVITIES	N/A		40,000.
3 a Subtotal	0	0				399,371.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				399,371.

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 , INC. 95-4116679

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			FUNDS WILL BE USED TO					
		EUROPE (INCLUDING	SUPPORT JOINT NETWORK					
		ICELAND &	ACTIVITIES/EPN					FAIR MARKET
		GREENLAND)	INTERNATIONAL	63,150.	WIRE TRANSFER	0.		VALUE
			FUNDS WILL BE USED TO					
		EUROPE (INCLUDING	SUPPORT JOINT NETWORK					
		ICELAND &	ACTIVITIES/EPN					FAIR MARKET
		GREENLAND)	INTERNATIONAL	15,985.	WIRE TRANSFER	0.		VALUE
			FUNDS WILL BE USED TO					
			SUPPORT JOINT NETWORK					
		SUB-SAHARAN	ACTIVITIES/EPN					FAIR MARKET
		AFRICA	INTERNATIONAL	25,000.	WIRE TRANSFER	0.		VALUE
			FUNDS WILL BE USED TO					
			SUPPORT JOINT NETWORK					
		EAST ASIA AND THE	ACTIVITIES/EPN					FAIR MARKET
		PACIFIC	INTERNATIONAL	10,000.	WIRE TRANSFER	0.		VALUE
			FUNDS WILL BE USED TO					
		EUROPE (INCLUDING	SUPPORT JOINT NETWORK					
		ICELAND &	ACTIVITIES/EPN					FAIR MARKET
		GREENLAND)	INTERNATIONAL	5,861.	WIRE TRANSFER	0.		VALUE
			FUNDS WILL BE USED TO					
			SUPPORT JOINT NETWORK					
		SUB-SAHARAN	ACTIVITIES/EPN					FAIR MARKET
		AFRICA	INTERNATIONAL	54,000.	WIRE TRANSFER	0.		VALUE
			FUNDS WILL BE USED TO					
			SUPPORT JOINT NETWORK					
			ACTIVITIES/EPN					FAIR MARKET
		SOUTH ASIA	INTERNATIONAL	30,375.	WIRE TRANSFER	0.		VALUE
			FUNDS WILL BE USED TO	·				
			SUPPORT JOINT NETWORK					
		EAST ASIA AND THE	ACTIVITIES/EPN					FAIR MARKET
		PACIFIC	INTERNATIONAL	10,000.	WIRE TRANSFER	0.		VALUE
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	· · · · · · · · · · · · · · · · · · ·	L			
			or counsel has provided a sec					

Schedule F (Form 990) 2022

Page 2

Schedule F (Form 990) 2022

, INC.

95-4116679

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 3

Part IV	Foreign	Forms
---------	---------	-------

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Part V	Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
ALL GRANTS MADE TO ORGANIZATIONS ARE MONITORED FOR INTENDED CHARITABLE
USES IN ACCOMPLISHMENT OF THE ORGANIZATION'S TAX-EXEMPT PURPOSES. OUR
PROJECTS STAY IN CONTACT WITH THE GRANTEE ORGANIZATIONS TO ENSURE THAT
THE GRANT ACTIVITY IS BEING UNDERTAKEN. OUR PROJECTS AND ADMINISTRATIVE
OFFICE ALSO RECEIVE DOCUMENTATION ONCE THE PROJECTS HAVE BEEN COMPLETED.
PART I, LINE 3:
CASH BASIS

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization SOCIAL & , INC.	ENVIRONME	NTAL ENTREF	RENEURS				Employer identification number $95-4116679$
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's property Grants and Other Assistance to recipient that received more than States.	stance? ocedures for mon Domestic Organ	toring the use of grant	funds in the Unite	d States.			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
YUBA SUTTER REGIONAL ARTS COUNCIL 624 E ST MARYSVILLE, CA 95901	94-2831238	501(C)(3)	13,000.	0.			COLLABORATION GRANT
CAL VETERAN SERVICES CENTER UC BERKELEY, 102 HEARST MEMORIAL GY BERKELEY CA 94720, CA 94720	94-2674840	501(C)(3)	13,000.	0.			COLLABORATION GRANT
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND ST NEW YORK, NY 10168	13-5660870	501(C)(3)	25,000.	0.			COLLABORATION GRANT
REVERSE THE CYCLE OF INCARCERATION PO BOX 90338 EAST POINT, GA 30364	27-1565752	501(C)(3)	78,250.	0.			COLLABORATION GRANT
FIRST INTEGRATED COMMUNITY CARE SERVICES - 3100 FIVE FORKS TRICKUM RD - LILBURN, GA 30046	83-4015235	501(C)(3)	20,000.	0.			COLLABORATION GRANT
POSITIVELY U, INC. 340 FIRST STREET SOUTH WINTER HAVEN, FL 33880 2 Enter total number of section 501(c)(3) a	26-3638035		20,000.	0.			collaboration grant

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

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

Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) OUALITY HOME CARE SERVICES 3552 BEATTIES FORD RD CHARLOTTE, NC 28216 32-0377976 501(C)(3) 20,000 0 COLLABORATION GRANT SISTERLOVE, INC PO BOX 10558 ATLANTA, GA 30310 58-2016070 501(C)(3) 20,000 0 COLLABORATION GRANT POLICING ALTERNATIVES AND DIVERSIONS - 236 FORSYTH STREET SW SUITE 500 - ATLANTA, GA 30303 81-5124367 501(C)(3) 100,000 0 COLLABORATION GRANT EFFECTIVE ALTRUISM FOUNDATION. INC. - 201 MISSION STREET, 12TH FLOOR - SAN FRANCISCO, CA 94105-1832 82-1136248 501(C)(3) 200,000 0 COLLABORATION GRANT LEGAL ACTION CENTER OF THE CITY OF NEW YORK, INC. - 225 VARICK ST STE 402 - NEW YORK, NY 10014 COLLABORATION GRANT 13-2756320 501(C)(3) 25,000 0 GEORGIA COALITION AGAINST DOMESTIC VIOLENCE - 2295 PARKLAND DR STE 130 - ATLANTA, GA 30345 501(C)(3) COLLABORATION GRANT 58-1854962 25,000 0 ATLANTA HARM REDUCTION COALITION INC - 1231 JOSEPH E BOONE BLVD -ATLANTA GA 30314 58-2227958 501(C)(3) 25 000 0 COLLABORATION GRANT HOUSING JUSTICE LEAGUE 1509 BROOKCLIFF CIRCLE MARIETTA, GA 30062 46-1271164 501(C)(3) 25,000 0 COLLABORATION GRANT THE OUTLAW PROJECT . 2936 N 36TH ST, APT 206 PHONEIX, AZ 85018 95-4116679 501(C)(3) 160 000 COLLABORATION GRANT 0

Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) GEORGIA LATINO ALLIANCE FOR HUMAN RIGHTS - 7 DUNWOODY PARK, STE 110 - ATLANTA, GA 30338 76-0809155 501(C)(3) 25,000 0 COLLABORATION GRANT SOUTHERN CENTER FOR HUMAN RIGHTS 83 POPLAR ST NW ATLANTA, GA 30303-2122 62-1025326 501(C)(3) 25,000 0 COLLABORATION GRANT CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD, SUITE 2416 LOS ANGELES, CA 90048 95-1644600 501(C)(3) 10,000 0 COLLABORATION GRANT THE TOOL LIBRARY INC ATTN: DARREN COTTON 5 W. NORTHRUP 10,000 BUFFALO, NY 14214 82-3550585 501(C)(3) 0 COLLABORATION GRANT KARSH FAMILY SOCIAL SERVICE CENTER INC - ATTN: MADELEINE DILE 3750 WEST 6TH STREET - LOS ANGELES, CA COLLABORATION GRANT 90020 81-2974850 501(C)(3) 10,000 0 SHOWING UP FOR RACIAL JUSTICE EDUCATION FUND - PO BOX 1053 - NEW YORK, NY 14205 COLLABORATION GRANT 82-2309274 501(C)(3) 25,000 0 COLUMBIA UNIVERSITY 615 WEST 131RD ST 3RD FL NEW YORK, NY 10027 13-5598093 501(C)(3) 10 235 0 COLLABORATION GRANT AIDS UNITED 1634 EYE ST NW STE 1100 WASHINGTON DC DC 20006-4011 52-1706646 501(C)(3) 40,000 0 COLLABORATION GRANT BACKBONE CAMPAIGN PO BOX 278 VASHON, WA 98070 93-1271427 501(C)(3) COLLABORATION GRANT 21 646 0

Schedule I (Form 990)

Schedule I (Form 990) , INC.		MIAD ENIKE				9	5-4116679 Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC 151 ELLIS ST NE - ATLANTA, CA 30303	13-1685039	501(C)(3)	10,000.	0.			COLLABORATION GRANT
SPARK LEARNING FOR ORGANIZATIONS LLC - 202 FARGO AVE - DAVIS, CA 95616	13-1685039	501(C)(3)	90,000.	0.			COLLABORATION GRANT
HARAMBEE HOUSE, INC. 1115 HABERSHAM STREET SAVANNAH, GA 31401	58-2219332		220,000.	0.			COLLABORATION GRANT
THE UNIVERSITY CORPORATION 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8309	94-1384645	501(C)(3)	52,500.	0.			COLLABORATION GRANT
LOST AND FOUND DOGS USA NETWORK 7024 BACKUS RD MOJAVE, CA 93501	46-4408606	501(C)(3)	15,000.	0.			COLLABORATION GRANT
YOUTH JUSTICE COALITION P.O. BOX 73688 LOS ANGELES, CA 90003	83-0466818	501(C)(3)	7,200.	0.			COLLABORATION GRANT
SOUTHWEST RESEARCH AND INFORMATION CENTER - 105 STANFORD SE, PO BOX 4524 - ALBUQUERQUE, NM 87196-4524	23-7159949	501(C)(3)	74,000.	0.			COLLABORATION GRANT
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	10,000.	0.			COLLABORATION GRANT
CLEAN AIR NOW ASSOCIATION 3730 METROPOLITAN AVE KANSAS CITY, KS 66106	82-3986787	501(C)(3)	116,500.	0.			COLLABORATION GRANT

Schedule I (Form 990) , INC.							3-41100/9 Pag
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Scho	edule I (Form 990), Pa I	art II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIGENOUS ENVIRONMENTAL NETWORK PO BOX 485							
BEMIDJI, MN 56619	38-3653476	501(C)(3)	6,000.	0.			COLLABORATION GRANT
TEXAS ENVIRONMENTAL JUSTICE ADVOCACY - 900 N. WAYSIDE DR - HOUSTON, TX 77011	02-0749601	501(C)(3)	40,000.	0.			COLLABORATION GRANT
GRASSROOTS GLOBAL JUSTICE 2000 14TH ST NW SUITE 104	06.4632105	501/57/27					
WASHINGTON DC, DC 20056	26-4633127	501(C)(3)	70,000.	0.			COLLABORATION GRANT
NEW YORK CITY ENVIRONMENTAL JUSTICE ALLIANCE - 116A 22ND ST -							
BROOKLYN, NY 10001	13-3779250	501(C)(3)	200,000.	0.			COLLABORATION GRANT
NORTH AMERICAN INDIAN CENTER OF BOSTON - 105 S HUNTINGTON AVE -							
PLAIN, MA 02130	04-3132204	501(C)(3)	80,000.	0.			COLLABORATION GRANT
SOCIETY OF NATIVE NATIONS 10730 POTRANCO RD., SUITE 122-282 SAN ANTONIO, TX 78251	81-0984252	501(C)(3)	150,000.	0.			COLLABORATION GRANT
PEOPLE FOR COMMUNITY RECOVERY	01 0304232	301(0)(3)	130,000.				COMMONITOR GRANT
13330 S CORLISS AVENUE CHICAGO, IL 60827	36-3415767	501(C)(3)	200,000.	0.			COLLABORATION GRANT
ESSENTIAL INFORMATION, INC. 1718 CONNECTICUT AVE, NW SUITE 600							
WASHINGTON DC, DC 20009	52-1299631	501(C)(3)	100,000.	0.			COLLABORATION GRANT
SOUTHERN SECTOR RISING, INC. 1808 S. GOOD LATIMER EXPRESSWAY							
DALLAS, TX 75226-2202	85-2700437	501(C)(3)	70,000.	0.			COLLABORATION GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL ALLIANCE FOR INCINERATOR ALTERNATIVES - 1958 UNIVERSITY AVE - BERKELEY, CA 94704	45-3543427	501(C)(3)	180,000.	0.			COLLABORATION GRANT
SOUL FIRE FARM INSTITUTE, INC. 1972 NY HWY 2 PETERSBURG, NY 12138	47-2549969	501(C)(3)	150,000.	0.			COLLABORATION GRANT
CENTRO DEL OBRERO FRONTERIZO DBA LA MUJER OBRERA - 2000 TEXAS AVE - EL PASO, TX 79901	74-2219654	501(C)(3)	180,000.	0.			COLLABORATION GRANT
, INSIGHT GARDEN PROGRAM 2081 CENTER STREET BERKELEY, CA 94704	46-3998218	501(C)(3)	80,000.	0.			COLLABORATION GRANT
SOULARDARITY 21 HIGHLAND ST. HIGHLAND PARK, MI 48203	47-2733535	501(C)(3)	200,000.	0.			COLLABORATION GRANT
SOUTHWEST ORGANIZING PROJECT 211 10TH ST SW ALBUQUERQUE, NM 87102	85-0368743	501(C)(3)	140,000.	0.			COLLABORATION GRANT
NORTH AMERICAN INDIAN ASSOCIATION OF DETROIT, INC 22720 PLYMOUTH ROAD - DETROIT, MI 48239	23-7192025	501(C)(3)	150,000.	0.			COLLABORATION GRANT
JUST TRANSITION ALLIANCE 2615 CAMINO DEL RIO SOUTH, SUITE 40 SAN DIEGO, CA 92108	52-2283569	501(C)(3)	140,000.	0.			COLLABORATION GRANT
RESILIENT SISTERHOOD PROJECT 263 HUNTINGTON AVE. SUITE 302 BOSTON, MA 02115	83-1771945	501(C)(3)	100,000.	0.			COLLABORATION GRANT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMING CLEAN, INC.							
28 VERNON ST, STE 434							
BRATTLEBORO, VT 05301	04-3429794	501(C)(3)	140,000.	0.			COLLABORATION GRANT
WE WANT GREEN TOO							
3007 PENNSYLVANIA ST							
DETROIT, MI 48214	45-5324148	501(C)(3)	100,000.	0.			COLLABORATION GRANT
CENTER FOR COALFIELD JUSTICE							
31 E CHESTNUT STREET, SUITE 102							
WASHINGTON, PA 15301	25-1781592	501(C)(3)	100,000.	0.			COLLABORATION GRANT
I A COCECUA COA DEA ACET CIII TIIDA							
LA COSECHA CSA DBA AGRI-CULTURA COOPERATIVE NETWORK - 318 ISLETA							
SW - ALBUQUERQUE, NM 87105	82-4552728	501(C)(3)	76,000.	0.			COLLABORATION GRANT
Sw Hillogolikgol, im 0,100	02 1332720	501(0)(3)	70,000.	<u> </u>			COLLIBORATION CRAINT
URBAN TILTH							
323 BROOKSIDE DRIVE							
RICHMOND, CA 94801	20-4124161	501(C)(3)	230,000.	0.			COLLABORATION GRANT
COMMUNITARY MODERNAC & EMPOWERMENT							
COMMUNITY HOUSING & EMPOWERMENT CONNECTIONS INC 403 SUN BLVD.							
BEAR DE 19701 - BEAR, DE 19701	51-0411465	501(C)(3)	150,000.	0.			COLLABORATION GRANT
	31 0111403		150,000.	0.			JULIAN SIGNI
MOVEMENT TRAINING NETWORK							
4130 NM 112, PO 171							
TIERRA AMARILLA, NM 87575	86-1287825	501(C)(3)	100,000.	0.			COLLABORATION GRANT
SACHAMAMA, INC.							
4581 CATAMARAN CIRCLE							
BOYNTON BEACH, FL 33436	46-3341619	501(C)(3)	100,000.	0.			COLLABORATION GRANT
EAST MICHIGAN ENVIRONMENTAL ACTION							
COUNCIL - 4605 CASS AVE - DETROIT,							
MI 48201	23-7241219	501(C)(3)	100,000.	0.			COLLABORATION GRANT

