Form	990
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EXTENDED TO NOVEMBER 15, 2023 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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 __ **Open to Public** . Inspection

Department of the Treasury	,
Internal Revenue Service	

B citester expected CName of organization D Employer identification number EQUITABLE ORIGIN, INC. 47-4007160 Comp business as ender the expected Comp business as ender the expected 47-4007160 Particle 1801 MAIN STREET, 10TH FLOOR 6 creas-rester 8 831,0659. Hoursen and actreas of principal officer JASON SWITZER structure Form and address of principal officer JASON SWITZER HOUSTON, TX 77002 Yee X No HO and address of principal officer JASON SWITZER HOUSTON, TX 77002 I Tracearempt status: X 5010(1) (insert no.) 4947(a)(1) or 527 If "No", attach a list. See instructions HO acupotation number Verset No HO and address of principal officer JASON SWITZER Summary Tarearempt status: X 5010(1) (insert no.) 4947(a)(1) or 527 If "No", attach a list. See instructions HO acupotation: 2015 M State of legal demicile.NY Part Summary COMMUNITIES AND GOVERNMENT TO SUPPORT TRANSPARENT, SUSTATINBLE AND COMMUNITIES AND GOVERNMENT TO SUPPORT TRANSPARENT, SUSTATINBLE AND 2 Check this box 3 7 2 Check this box If the organization discontinuous disposed of more than 25% of its reasets. 3 4 3 Number of indepandent voting members of the governing body (Part VI, line 12) 4 6 4 Total number of voting members of the governing body (Part VI, line 12) 5 </th <th>AF</th> <th>or th</th> <th>e 2022 calendar year, or tax year beginning and</th> <th>ending</th> <th></th> <th></th>	AF	or th	e 2022 calendar year, or tax year beginning and	ending		
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Image: Transmit and street (or P.0, but if mail is not delivered to street address) Provide and street (or P.0, but if mail is not delivered to street address) E Telephone number (917) 677-7671 Iso1 MAIN STREET, 10TH FLOOR (917) 677-7671 (917) 677-7671 City or town, state or province, county, and ZP or foreign postal code Grownewsets 8 831,069. HOUSTON, TX 77002 Fname and address of principal officer; JASON SWITZER (917) 677-7671 Feature SAME AS C ABOVE Ho State or province, county, and ZP or foreign postal code Ho state a grownewsets 831,069. I Tacexempt status: LX SUB(10(3)		Addre	EQUITABLE ORIGIN, INC.			
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SARE AS C ABOVE H(b) Are at subcrited included? Yes No I accexempt status: Si Si (G)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 H(b) Are at subcritedinates included? Yes No J website: WWW. EQUITABLEORIGIN.ORG H(c) Group exemption number K Form of organization: X Corporation Tust Association Other L Year of formation: 2015 M State of legal domicile: NY Part I Summary I Briefly describe the organization's mission or most significant activities: TO PARTNER WITH BUSINESS, COMMUNITIES AND GOVERNMENT TO SUPPORT TRANSPARENT, SUSTAINABLE AND 4 6 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2022 (Part V, line 1a) 4 6 5 Total number of individuals employed in calendar year 2022 (Part V, line 1a) 7a 0. 6 Contributions and grants (Part VIII, column (C), line 12 7a 0. 0. 0. 9 Pogram service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. <td< td=""><td></td><td>Ition</td><td>F Name and address of principal officer. OADOM DWIIDER</td><td></td><td>for subordinates</td><td>? Yes X No</td></td<>		Ition	F Name and address of principal officer. OADOM DWIIDER		for subordinates	? Yes X No
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11 Other revenue (Part Vill, column (A), lines 5, ed, 82, 92, 102, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 584, 567. 831, 069. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10) 113, 478. 227, 801. 16a Professional fundraising fees (Part IX, column (D), line 25) 28, 919. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 513, 835. 500, 026. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 627, 313. 727, 827. 19 Revenue less expenses. Subtract line 18 from line 12 -42, 746. 103, 242. 19 Revenue less (Part X, line 16) 309, 728. 411, 936. 21 Total liabilities (Part X, line 26) 24, 694. 23, 660. 22 Net assets or fund balances. Subtract line 21 from line 20 285, 034. 388, 276. Part II Signature Block	Be					
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14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00.00. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 113,478.227,801. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00.00. b Total fundraising expenses (Part IX, column (D), line 25) 28,919. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 513,835.500,026. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 627,313.727,827. 19 Revenue less expenses. Subtract line 18 from line 12 -42,746.103,242. 20 Total assets (Part X, line 16) 309,728.411,936. 21 Total liabilities (Part X, line 26) 24,694.23,660. 22 Net assets or fund balances. Subtract line 21 from line 20 285,034.388,276. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is						
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17 Outline expenses (rait X, column (A), lines that Hd, Hir246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 -42,746. 10 -42,746. 10 309,728. 11 Signature Block 20 Total liabilities (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 285,034. 285,034. 388,276.	ens			10	0.	0.
17 Outline expenses (rait X, column (A), lines that Hd, Hir246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 -42,746. 10 -42,746. 10 309,728. 11 Signature Block 20 Total liabilities (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 285,034. 285,034. 388,276.	- X				513 935	500 026
19 Revenue less expenses. Subtract line 18 from line 12 -42,746. 103,242. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 309,728. 411,936. 21 Total liabilities (Part X, line 26) 24,694. 23,660. 22 Net assets or fund balances. Subtract line 21 from line 20 285,034. 388,276. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	-				513,033	
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 309,728. 411,936. 21 Total liabilities (Part X, line 26) 24,694. 23,660. 22 Net assets or fund balances. Subtract line 21 from line 20 285,034. 388,276. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is						
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	<u> </u>		Revenue less expenses. Subtract line 18 from line 12			
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Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	Asse Bala	20				
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	let ∕ ind	21				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is					203,034•	500,270.
				and statem	ants and to the best of my	knowledge and belief it is
						Knowlodge and benef, it is