Schedule I (Form 990)

Schedule I (Form 990) Page 1 Part III Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED PARENTS AGAINST LEAD (UPAL)							
4809 OLD WARWICK ROAD							
RICHMOND, VA 23224	54-1818807	501(C)(3)	100,000.	0.			COLLABORATION GRANT
·			,				
MIAMI WORKERS CENTER							
745 NW 54TH STREET							
MIAMI, FL 33127	65-0942224	501(C)(3)	300,000.	0.			COLLABORATION GRANT
COAL RIVER MOUNTAIN WATCH, INC.							
7503 COAL RIVER RD.							
NAOMA, WV 25140	55-0765268	501(C)(3)	100,000.	0.			COLLABORATION GRANT
NEW MEXICO COMMUNITY FOUNDATION							
8 CALLE MEDICO							
SANTA FE, NM 87505	85-0311210	501(C)(3)	68,000.	0.			COLLABORATION GRANT
DANIA FE, NM 07303	03 0311210	501(0)(3)	00,000.	٠.			CODDADORATION GRANT
CONCERNED CITIZENS OF WAGON MOUND							
9327 BEAR LAKE WAY							
ALBUQUERQUE, NM 87120	85-0437704	501(C)(3)	220,000.	0.			COLLABORATION GRANT
			, , , , , , , , , , , , , , , , , , ,				
COOPERATION JACKSON OF							
MISSISSIPPI, INC 939 W CAPITOL							
ST - JACKSON, MS 39203	47-1153202	501(C)(3)	100,000.	0.			COLLABORATION GRANT
WECOUNT!, INC.							
P.O. BOX 344116							
FLORIDA CITY, FL 33034	56-2638368	501(C)(3)	300,000.	0.			COLLABORATION GRANT
N. TANGA WAGTONAL DE GAMEGEME							
ALIANZA NACIONAL DE CAMPESINAS,							
INC PO BOX 20033 - OXNARD, CA	47 2496620	E01/G)/2)	100 000	_			COLLADODAMION CDANM
93036	47-3486630	501(C)(3)	100,000.	0.			COLLABORATION GRANT
SEVENTH GENERATION FUND FOR							
INDIGENOUS PEOPLES, INC PO BOX							
4569 - ARCATA, CA 95518	68-0027247	501(C)(3)	68,000.	0.			COLLABORATION GRANT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURE'S GARDEN FOR VICTORY AND							
PEACE, INC PO BOX 831097 -							
TUSKEGEE, AL 36083	81-2945569	501(C)(3)	300,000.	0.			COLLABORATION GRANT
NAME TO BE WOLLDWINE							
NATIVE MOVEMENT PO BOX 83467							
FAIRBANKS, AK 99708	68-0535413	501(C)(3)	68,000.	0.			COLLABORATION GRANT
TIRDIMRO, IN 33700	00 0333413	501(0)(3)	00,000.	• • •			CODERIDORATION GRANT
THE FARMWORKER ASSOCIATION OF							
FLORIDA, INC 1264 APOPKA BLVD -							
APOPKA, FL 32703	59-2683978	501(C)(3)	70,000.	0.			COLLABORATION GRANT
CENTRAL CALIFORNIA ASTHMA							
COLLABORATIVE - 1939 N GATEWAY							
BLVD - FRESNO, CA 93727	45-3599201	501(C)(3)	100,000.	0.			COLLABORATION GRANT
WESTERN ORGANIZATION OF RESOURCE							
COUNCILS EDUCATION PROJECT - 220 S							
27TH ST, STE B - BILLINGS, MT							
59101	84-1123481	501(C)(3)	200,000.	0.			COLLABORATION GRANT
ALLIANGE BOD GLODAL THOMAGE							
ALLIANCE FOR GLOBAL JUSTICE							
225 E. 26TH STREET, SUITE 1	52-2094677	501(C)(3)	335 000	0.			COLLABORATION GRANT
TUCSON, AZ 85713	32-2094077	501(C)(3)	335,000.	0.			COLLABORATION GRANT
MICHIGAN ENVIRONMENTAL JUSTICE							
COALITION - 2701 BAGLEY STREET -							
DETROIT, MI 48216	86-1272770	501(C)(3)	100,000.	0.			COLLABORATION GRANT
	00 12/2//0		200,000.	<u> </u>			
INSTITUTE FOR WASHINGTON'S FUTURE							
2720 VALENCIA ST							
BELLINGHAM, WA 98226	91-0931421	501(C)(3)	330,000.	0.			COLLABORATION GRANT
·			,				
SACRED HEALING CIRCLE							
4409 COUNTY ROAD 200							
FLORENCE, AL 35633	65-1261804	501(C)(3)	70,000.	0.			COLLABORATION GRANT

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Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) HERU URBAN AND GARDEN 5258 MAFFITT AVE. ST. LOUIS, MO 63113 82-4900278 501(C)(3) 80,000 0 COLLABORATION GRANT AKTING 8TH FIRE 607 MAIN AVE CALLAWAY MINNESOTA, MN 56521 83-1587091 501(C)(3) 180,000 0 COLLABORATION GRANT FUERZA UNIDA 710 NEW LAREDO HWY SAN ANTONIO, TX 78211 74-2615917 501(C)(3) 68,000 0 COLLABORATION GRANT ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS, INC. - P. O. BOX 20033 - OXNARD, CA 93034 95-4611282 501(C)(3) 300,000 0 COLLABORATION GRANT WEST ATLANTA WATERSHED ALLIANCE. INC. - PO BOX 10883 - ATLANTA, GA 20-0890449 COLLABORATION GRANT 30310 501(C)(3) 180,000 0 ALLIANCE FOR APPALACHIA PO BOX 1450 LONDON, KY 40743 31-1113237 501(C)(3) COLLABORATION GRANT 70,000 0 CITIZENS FOR A SUSTAINABLE FUTURE INC. - 1935 SABRA DR -TALLAHASSEE, FL 32303 45-5008784 501(C)(3) 42 500 0 COLLABORATION GRANT SOUTH WARD ENVIRONMENTAL ALLIANCE 404 HAWTHORNE AVENUE NEWARK, NJ 07112 47-1202863 501(C)(3) 42,500 0 COLLABORATION GRANT GROUNDWORK NORTHEAST REVITALIZATION GROUP, INC - 803 ARMSTRONG AVE - KANSAS CITY, KS 66101 45-4925472 501(C)(3) 0 COLLABORATION GRANT 20 000