Sign 🧳	Signature of officer	Date					
Here	JASON SWITZER, CEO						
	Type or print name and title						
	Print/Type preparer's name						
Paid	MIKE SCHALL	11/14/23 self-employed P02024184					
Preparer	Firm's name SAX LLP	Firm's EIN 81-2950760					
Use Only	Firm's address 1040 AVENUE OF THE AMERICAS,	16TH FLOOR					
	NEW YORK, NY 10018	Phone no. 212 - 268 - 2804					
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No					
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice, see the separate in	structions. Form 990 (2022)					
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION						
	Public Disclos	sure Copy					

Form	990 (2022) EQUITABLE ORIGIN, INC.	47-4007160 _F	age 2
Par	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PARTNER WITH BUSINESS, COMMUNITIES AND GOVERNMENT TO		X
	TRANSPARENT, SUSTAINABLE AND EQUITABLE NATURAL RESOURCE		
	THAT BENEFITS ALL STAKEHOLDERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 🛛	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	
Ū	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ers, the total expenses, and	
4a	(Code:) (Expenses \$601,965. including grants of \$) (Reve		2.)
	INDIGENOUS RIGHTS AND RESOURCES HUB: IN PARTNERSHIP WITH COORDINATING ORGANIZATION OF INDIGENOUS PEOPLES OF THE A		
	(COICA), EQUITABLE ORIGIN IS DEVELOPING A VIRTUAL RESOUR		
	STRENGTHEN IN INDIGENOUS RIGHTS BY COLLATING TRAINING MA		
	AND INFORMATION TO SUPPORT INDIGENOUS PEOPLES IN UNDERST		
	ASSERTING THEIR RIGHTS AND TO ENABLE THEIR ACTIVE PARTIC		
	DECISIONS ABOUT LAND-USE AND NATURAL RESOURCE DEVELOPMEN	11.	
	FPIC: IN PARTNERSHIP WITH ROUNDTABLE ON SUSTAINABLE BIOM	ATERIALS (RSB)	
	AND THE COORDINATING ORGANIZATION OF INDIGENOUS PEOPLES		
	BASIN (COICA), EQUITABLE ORIGIN IS DEVELOPING A TOOL TO		
46	•	SCHEDULE O)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue of \$)	nue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revented including grants of \$)	nue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 601,965.	Form 990	(2022)
232002	SEE SCHEDULE O FOR CONTINUATION ((2022)
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	Public Disclosure Copy	/	

Form	990	(2022)
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Form 990 (2022) EQUITABLE ORIGIN, 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>x</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			- v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	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?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

232003 12-13-22

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Form 990 (2022)

Form 990 (2		EQUITABLE OR	
Part IV	Che	cklist 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		
	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		
	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	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		<u> </u>
21	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,	21		
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		v	
~~	"Yes," complete Schedule L, Part IV	28c	X	x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	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 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 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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Х Form 990 (2022)

1c

	990 (2022) EQUITABLE ORIGIN, INC. 47-400	7160	Р	age 5
Par	t 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,			
		4	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	, -		x
a L	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
A	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
d		70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
י ה	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
9 h	If the organization received a contribution of qualified intellectual property, and the organization mer of the organization file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		X
	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		X
	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.			