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY LEAGUE OF CONSERVATION							
VOTERS EDUCATION FUND - PO BOX							
1237 - TRENTON, NJ 01237	45-2995824	501(C)(3)	20,000.	0.			COLLABORATION GRANT
SOUL SURCHERS, INC.							
PO BOX 220271							
CANTILLY, VA 20153	26-3119947	501(C)(3)	40,000.	0.			COLLABORATION GRANT
MOBILE ENVIRONMENTAL JUSTICE							
ACTION COALITION - PO BOX 717 -							
MOBILE, AL 36601	46-5243511	501(C)(3)	42,500.	0.			COLLABORATION GRANT
WEST LONG BEACH ASSOCIATION							
PO BOX 9422							
LONG BEACH, CA 90810	93-1127818	501(C)(3)	42,500.	0.			COLLABORATION GRANT
ALASKA COMMUNITY ACTION ON TOXICS							
1225 E. INTERNATIONAL AIRPORT							
ROAD, SUITE 220 - ANCHORRAGE, AK		504 (5) (0)	200 000				
99518	92-0177082	501(C)(3)	300,000.	0.			COLLABORATION GRANT
MILWAUKEE ENVIRONMENTAL CONSORTIUM							
1836 W FOND DU LAC AVENUE							
MILWAUKEE, WI 53205	83-0373300	501(C)(3)	68,000.	0.			COLLABORATION GRANT
POWER SHIFT NETWORK							
2000 14TH ST NW SUITE 104							
WASHINGTON DC, DC 20056	45-5616367	501(C)(3)	200,000.	0.			COLLABORATION GRANT
THE TOTAL DE, DE 20030	±2 2010207	501(6)(3)	200,000.	0.			COLUMNOTATION GRANT
LITTLE VILLAGE ENVIRONMENTAL							
JUSTICE ORGANIZATION - 2445 S.							
SPUALDING AVE - CHICAGO, IL 60623	36-4259477	501(C)(3)	300,000.	0.			COLLABORATION GRANT
UNITED CONFEDERATION OF TAINO							
PEOPLE, INC 29 BURCHELL BLVD							
NEW YORK, NY 11706	11-3509399	501(C)(3)	68,000.	0.			COLLABORATION GRANT
1111 10KK, 141 11/00	11 330333	Por(c)(3)	1 00,000.	٠.			COTTUDORVITON GRANI

, INC.

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Schedule I (Form 990) , INC.							J HIIOO7J P
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HE ACEQUIA INSTITUTE							
319 MAIN ST. PO BOX 129							
SAN LUIS, CO 81152	20-5747800	501(C)(3)	80,000.	0.			COLLABORATION GRANT
EAST YARD COMMUNITIES FOR	20 3747000	501(0/(3/	00,000.	0.			CODDADORATION GRANT
ENVIRONMENTAL JUSTICE - 546 N							
COMMONWEALTH AVE - LOS ANGELES, CA							
90004		501(C)(3)	12,098.	0.			COLLABORATION GRANT
90004	40-3003037	501(C)(3)	12,090.	0.			COLLABORATION GRANT
NEW MEXICO ENVIRONMENTAL LAW							
CENTER (NMELC) - 722 ISLETA BLVD							
SW - ALBUQUERQUE, NM 87105	85-0360664	501(C)(3)	80,000.	0.			COLLABORATION GRANT
	00 0000001			<u> </u>			
HOYLETON YOUTH AND FAMILY SERVICES							
8 EXECUTIVE DRIVE							
FAIRVIEW HEIGHTS, IL 62208	37-1222958	501(C)(3)	150,000.	0.			COLLABORATION GRANT
-			, -	-			
GREENROOTS							
90 EVERETT AVE. SUITE 1							
CHELSEA, MA 02150	81-2718273	501(C)(3)	70,000.	0.			COLLABORATION GRANT
·			·				
TALLAHASSEE FOOD NETWORK, INC.							
(TFN) - PO BOX 365 - TALLAHASSEE,							
FL 32302-0365	46-1175320	501(C)(3)	110,500.	0.			COLLABORATION GRANT
FIAT JUSTICIA RUAT CAELUM, INC							
PO BOX 885							
CULVER CITY, CA 90232	47-5260391	501(C)(3)	25,000.	0.			COLLABORATION GRANT
ALIANZA CENTER, INC.							
10524 MOSS PARK ROAD SUITE 204- 62	ŧ						
ORLANDO, FL 32832	83-2227824	501(C)(3)	146,000.	0.			COLLABORATION GRANT
SANTA MONICA EDUCATION FOUNDATION							
1645 16TH STREET							
SANTA MONICA, CA 90404	95-3787674	501(C)(3)	15,000.	0.			COLLABORATION GRANT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORDER NETWORK FOR HUMAN RIGHTS							
2115 N. PIEDRAS							
EL PASO, TX 79930	74-2493012	501(C)(3)	68,000.	0.			COLLABORATION GRANT
,			, -	<u> </u>			
ALTERNATIVES FOR COMMUNITY AND							
ENVIRONMENT - 2201 WASHINGTON ST -							
BOSTON, MA 02119	04-3228509	501(C)(3)	300,000.	0.			COLLABORATION GRANT
,			<i>'</i>				
FLORIDA RIGHTS RESTORATION							
COALITION, INC - 4081 LB MCLEOD RD							
STE C - ORLANDO, FL 32811		501(C)(3)	100,000.	0.			COLLABORATION GRANT
UPROSE							
426 36TH ST.							
BROOKLYN, NY 11232	11-2490531	501(C)(3)	200,000.	0.			COLLABORATION GRANT
PODER (PUEBLO ORGANIZADO EN							
DEFENSA DE LA TIERRA Y SUS							
RECURSOS) - 4926 E. CESAR CHAVEZ,							
BLDG A - AUSTIN, TX 78702	74-2682311	501(C)(3)	156,000.	0.			COLLABORATION GRANT
COMMUNITIES FOR A BETTER							
ENVIRONMENT - 6325 PACIFIC BLVD.,							
SUITE 300 - HUNTINGTON PARK, CA							
90255	94-2998086	501(C)(3)	140,000.	0.			COLLABORATION GRANT
THE GREEN DOOR INITIATIVE							
7650 SECOND AVE							
DETROIT, MI 48202	27-3467703	501(C)(3)	140,000.	0.			COLLABORATION GRANT
REDEEMER COMMUNITY PARTNERSHIP							
ATTN: RICHARD PARKS PO BOX 180499							
LOS ANGELES, CA 90018	91-2144336	501(C)(3)	100,000.	0.			COLLABORATION GRANT
RETHINK ENERGY FLORIDA, INC.							
PO BOX 1341							
TALLAHASSEE, FL 32302	27-3190205	501(C)(3)	40,000.	0.			COLLABORATION GRANT

Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) HIGHLANDER RESEARCH & EDUCATION CENTER, INC. - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820 62-0646373 501(C)(3) 100,000 0 COLLABORATION GRANT EL COMITE DE APOYO A LOS TRABAJADORES AGRICOLAS - 4 DELSEA DRIVE - GLASSBORO, NJ 08028 22-2588350 501(C)(3) 180,000 0 COLLABORATION GRANT ST STEPHEN'S EPISCOPAL CHURCH 6125 CARLOS AVE LOS ANGELES, CA 90028 95-1708762 501(C)(3) 15,000 0 COLLABORATION GRANT THE NEW SCHOOL 66 WEST 12TH STREET NEW YORK, NY 10011 13-3297197 501(C)(3) 100,000 0 COLLABORATION GRANT VIRGINIA ORGANIZING INC 703 CONCORD AVE COLLABORATION GRANT CHARLOTTE, VA 22903-5208 54-1674992 501(C)(3) 100,000 0 OPAL PO BOX 66099 90-0288267 COLLABORATION GRANT PORTLAND, OR 97290-6099 501(C)(3) 200,000 0 DINE C.A.R.E. TEESTO CPU PO BOX 7185 WINSLOW, AZ 86047 86-0670809 501(C)(3) 140,000 0 COLLABORATION GRANT INDIAN CULTURAL ORGANIZATION 14840 BEAR MOUNTAIN ROAD REDDING, CA 96003 68-0443607 501(C)(3) 70,000 0 COLLABORATION GRANT FAMILY TREE, INC DBA FAMILY TREE CLINIC - 1919 NICOLLET AVE -MINNEPOLIS, MN 55403 23-7133742 501(C)(3) COLLABORATION GRANT 20 000 0

Schedule I (Form 990)

Schedule I (Form 990) , INC.							5-41100/9 Pag
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTERS POINT BIOMONITORING							
FOUNDATION, INC - 5021 3RD ST -							
SAN FRANCISCO, CA 94124-2311	86-3077687	501(C)(3)	227,163.	0.			COLLABORATION GRANT
REENFORCE INC							
307 GREENE ST							
AUGUST, GA 30901	41-1362499	501(C)(3)	9,350.	0.			COLLABORATION GRANT
RESTOREHER USAMERICA INC							
63 WETBRIDGE							
FAYETTEVILLE, GA 30214	83-0907216	501(C)(3)	149,298.	0.			COLLABORATION GRANT
DARKNESS RISING PROJECT INC.							
PO BOX 33603							
RALEIGH, NC 27636	83-1375588	501(C)(3)	15,000.	0.			COLLABORATION GRANT
IRONBOUND COMMUNITY CORPORATION							
317 ELEM STREET							
NEWARK, NJ 07105	22-1916086	501(C)(3)	106,000.	0.			COLLABORATION GRANT
ASIAN AMERICAN LEGAL DEFENSE AND							
EDUCATION - 99 HUDSON STREET, 12TH							
FLOOR LEFT - NEW YORK, NY 10013	13-2855641	501(C)(3)	20,000.	0.			COLLABORATION GRANT
NEW JERSEY ENVIRONMENTAL JUSTICE							
ALLIANCE - P.O. BOX 1237 -	01 4220010	E01/G\/2\	150 000	0.			GOLLA DODAMION GDANM
TRENTON, NJ 08607	81-4338010	501(C)(3)	150,000.	0.			COLLABORATION GRANT
TIDES CENTER							
PO BOX 889385							
LOS ANGELES, CA 90088-9385	51-0198509	501(C)(3)	160,000.	0.			COLLABORATION GRANT
CHINESE FOR AFFIRMATIVE ACTION							
17 WALTER U LUM PL	04 2161304	E01/Q\/2\	20.000	_			GOLLADODAMION CDANS
SAN FRANCISCO, CA 94108	94-2161304	Dot(C)(3)	20,000.	0.			COLLABORATION GRANT

Schedule I (Form 990) , INC.							5-4116679 Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINESE PROGRESSIVE ASSOCIATION							
1042 GRANT AVE 5TH FL							
SAN FRANCISCO, CA 94133	23-7404756	501(C)(3)	159,437.	0.			COLLABORATION GRANT
THE ST BERNARD PROJECT, INC							
2645 TOULOUSE ST							
NEW ORLEANS, LA 70119	26-2189665	501(C)(3)	10,000.	0.			COLLABORATION GRANT
THE SOLUTIONS PROJECT							
4096 PIEDMONT AVE #728							
OAKALND, CA 94611	46-3811348	501(C)(3)	760,000.	0.			COLLABORATION GRANT
FEEDTHESTREETSRVA							
4909 LINDY LANE							
RICHMOND, VA 23224	81-4896295	501(C)(3)	18,000.	0.			COLLABORATION GRANT
,			<u> </u>				
RVA BULLDOGS YOUTH ORGANIZATION,							
INC - 904 STEPPEWAY LN - RICHMOND,							
VA 23223	84-4728691	501(C)(3)	20,000.	0.			COLLABORATION GRANT
CADENCE THEATRE COMPANY INC							
PO BOX 7119							
RICHMOND, VA 23221	80-0493723	501(C)(3)	6,000.	0.			COLLABORATION GRANT
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- •			
HEARRVA LLC							
5124 ALBERENE RD							
RICHMOND, VA 23224	83-4462226	501(C)(3)	6,000.	0.			COLLABORATION GRANT
ADT CHAVA							
API CHAYA PO BOX 14047							
SEATLE, WA 98114	91-1674016	501(C)(3)	20,000.	0.			COLLABORATION GRANT
, ,	32 23,1020		20,000:	· ·			
APOYO LEGAL AL EMPRENDIMIENTO							
COMUNITARIO, INC - PO BOX 2000 -							
CAGUAS, PR 00726	66-0948433	501(C)(3)	100,000.	0.			COLLABORATION GRANT

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMEDORES SOCIALES DE PUERTO RICO, INC - PO BOX 3181 - CAGUAS, PR	66-0912044	501(C)(3)	150,000.	0.			COLLABORATION GRANT
COORDINADORA PAZ PARA LA MUJER, INC PO BOX 193008 - SAN JUAN, PR 00919	66-0550935	501(C)(3)	70,000.	0.			COLLABORATION GRANT
LA MARANA CORP 225 CALLE DEL PARQUE SAN JUAN, PR 00912	66-0838654	501(C)(3)	70,000.	0.			COLLABORATION GRANT
MICRONESIA CLIMATE CHANGE ALLIANCE 167B E T CALVO MEMORIAL PARKWAY FAMUNING,, GU 96913		501(C)(3)	150,000.	0.			COLLABORATION GRANT
PALLER SALUD, INC PR 187 KM, SECCTOR KM 24.2 LOIZA, PR 00772	66-0494692	501(C)(3)	20,000.	0.			COLLABORATION GRANT

, INC.

95-4116679

Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
ALL GRANTS MADE TO ORGANIZATIONS A	RE MONIT	ORED FOR I	NTENDED CH	ARITABLE USES	
IN ACCOMPLISHMENT OF THE ORGANIZAT	ION'S TA	X-EXEMPT P	URPOSES. O	UR PROJECTS	
STAY IN CONTACT WITH THE GRANTEE C	RGANZATI	ONS TO ENS	SURE THAT T	HE GRANT	
ACTIVITY IS BEING UNDERTAKEN. OUR	PROJECTS	AND ADMIN	IISTRATIVE	OFFICE ALSO	
RECEIVE DOCUMENTATION ONCE THE PRO	JECTS HA	VE BEEN CC	MPLETED.		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOCIAL & ENVIRONMENTAL ENTREPRENEURS INC.