232005 12-13-22

с.

Form **990** (2022)

Form	990	(2022)
	330	

 Form 990 (2022)
 EQUITABLE ORIGIN, INC.
 47-4007160
 Page

 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	1a		7		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or under the		supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	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, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r 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 read	ched a	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 Re	venue	Code.)			
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10k		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe			
	on Schedule O how this was done			120		
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	1	X
b	Other officers or key employees of the organization			15k)	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a			
	taxable entity during the year?			16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'S			
<u></u>	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 <u>NY</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	I (section 501(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	t interest policy, ar	nd fina	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 boo DEDODALL DALLED (017) (277) 7671	ks and	records			
	$\frac{\text{DEBORAH DAVID} - (917) 677 - 7671}{1801 \text{ MATN CHEFT, 1001 FLOOP HOUSTON, TX, 77002}}$					
	1801 MAIN STREET, 10TH FLOOR, HOUSTON, TX 77002			-	000	(005-
232006	12-13-22			For	m 990	(2022)

Form 990	(2022)
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	Part VII	Cor	npensation o	f Officers,	Directors, 1	Trustees,	Key Employees,	Highest	Compensat	ed
ľ		Em	ployees, and	Independe	ent Contrac	tors				

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 organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos	itior) than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TUNTIAK KATAN	1.00		_		-					
DIRECTOR		х						6,000.	0.	0.
(2) HANNAH STUTZMAN	4.00									
CHAIR		Х		Х				0.	0.	0.
(3) TRACY AUSTIN	1.00									
DIRECTOR		Х						0.	0.	0.
(4) TODD CRIDER	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(5) MARISOL RODRIGUEZ	1.00								0	0
DIRECTOR	4.00	X						0.	0.	0.
(6) DAVID PORITZ DIRECTOR	4.00	x						0.	0.	0.
(7) DAVID SCHILLING	1.00	~						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(8) SOLEDAD MILLS	40.00									U
CEO		1		x				0.	0.	0.
		1								
		1								

Form 990 (2022)

	990 (2022) EQUITABLE									47-400	7160) F	-age 8
Par	Section A. Onicers, Directors, Trus		ploye	ees,			ghes	t C		, ,			
	(A) Name and title	B) (C) rage s per bek (c) Position Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount o other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Form er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	/ or a	mpens from th ganiza nd rela ganizat	ne Ition Ited
											_		
											_		
	Subtotal Total from continuation sheets to Part VI								6,000.		•		0.
	Total (add lines 1b and 1c)								6,000.		•		0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si				•			Ŭ		•	3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	ccrue compen	Isatio	on fr	om	any	unre	elate	ed organization or individ	lual for services	. 5		X
	ion B. Independent Contractors	-			-								
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	sation f	rom	
							(B) Description of s	ervices		(C) ensatio	on		
	SUSTAINABILITY, BISHO TH PLACE, CHELTENHAM,					,	10		PROG. SER. A	CTIVITY	18	39,3	01.
	-												
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to	tnos 1	se lis L	ted	above) who received mo	bre than			

Public Disclosure Copy

Form 990 (2022)

function revenue business revenue	(D) evenue excluded from tax under ections 512 - 514
A Total revenue Related or exempt function revenue Cite Durielated function revenue Related or exempt function revenue <threlated exempt<br="" or="">function revenue <thr< th=""><th>(D) evenue excluded from tax under</th></thr<></threlated>	(D) evenue excluded from tax under
Sector Total revenue Related or exempt function revenue Unrelated business revenue In function revenue Interface business revenue Interface function sector b Membership dues 1 1 1 1 c c Fundraising events 1 1 1 1 e Government grants (contributions) of All other contributions, gifts, grants, and gift anounts to included abusines to-tri b 1 302, 927. 1 302, 927. g Nonesah contributions included holes 1 302, 927. 302, 927. 1 1 g Nonesah contributions included holes 1 302, 927. 1 1 1 g Nonesah contributions included holes 1 302, 927. 1 1 1 g Nonesah contributions included holes 1 302, 927. 1 1 1 g Nonesah contributions included hole 1 302, 927. 1 1 1 1 g Nonesah contributions person Incent income (including dividends, interest, and other similar amounts) 1 1 1 1 d e income from investment income (including dividends, interest, and other similar amounts) 1 1 1 d	evenue excluded from tax under
generation 1 a Federated campaigns 1 a <th1 a<="" th=""> <t< th=""><th>from tax under</th></t<></th1>	from tax under
gr 1 a Federated campaigns 1a 1b 1c	
Box Membership dues Ib c Fundraising events Ic d Id Id e Government grants (contributions) Id f All other contributions, gifts, grants, and gifts Id g Nencesh contributions included above If 302,927. g Nencesh contributions included above If Id g Nencesh contributions included above If Id g Nencesh contributions included above If Id g ENERGY DEVELOPMENT PRO 900099 528,142. 528,142. g Total. Add lines 2a-2f 528,142. In g Total. Add lines 2a-2f In In g Total. Add lines 2a-2f In In <th></th>	
Box Membership dues Ib c Fundraising events Ic d Id Id e Government grants (contributions) Id f All other contributions, gifts, grants, and gifts Id g Nencesh contributions included above If 302,927. g Nencesh contributions included above If Id g Nencesh contributions included above If Id g Nencesh contributions included above If Id g ENERGY DEVELOPMENT PRO 900099 528,142. 528,142. g Total. Add lines 2a-2f 528,142. In g Total. Add lines 2a-2f In In g Total. Add lines 2a-2f In In <th></th>	
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g Total. Add lines 2a:2f 528,142. 3 Investment income (including dividends, interest, and other similar amounts) 1 4 Income from investment of tax-exempt bond proceeds 1 5 Royalties 1 6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 1 7 a Gross amount from sales of assets other than inventory 1 b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 9a	
g Total. Add lines 2a:2f 528,142. 3 Investment income (including dividends, interest, and other similar amounts) 1 4 Income from investment of tax-exempt bond proceeds 1 5 Royalties 1 6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 1 7 a Gross amount from sales of assets other than inventory 1 b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 9a	
g Total. Add lines 2a:2f 528,142. 3 Investment income (including dividends, interest, and other similar amounts) 1 4 Income from investment of tax-exempt bond proceeds 1 5 Royalties 1 6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 1 7 a Gross amount from sales of assets other than inventory 1 b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 9a	
g Total. Add lines 2a:2f 528,142. 3 Investment income (including dividends, interest, and other similar amounts) 1 4 Income from investment of tax-exempt bond proceeds 1 5 Royalties 1 6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 1 7 a Gross amount from sales of assets other than inventory 1 b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 9a	
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3 Investment income (including dividends, interest, and other similar amounts)	
other similar amounts)	
4 Income from investment of tax-exempt bond proceeds	
5 Royalties ii) Real (ii) Personal 6 a Gross rents 6a iii) b Less: rental expenses 6b iiii) iiii) c Rental income or (loss) 6c iiii) iiii) d Net rental income or (loss) iiii) iiii) iiiiiii) iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
6 a Gross rents (i) Real (ii) Personal b Less: rental expenses 6a	
6 a Gross rents 6a 7a 7a 7a 7a 7a 7a 7a 7a 7a </th <th></th>	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 7b (iii) Other c Gain or (loss) 7c (iii) Other d Net gain or (loss) 7c (iii) Other 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 of	
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses	
assets other than inventory 7a 7a b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 of	
b Less: cost or other basis and sales expenses 7b 7c c Gain or (loss) 7c 7c d Net gain or (loss) 7c 7c 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 of	
and sales expenses 7b 7b c Gain or (loss) 7c 7c d Net gain or (loss) 7c 7c 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 of 8a	
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^a b t gain or (loss) ^b a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 ^b a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Ba ^b a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Ba	
contributions reported on line 1c). See Part IV, line 18 8a	
contributions reported on line 1c). See Part IV, line 18 8a	
contributions reported on line 1c). See Part IV, line 18 8a	
Part IV, line 18 8a	
c Net income or (loss) from fundraising events	
9 a Gross income from gaming activities. See	
Part IV, line 19 9a	
b Less: direct expenses 9b	
10 a Gross sales of inventory, less returns	
and allowances 10a	
b Less: cost of goods sold	
c Net income or (loss) from sales of inventory	
Business Code	
8	
11 a	
d All other revenue	
e Total. Add lines 11a-11d	
12 Total revenue. See instructions 831,069. 528,142. 0.	0.