Employer identification number 95-4116679

Part I Questions Regarding Compensation		,	1 11007		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First class or charter travel Housing allowance or residence for personal use Fayments for business use of personal residence Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation and provide the explain in Part III. Compensation survey or study Torm 990 of other organizations Beceive a severance payment or change of control payment? Ab A participate in or receive payment from a supplemental nonqualified retirement plan? Ab C Participate in or receive payment from a supple	Pa	ITT I Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel		-		Yes	No
First-class or charter travel	1a				
Travel for companions					
Tax indemnification and gross-up payments					
Discretionary spending account					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Ocompensation survey or study Ocompensation or a related organization: Receive a severance payment or change of-control payment? 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5 A X B Ary related organization? 1 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 B X 1 For persons listed on Form 990, Part VI					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Written employment contract Moreon granization committee Written employment contract Moreon granization consultant Moreon granization survey or study Moreon granization or a related organizations Mapproval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 5 Participate in or receive payment from an equity-based compensation arrangement? 6 Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 a	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Independent compensation consultant Compensation survey or study Independent compensation committee Independent compensation committee Independent compensation survey or study Independent compensation or a related organization: Independent compensation are supplemental independent compensation are supplemental part or receive payment from a supplemental nonqualified retirement plan? Independent compensation arrangement? Independent compensation contingent on the revenues of: Independent compensation contingent on the revenues of: Independent compensation contingent on the net earnings of: Independent compensation contingent contingent continues contingent continue	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of: Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the net earnings of: Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the net earnings of: Participate in or receive payment from an equity-bas					
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4a	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Compensation committee		CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		establish compensation of the CEO/Executive Director, but explain in Part III.			
Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Compensation committee Written employment contract			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 V X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Form 990 of other organizations X Approval by the board or compensation committee			
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 V X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	а		4a		Х
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	b				X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	С				Х
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	5				
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	а		5a		Х
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	b				Х
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6	·			
a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	а	The organization?	6a		Х
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			·····		X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III					
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7				
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			7		Х
	8				
	-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9				
Regulations section 53.4958-6(c)?			9		

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

Schedule J (Form 990) 2022 , INC. 95-4116679

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER HOFFMAN	(i)	274,746.	0.	0.	14,918.	7,248.	296,912.	0.
CHIEF EXCECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY FRIEDLANDER	(i)	219,741.	0.	0.	25,418.	168.	245,327.	0.
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELISSA MENDOLERA	(i)	209,300.	0.	0.	11,451.	10,050.	230,801.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MURRAY PENNER	(i)	187,792.	0.	0.	12,709.	19,114.	219,615.	0.
PROJECT DIRECTOR OF U.S.	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TREVIS BIRD	(i)	180,084.	0.	0.	10,375.	7,240.	197,699.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PIA INFANTE	(i)	190,385.	0.	0.	0.	646.	191,031.	0.
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SOCIAL & ENVIRONMENTAL ENTREPRENEURS

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Schedule J (Form 990) 2022 , INC.	95-4116679	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part III Supplemental Information		
	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b,	7, and 8, and for Part II. Also complete this part for any additional information	on.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOCIAL & ENVIRONMENTAL ENTREPRENEURS

Employer identification number 95-4116679

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

FORM 990 IS PREPARED BY OUR OUTSIDE AUDITOR. FOLLOWING THE COMPLETION OF A
DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND A DRAFT OF FORM 990, THE
OUTSIDE AUDITOR MET WITH THE DIRECTOR OF FINANCE TO REVIEW THE FINANICAL
STATEMENTS AND FORM 990 TO ASSURE THAT ALL REPRESENTATIONS AND ANSWERS TO
ISSUES, COMMENTS AND OUESTIONS WERE ACCURATE.

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

EACH NEW RESPONSIBLE PERSON SHALL BE REQUIRED TO REVIEW A COPY OF THIS
POLICY AND TO ACKNOWLEDGE THAT HE OR SHE HAS DONE SO. EACH RESPONSIBLE
PERSON SHALL ANNUALLY DISCLOSE ANY RELATIONSHIPS, POSITIONS, OR
CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE
BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST. SUCH RELATIONSHIPS,
POSITIONS, OR CIRCUMSTANCES MIGHT INCLUDE OWNERSHIP OF A BUSINESS THAT
MIGHT PROVIDE GOODS OR SERVICES TO THE ORGANIZATION. ANY SUCH INFORMATION
REGARDING BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR A FAMILY MEMBER
SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY
TO THE CHAIR OF THE BOARD, THE MANAGING DIRECTOR, AND ANY COMMITTEE
APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL
DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS
POLICY. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL
RESPONSIBLE PERSONS.

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

THE ORGANIZATION'S BOARD HAS A COMPENSATION COMMITTEE RESPONSIBLE FOR

ANNUALLY REVIEWING AND DETERMINING SUGGESTED COMPENSATION AMOUNTS FOR

TAXABLE YEAR

California Exempt Organization Annual Information Return

228941 01-10-23 FORM

202	Annual Information Return	1				199
Calendar Yea	r 2022 or fiscal year beginning (mm/dd/yyyy)	, and ending	(mm/dd/yyy	/y)		
SOCIAI				fornia corpo 2179		
Additional infor	mation. See instructions.		FE	™ 95-4	116	679
Street address			l I	PMB no.		<u> </u>
	CALABASAS ROAD, NO. 201		0	7IDI-		
CALABA	2 4 2		State CA	ZIP code 9130	2	
Foreign country		e/county	CA	Foreign p		ode
D Final info Enter date Check at F Federal (4) X G Is this a H Is this o	d return • Yes X No	J If exempt under R&TC engaged in political acti K Is the organization exer If "Yes," enter the gross L Is the organization a lim M Did the organization file report taxable income? N Is the organization under	? See instru Section 237 vities? See inpt under R receipts fro hited liability Form 100 c er audit by tl ear?	ctions	the org ns ion 23 ember s /? 09 to has th	Yes
Part I	Complete Part I unless not required to file this form. See General Int 1 Gross sales or receipts from other sources. From Side 2, Part I 2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts receive	II, line 8		•	1 2 3	954,884 ₀₀
Receipts	4 Total gross receipts for filing requirement test. Add line 1 throu					•
and	This line must be completed. If the result is less than \$50,000			-	4	62,235,311 00
Revenues	5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold		499 8	94 00		
	7 Total costs. Add line 5 and line 6				7	499,894 00
	8 Total gross income. Subtract line 7 from line 4				8	61,735,417 ₀₀
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18				9	59,400,322 ₀₀
	10 Excess of receipts over expenses and disbursements. Subtract11 Total payments			•	10 11	2,335,095 ₀₀
				•	12	00
	13 Payments balance. If line 11 is more than line 12, subtract line				13	00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11	from line 12		•	14	00
					15	00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 fro	ccompanying schedules and state	ements, and to	the best o	16 my kno	owledge and belief,
Sign Here	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is b Signature of officer	Title CHAIRMAN Totale	Date	ny knowled	lge.	■ Telephone
	Preparer's signature	Sale	Check self-en	if nployed		P01582463
Paid	signature Firm's name	L	2011 211	,,	<u> </u>	● Firm's FEIN
Preparer's	(or yours, QUIGLEY & MIRON					32-0530003
Use Only	employed) 3550 WILSHIRE BLVD., #166 and address LOS ANGELES, CA 90010	50				• Telephone (213) 639-3550
	May the FTB discuss this return with the preparer shown above? See	e instructions		●	Yes	No

228951 01-10-23

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	business a	activitie	s. See instr	uctions				•	1				00
		2	Interest								•	2		461	L,234	4 00
		3	Dividends									3				00
Rec	eipts	4	Gross rents									4				00
fron	n	5										5				00
Oth	er	6	Gross royalties Gross amount received from sa	le of assets	s (See	instructions	3)		STA	TEMENT	2 •	6		493	3,650	00
Sou	rces	7	Other income								•	7				00
		8	Total gross sales or receipts fro								t I, line 1	8		954	1,884	1 00
		9	Contributions, gifts, grants, and	l similar an	nounts	paid					•	9	16	5,003	3,749	9 00
		10	Disbursements to or for member	ers							•	10				00
		11	Disbursements to or for member Compensation of officers, direct	tors, and tr	rustees	;		ξ	SEE STA	TEMENT	3 •	11		296	5,912	2 00
		12	Other salaries and wages								•	12	2:	1,305	5,921	1 00
Exp	enses	13	Interest									13				00
and	- 1	14	Taxes									14	2	2,599	719	9 00
Dist	burse-	15										15			7,405	
mer	nts	16	Depreciation and depletion (See	instruction	ns)						•	16				00
		17	Depreciation and depletion (See Other expenses and disburseme	ents	,			5	SEE STA	TEMENT	4 •	17	18	8,576	5,616	
		18	Total expenses and disburseme	ents. Add li	ne 9 th	rough line	17. Enter	here an	id on Side 1. Pa	art I. line 9		18		9,400		
Sc	hedu					Beginning				,		of tax			•	100
Ass			<u> </u>		(a)			(1	b)		(c)			(d))	
	0 1								05,726				•	60,5	512,5	589
			s receivable						,				•		,	
3	Net not	es re	ceivable STMT 5						5,000				•		5,0	000
									,				•			
			state government obligations										•			
			in other bonds										•			
			in stock										•			
	Mortga												•			
9	Other in	nvesti	ments STMT 6					3.3	375,145				•	4.9	959,5	501
10	a Depr	eciab	ole assets						,					,-	,	
	b Less	accu	ımulated depreciation	()			()				
11				,						,			•			
12	Other a	ssets	STMT 7					15.3	371,475				•	10,5	503,2	211
			3						257,346						980,3	
			et worth													
	Accoun							1.4	159,509				•	2,5	914,0	98
			is, gifts, or grants payable										•		,	
			notes payable										•			
			payable										•			
18	Other li	abiliti	ies STMT 8												86,8	347
			c or principal fund										•		,	_
			ital surplus. Attach reconciliation										•			
			rnings or income fund					70.7	797,837				•	72.5	79,3	356
			ties and net worth						257,346					75.9	80,3	301
	hedul			ner hooks	with i	ncome ner			, , ,						, , ,	
-	ouu.		Do not complete this sche					e 13, co	lumn (d), is les	s than \$50,00	00.					
1	Net inco	ome i	per books			2,181			come recorded							
	Federal					,	, , ,		t included in th		-	le *	•	_1	L53,5	576
			ipital losses over capital gains					1	ductions in this						/-	
			recorded on books this year.	<u> </u>				1	ainst book inco		-					
7			dule	_				1	amst book med tach schedule				•			
5			corded on books this year not	····· 📙				1	ital. Add line 7 a				Ť	1	L53,5	576
J	-		this return. Attach schedule					l	et income per re					-		
6			ne 1 through line 5			2,181	. 519		ibtract line 9 fro					2 :	335,0	95
	rotat. P	iuu III				* SEE							1			

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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
A NEW WAY OF LIFE REENTRY PROJECT	PO BOX 875288 LOS ANGELES, CA 90087	08/17/22	2,837,400.	
SILICON VALLEY COMMUNITY FOUNDATION	2440 WEST EL CAMINO REAL SUITE 300 MOUNTAIN VIEW, CA 94040	12/30/22	2,270,000.	
STATE OF CALIFORNIA	1300 I STREET. SUITE 930 SACRAMENTO, CA 95814	12/14/22	1,716,579.	
GILEAD SCIENCES	2400 BROADWAY SANTA MONICA, CA 90404	12/14/22	1,578,588.	
THE CALIFORNIA ENDOWMENT	1000 N. ALAMEDA STREET LOS ANGELES, CA 90012	12/14/22	1,570,000.	
MOVEMENT STRATEGY CENTER	1625 CLAY ST 6TH FLOOR OAKLAND, CA 94612	12/30/22	1,415,756.	
FOUNDATION TO PROMOTE OPEN SOCIETY	224 W 57TH ST NEW YORK, NY 10019	03/30/22	1,300,000.	
ROCKEFELLER PHILANTHROPY	6 WEST 48TH STREET, 10TH FLOOR NEW YORK, NY 10036	12/30/22	1,298,000.	
HEISING-SIMONS FOUNDATION	400 MAIN STREET, SUITE 200 LOS ALTOS, CA 94022	11/16/22	1,275,000.	
THE TIDES FOUNDATION	1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	12/30/22	1,247,614.	
PUBLIC WELFARE FOUNDATION	1200 U ST NW WASHINGTON, DC 20009	09/14/22	1,219,794.	
EARTHJUSTICE	50 CALIFORNIA ST., SUITE 500 SAN FRANCISCO, CA 94111	12/30/22	1,140,000.	
NATURAL RESOURCE DEFENSE COUNCIL	40 W 20TH ST NEW YORK, NY 10011	09/21/22	1,085,000.	
TOTAL INCLUDED ON LINE 3			19,953,731.	

CA 199 GROSS	S AM	OUNT F	ROM SAI	LE OF A	SSETS		STATEMENT 2
DESCRIPTION				ATE JIRED	DAT SOL		ETHOD QUIRED
						PU:	RCHASED
			T OR BASIS	DEPF	REC.	EXPENSE OF SALE	
		49	9,894.		0.	0	493,650.
TOTAL TO FORM 199, PAGE 2, LN	1 6	49	9,894.		0.	0	493,650.
CA 199 COMPENSATION OF	OFF	'ICERS,	DIREC	TORS AN	ID TRUS	TEES	STATEMENT 3
NAME AND ADDRESS			AVERAG	TITLE SE HRS	-	/WK	COMPENSATION
JENNIFER HOFFMAN 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302			CHIEF	EXCECU 40.00		FFICER	0.
AMY FRIEDLANDER 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302			PROJEC	CT DIRE			0.
MELISSA MENDOLERA 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302			CHIEF	FINANC		FICER	0.
MURRAY PENNER 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302			PROJEC	CT DIRE		F U.S.	0.
TREVIS BIRD 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302			CHIEF	OPERAT		FICER	0.
PIA INFANTE 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302			PROJEC	CT DIRE			0.
CECILY JACKSON-ZAPATA 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302			SECRE	TARY 1.00)		0.

SOCIAL & ENVIRONMENTAL ENTREP	PRENEURS , I	95-4116679
ANDREW BEATH 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302	PRESIDENT 1.00	0.
RICHARD WEGMAN 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302	TREASURER 1.00	0.
MAX GAIL 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302	DIRECTOR 1.00	0.
ANGELO LOGAN 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302	DIRECTOR 1.00	0.
SARAH VAILL 23564 CALABASAS ROAD, 201 CALABASAS, CA 91302	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LIN	JE 11	0.
CA 199	OTHER EXPENSES	STATEMENT 4
CA 199 DESCRIPTION	OTHER EXPENSES	STATEMENT 4 AMOUNT
	OTHER EXPENSES	

CA 199 NET NOTES RECEIVABL	E	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	5,000.	5,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	5,000.	5,000.
CA 199 OTHER INVESTMENTS	<u> </u>	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
BOND MUTUAL FUNDS EQUITY MUTUAL FUNDS ETF FIXED INCOME	2,008,784. 1,011,241. 266,935. 88,185.	412,007. 2,600,311. 108,186. 1,838,997.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	3,375,145.	4,959,501.
CA 199 OTHER ASSETS		STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES RIGHT OF USE ASSET	15,362,153. 9,322. 0.	9,942,134. 474,581. 86,496.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	15,371,475.	10,503,211.
CA 199 OTHER LIABILITIES		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OPERATING LEASE RIGHT-OF-USE ASSET	0.	86,847.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	86,847.