232009 12-13-22

Form **990** (2022)

232010	12-13-22
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Form 990 (2		EQUITABLE		INC.					
Part IX Statement of Functional Expenses									

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X <u>(0)</u> <u>/</u>

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	6,000.	6,000.		
~	trustees, and key employees	0,000.	0,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	193,960.	143,970.	29,994.	19,996.
7	Other salaries and wages	193,900.	143,970.	29,994.	19,990.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	7 1 2 0	E 252	1 071	71/
9	Other employee benefits	7,138. 20,703.	5,353.	1,071. 3,105.	<u>714.</u> 2,070.
10	Payroll taxes	20,703.	15,528.	3,105.	2,070.
11	Fees for services (nonemployees):				
a	Management	6 420	0.2.4	E COE	
b	Legal	6,439.	834.	5,605.	
с	Accounting	29,250.		29,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		220 150	200 120	10.000	
	column (A), amount, list line 11g expenses on Sch 0.)	332,159.	322,130.	10,029.	
12	Advertising and promotion	10 111	26.056		
13	Office expenses	49,141.	36,856.	7,371.	4,914.
14	Information technology	10,565.	7,924.	1,585.	1,056.
15	Royalties	0.1.00	0.40	1 200	
16	Occupancy	2,163.	843.	1,320.	
17	Travel	49,735.	47,713.	1,969.	53.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	DUES AND SUBSCRIPTIONS	11,102.	11,102.		
b	OTHER EXPENSES	9,472.	3,712.	5,644.	116.
c		, , , , , , , , , ,			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	727,827.	601,965.	96,943.	28,919.
26	Joint costs. Complete this line only if the organization	, • •			, , , , , , , , , , , , , , , , , ,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (202)

Form 990 (2022)

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Part X | Balance Sheet

EQUITABLE ORIGIN, INC.

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	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	111,228.	1	208,513
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	198,500.	3	203,423
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%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
_ທ 7	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
2 9	Prepaid expenses and deferred charges		9	
	a 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		11	
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	309,728.	16	411,936
17	Accounts payable and accrued expenses	24,694.	17	23,660
18	Grants payable		18	
19	Deferred revenue		19	
20			20	
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
00	Loans and other payables to any current or former officer, director,		21	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
			22	
23	controlled entity or family member of any of these persons		22	
			23	
24	Unsecured notes and loans payable to unrelated third parties			
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			25	
26	of Schedule D	24,694.	25 26	23,660
20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	24,054.	20	23,000
ŝ	.			
5 07	and complete lines 27, 28, 32, and 33.	285,034.	27	338,276
	Net assets without donor restrictions	205,054.		50,000
128 5 28	Net assets with donor restrictions		28	50,000
27 28 28 29 29 30 31 31 32	Organizations that do not follow FASB ASC 958, check here			
5	and complete lines 29 through 33.		00	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ξ 31 Σ 00	Retained earnings, endowment, accumulated income, or other funds	295 024	31	200 274
	Total net assets or fund balances	285,034.	32	388,276
33	Total liabilities and net assets/fund balances	309,728.	33	411,936 Form 990 (20

Form 990 (2022)

Form		007160	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	831		
2	Total expenses (must equal Part IX, column (A), line 25)	727		
3	Revenue less expenses. Subtract line 2 from line 1 3	103	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	285	,03	34.
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O) 9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	388	, 27	76.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2 b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the	organization
-------------	--------------

Nar	ne of	the organization							identification number
			TABLE ORIG						7-4007160
Pa	art I	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b) (1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	Ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b)	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	: [Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
c	I 🗌	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		_ requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	۷.		
e	•	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.			
		er the number of supported o	•						
<u></u>		vide the following information			(iv) is the ora:	anization listed			
		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see in		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see il	istructions)	support (see instructions)
Tota									
IHA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022

Schedule A (Form 990) 2022

Part II

EQUITABLE ORIGIN, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	290,103.	555,245.	225,957.	275,000.	302,927.	1649232.
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	290,103.	555,245.	225,957.	275,000.	302,927.	1649232.
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)						1459088.
6	Public support. Subtract line 5 from line 4.						190,144.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	290,103.	555,245.	225,957.	275,000.	302,927.	1649232.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		435.				435.
	assets (Explain in Part VI.)		455.				1649667.
	Total support. Add lines 7 through 10		````				
	Gross receipts from related activities,	,	,				989,370.
13	First 5 years. If the Form 990 is for th	0					
800	organization, check this box and stor						
	ction C. Computation of Publi						11 52
	Public support percentage for 2022 (I		-			14	<u>11.53 %</u>
	Public support percentage from 2021					15	9.80 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this boy	and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact					VI how the organiz	
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		X
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2022

Schedule A	(Form	990	2022
		000	1 2024

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.)

Sec	ction A. Public Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6		(0) 2010	(0) 2020	(4) 2021		(i) i otai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					1	
	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
						16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from			, ("		18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and lii	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	•					
20	-						
-	23 12-09-22		,	. ,			ule A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

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.)

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			Drganizations	(continued	۱
Schedule A	(Form 990)	2022	EQUI	TABLE	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions if any applied to such powers during the tax year	1		

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised.	or controlled the supporting organization.	
Section C. Typ	pe II Supporting Organizations	

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D.	All Type	III Supporting	g Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisf	y the Integral Part Test during the y	ear (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.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
------------	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

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Schedule A (Form 990) 2022

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		,	
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		
C	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		1

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

Schedule A (Form 990) 2022

EQUITABLE ORIGIN, INC. Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

Sect	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 exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (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	ne organization is responsive			
	(provide details in Part VI). See instructions.	C I		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	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				
	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
i	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				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6					
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				

Public Disclosure Copy

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

EQUITABLE ORIGIN, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

232028 12-09-22

EQUITABLE ORIGIN, INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
THE FOLLOWING FACTS AND CIRCUMSTANCES APPLY IN SUPPORT OF EQUITABLE
ORIGIN'S PUBLIC CHARITY STATUS:
OUR PROGRAMMING IS FOCUSED ON IMPROVING THE ENVIRONMENTAL, SOCIAL AND
GOVERNANCE PERFORMANCE OF ENERGY COMPANIES AND STRENGTHENING INDIGENOUS
RIGHTS.
EQUITABLE ORIGIN'S SUPPORT THAT WAS PRIMARILY PUBLIC IN NATURE AND CAME
FROM SOLICITATIONS, DONATIONS FROM INDIVIDUALS, FOUNDATIONS AND OTHER
ORGANIZATIONS. EQUITABLE ORIGIN IS WORKING ACTIVELY TO BROADEN OUR BASE OF
SUPPORT BY STRENGTHENING OUR DEVELOPMENT ACTIVITIES, INCLUDING MORE GRANT
WRITING, SOLICITING CORPORATE DONATIONS, BROADENING OUR NETWORK OF
INDIVIDUAL DONORS AND SEEKING CROWD-FUNDING SUPPORT FOR SPECIFIC PROGRAMS.
IN ACCORDANCE WITH OUR MISSION, WE LAUNCHED OUR CERTIFICATION PROGRAM TO
RECOGNIZE RESPONSIBLE ENERGY COMPANIES AND WE EXPANDED OUR ONLINE PLATFORM
TO STRENGTHEN INDIGENOUS RIGHTS.
AS WE ARE IN THE START-UP PHASE, OUR REVENUE MIX IS SKEWED TOWARDS OUR
EXISTING DONORS AS WE BUILD THE FOUNDATION TO GROW OUR PROGRAMS. HOWEVER,
WE ARE CURRENTLY ACTIVELY SOLICITING GRANT FUNDING FROM FOUNDATIONS AND
OTHER PRIVATE SOURCES. COVID-19 ALSO CONSIDERABLY INHIBITED OUR ABILITIES
TO DIVERSIFY OUR FUNDING SOURCES AS MANY FUNDERS FOCUSED ON THE URGENT
NEEDS OF COMMUNITIES NEGATIVELY IMPACTED BY THE PANDEMIC.

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

47 - 4007160

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

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

EQUITABLE ORIGIN,

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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 ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

47 - 4007160

EQUITABLE ORIGIN, INC.

Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$50,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$20,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) (b) Name, address, and ZIP + 4 (c) (c) Name, address, and ZIP + 4 (c) (c) (c) (c) (c) (c) (c) (c	Name, address, and ZIP + 4 Total contributions

13151113 795584 4607 Public Discretors of Feurabio Provin, Inc. 46077.01

Schedule I	3 (Form	990)	(2022)
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Name of organization

Employer identification number

EQUITABLE ORIGIN, INC.

47 - 4007160Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	

13151113 795584 4607 Poublic Discord 0500 FOUTABLE OF UN, INC. 46077.01

Name of c	organization			Employer identification number
EOULT	ABLE ORIGIN, INC.			47-4007160
Part III		h) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For orga)(7), (8), or (10) that total more than \$1,000 for the year nizations
(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, a	and ZIP + 4	Rela	ationship 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, a	and ZIP + 4	Rela	ationship 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, a	and ZIP + 4	Rela	ationship 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, a	and ZIP + 4	Rela	ationship of transferor to transferee
223454 11-1	5-22	I		Schedule B (Form 990) (2022)

13151113 795584 4607 Poublic Diser 0500 FOUTABLE PROVIN, INC. 46077.01

		Cumplement	al Financial Otatomonto		OMB No. 1	545-0047
	HEDULE D		al Financial Statements			
(Forr	n 990)		nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZU	ZZ
	ment of the Treasury	A	Attach to Form 990.			Public
-	I Revenue Service		0 for instructions and the latest information.	E	Inspect	
Nam	e of the organizati	EQUITABLE ORIGIN,	INC.		r identificatio 7-40071	
Pa	rt I Organiza		d Funds or Other Similar Funds or A			
	organizatio	on answered "Yes" on Form 990, Part IV, lir	ne 6.			
			(a) Donor advised funds	(b) Funds an	d other accou	unts
1	Total number at er	nd of year				
2	Aggregate value o	of contributions to (during year)				
3	Aggregate value o	of grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised fu			
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes	No
6	•		advisors in writing that grant funds can be used	2		
			or donor advisor, or for any other purpose confe	•		
Pa	impermissible priv	vate benefit?		·····	Yes	No
			ganization answered "Yes" on Form 990, Part I	V, line 7.		
1		servation easements held by the organizati				_
		n of land for public use (for example, recrea				a
		of natural habitat	Preservation of a ce	tified historic	structure	
2		n of open space	fied conservation contribution in the form of a c	onconvotion o	acomont on th	ho lact
2	day of the tax year	. .	ned conservation contribution in the form of a c		at the End of th	
а						
b						
c	-		ucture included in (a)			
d		vation easements included in (c) acquired				
u				2d		
3		•	leased, extinguished, or terminated by the orga		o the tax	
-	year				9	
4		where property subject to conservation east	sement is located			
5		tion have a written policy regarding the pe				
		forcement of the conservation easements i			Yes	No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements	s during the y	ear
7	Amount of expens	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements dur	ing the year	
8			ve satisfy the requirements of section 170(h)(4)(l	,,,		—
•					Yes	└── No
9		e .	on easements in its revenue and expense state		41	
			note to the organization's financial statements t	nat describes	the	
Pa		counting for conservation easements. ations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar As	sets.	
		f the organization answered "Yes" on Form				
- 1a			58, not to report in its revenue statement and ba	lance sheet w	/orks	
	0	· •	blic exhibition, education, or research in further			
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that describes these items.	·		
b			58, to report in its revenue statement and baland	ce sheet work	s of	
	-		exhibition, education, or research in furtherand			
	provide the followi	ing amounts relating to these items:				
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		\$		
				•		
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial gain	, provide		
	٠	unts required to be reported under FASB A				
а						
b	Assets included in	n Form 990, Part X		\$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 EQUITAB	LE ORIGIN,	INC	•				47-40	0716) Р	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	easures, or	r Other	Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, checl	k any of the f	following that	make sig	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	d 🗌	Loan or exc	hange progra	ım					
b	Scholarly research	e	• 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ney further th	ne organizatio	n's exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	sures, or othe	er similar a	ssets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	line 9, or		
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
	Did the organization include an amount on F					-	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	T	1								
		(a) Current year	(b) I	Prior year	(c) Two year	's back (e	d) Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•		g, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	_%									
0-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are neid ar	nd administer	ed for the			1	Yes	No
	organization by:								20(1)	163	
	(i) Unrelated organizations								3a(i) 3a(ii)		
h	(ii) Related organizations								3b		
4	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm		witterit	iunus.							
	Complete if the organization answere		D. Part IV	V. line 11a. S	ee Form 990	. Part X. lii	ne 10.				
	Description of property	(a) Cost or o	,	<u>,</u>	or other	, ,	cumulate	h	(d) Boo	k valu	P
	Description of property	basis (investr			(other)	• • •	eciation	~	(4) 500	i vaiu	
12	Land		,		. /						
	Buildings										
	Leasehold improvements			1							
	Equipment			1							
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colur	nn (R) line 1	0c)						0.
		- and a sin out of all						Schedule	D (Forn	n 990)	