CA 199	INCOME RECORDED ON BOOK	S THIS YEAR	STATEMENT	9
	NOT INCLUDED IN THI	S RETURN		
DESCRIPTION			AMOUNT	
NET UNREALIZED LOSS ON	INVESTMENTS		-153,5	76.
TOTAL TO FORM 199, SCH	EDULE M-1, LINE 7		-153,5	76.
CA 199	FUND BALANCE	S	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
NET ASSETS WITHOUT DONOR IN ASSETS WITH DONOR IN		3,879,038. 66,918,799.	5,512,8 67,466,5	
TOTAL TO FORM 199, SCH	EDULE L, LINE 21	70,797,837.	72,979,3	56.

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS:

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

DEPARTMENT OF JUSTICEPAGE 1 of 5 (For Registry Use Only)

Sacr	0 I Street amento, CA 95814)210-6400	organization's acc	his report annually no later than four mon counting period may result in the loss of to	ax exemption and	the assessment of a			
WEE	SSITE ADDRESS: v.oag.ca.gov/charities		00, plus interest, and/or fines or filing pena Government Code section 12586.1. IRS					
SOCIAL & ENVIRONMENTAL ENTREPRENEURS , INC. Name of Organization					ange of address nended report			
List	all DBAs and names the organization	uses or has used		-				
23564 CALABASAS ROAD, NO. 201 Address (Number and Street)				State Ch	State Charity Registration Number CT 105516			
CALABASAS , CA 91302 City or Town, State, and ZIP Code				Corporat	Corporation or Organization No. 2179086			
• • •					Employer ID No. <u>95-4116679</u>			
	ANNUAL REG		EWAL FEE SCHEDULE (11 C Make Check Payable to Depa		gs. sections 301-307, 311, and 312) stice			
Total Revenue Fee Less than \$50,000 \$25 Total Revenue Between \$250,001 and \$1 million Fee Between \$20,000,001 and \$100,000 Total Revenue Between \$20,000,001 and \$100 million Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$5 million Between \$100,001 and \$20 million \$400 Greater than \$500 million						n \$80 on \$1	Fee \$800 1 \$1,000 \$1,200	
PA	RT A - ACTIVITIES		iod (beginning 01/01/2	0000	ding 12/31/2022) list:			
.	For your most recent fu	II accounting peri	od (beginning UI/UI/2	OZZ end	ding <u>12/31/2022</u>) list:			
includi	I Revenue ing noncash contributions) \$ Program Expens	51,735,417 ses \$ 53,	7_Noncash Contributions\$,840,668	Total Exp	0 Total Assets \$ 75,99 tenses \$ 59,400,322	30,3	01	
PA			ZATION DURING THE PERIO					
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.							No	
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 11						х		
2.	2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						Х	
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?						x	
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?						х	
5.	5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 12							
6. During this reporting period, did the organization hold a raffle for charitable purposes?							х	
7. Does the organization conduct a vehicle donation program?							х	
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						х		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							х	
			kamined this report, including aplete, and I am authorized to		ring documents, and to the best of my ki	nowled	ge	
		ANDRE	EW BEATH	(CHAIRMAN			
Sign	ature of Authorized Agent	Printed N	ame	Т	Title Dat	e		

EXPLANATION OF FINANCIAL TRANSACTIONS STATEMENT 11 CA RRF-1 PART B, LINE 1

SEE CONTRACTS WITH SECRETARY CECILY JACKSON-ZAPATA FOR ADMINISTRATIVE SERVICES TOTALING \$72,003 FOR THE YEAR ENDED DECEMBER 31, 2022.

STATEMENT(S) 11

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 12 PART B, LINE 5

STATE OF CALIFORNIA 1300 I STREET. SUITE 930 . SACRAMENTO, CA 95814

NATURAL RESOURCE DEFENSE COUNCIL 40 W 20TH ST 1,085,000. NEW YORK, NY 10011

STATE OF MISSISSIPPI 501 NORTH WEST ST., SUITE 1301 JACKSON, MS 39201

STATE OF IOWA 1007 E GRAND AVE, STE 105 DES MOINES, IA 50319

STATE OF WASHINGTON 416 SID SNYDER AVE SW OLYMPIA, WA 98504

KING COUNTY 401 FIFTH AVENUE, M/S CNK-ES-0323 SEATTLE, WA 98104-1818

COUNTY OF YOLO PO BOX 1268 WOODLAND, CA 95695

CITY OF LONG BEACH 411 W. OCEAN BLVD LONG BEACH, CA 90802

COUNTY OF LOS ANGELES 500 W TEMPLE ST ROOM 502 LOS ANGELES, CA 90012

COUNTY OF MADERA, STATE OF CALIFORNIA 200 WEST FOURTH STREET MADERA, CA 93637

STATE OF WYOMING

FORM RRF-1 STATEMENT 12

122 W 25TH ST, STE E400 CHEYENNE, WY 82002

STATE OF CONNECTICUT 450 COLUMBUS BLVD. HARTFORD, CT 06103

COUNTY OF SANTA CRUZ 701 OCEAN ST., RM 100 SANTA CRUZ, CA 95060

TEXAS WORKFORCE COMMISSION P.O. BOX 149137 AUSTIN, TX 78714-9137

STATE OF INDIANA INDIANA GOVERNMENT CENTER SOUTH, 402 W WASHINGTON ST, ROOM W478 INDIANAPOLIS, IN 46204

STATE OF LOUISIANA 900 N 3RD ST 3RD FLOOR BATON ROUGE, LA 70804

VENTURA COUNTY OFFICE OF EDUCATION 5100 ADOLFO RD CAMARILLO, CA 93012

CITY OF SACRAMENTO 915 I STREET, 4TH FL SACRAMENTO, CA 95814-2604

SANTA CLARA COUNTY 70 WEST HEDDING STREET, EAST WING, 2ND FLOOR SAN JOSE, CA 95110

CITY OF LOS ANGELES 200 N SPRING STREET ROOM 201 LOS ANGELES, CA 90012

CITY OF SANTA MONICA 1685 MAIN ST SANTA MONICA, CA 90401-3295 FORM RRF-1 STATEMENT 12

STATE OF COLORADO 633 17TH ST # 1500 DENVER, CO 80202

STATE OF MONTANA 125 N. ROBERTS ST. PO BOX 200101 HELENA, MT 59620

STANISLAUS COUNTY 1010 10TH STREET SUITE 5100 MODESTO, CA 95354-0872

SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS 900 WILSHIRE BLVD, STE 1700 LOS ANGELES, CA 90017

THE TOWN OF HILLSBOROUGH 1600 FLORIBUNDA AVENUE HILLSBOROUGH, CA 94010

VILLAGE OF PERRY 46 N MAIN STREET PERRY, NY 14530

CITY OF CHARLOTTESVILLE P.O. BOX 911 CHARLOTTESVILLE, VA 22902

CITY OF THOUSAND OAKS 2100 THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362

STATE OF NEW MEXICO 1100 S. ST. FRANCIS DRIVE SANTA FE, NM 87502

SANTA CRUZ COUNTY OFFICE OF EDUCATION 400 ENCINAL ST SANTA CRUZ, CA 95060-2115

FORM RRF-1 STATEMENT 12

CITY OF MALIBU 23825 STUART RANCH ROAD MALIBU, CA 90265

VILLAGE OF GENESEO 119 MAIN STREET GENESEO, NY 14454