	(Form 990) 2022	EQUITABLE	ORIGIN,	TNC
Part VII	Investments -	- Other Securities.		

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Complete if the organization answered "Yes" of the organization" and the organization answered "Yes" of the organization" of the organization answered "Yes" of the organization answered "Yes" of the organization" of the organization" of the organization answered "Yes" of the organization" of the organization answered "Yes" of the organization" of the organization" of the organization and "Yes" of the organization" of the organization" of the organization and "Yes" of the organization" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(1) Federal income taxes (2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6)			

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

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

Schedule D (Form 990) 2022

X

Sche	dule D (Form 990) 2022 EQUITABLE ORIGIN, INC.		47-4007160 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,	<u>)</u>	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2 d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.)</u>	
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

EQUITABLE ORIGIN DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY

UNCERTAIN TAX POSITIONS. TAX FILNGS FOR PERIODS ENDING DECEMBER 31, 2019

AND LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

Schedule D (Form 990) 2022

Departmen	nt of the Treasury			Attach to Form 990.				
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection	
Name o	f the organization					Employer	r identification num	nber
EQUI	TABLE ORIG	IN, INC.				47-40	07160	
Part	General Infe Form 990, Part		ctivities Out	side the United States. Comple	ete if the organ	ization answ	vered "Yes" on	
1 F			n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance.		
				the selection criteria used to award the			Yes	No
	or grantmakers. De nited States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outside the	
3 A	ctivities per Region.			an be duplicated if additional space is n	eeded.)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the reg	e, expenditu pe for and investment	ures d nts
SOUTH	AMERICA		1	PROGRAM SERVICES	INDIGENOUS	RIGHTS	35,0)78.
3 a S	ubtotal	0	1				35,0	078.
b To	otal from continuatio neets to Part I	n	0					0.
c To	otals (add lines 3a nd 3b)	0	1				35,0	078.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

SCHEDULE F (Form 990)

47-4007160

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
 2 Enter total number of exempt 501(c)(3) orga 3 Enter total number of 	nization by the IRS, o	or for which the grantee	ecognized as charities by the or counsel has provided a sect	foreign country, tion 501(c)(3) equ	recognized as a tax uivalency letter			·

Schedule F (Form 990) 2022

Page 2

EQUITABLE ORIGIN, INC. Schedule F (Form 990) 2022 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. (c) Number of (d) Amount of (a) Type of grant or assistance (b) Region recipients cash grant

Schedule F (Form 990) 2022

(e) Manner of

cash disbursement

(g) Description of

noncash assistance

47-4007160

(f) Amount of

noncash

assistance

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	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.

Schedule F (Form 990) 2022

SCHEDULE L

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
2022	

Open To Public

Name	of the	organization

Department of Internal Revenu		Go to v	ww.irs.gov/For	m990 f	or inst	ructions and the lat	est information.			In	spect	ion	
Name of th	e organization							Em	ployer	[·] identi	ficati	on nu	mber
			E ORIGIN							071	<u>50</u>		
Part I							ction 501(c)(29) orga						
	Complete if the	organization an	swered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Nar	me of disqualified	person (b) Relationship be			lified (e	c) Description of tran	transaction			(d) Corrected?		
()			person and o	organiza	ation		-,					es	No
											+		
											+		
											+		
											+		
											+		
2 Enter	the amount of tax	incurred by the	organization ma	nagers	or disc	u qualified persons dur	ing the year under					I	
									\$				
	,	, . ,	,	,									
Part II	Loans to an	d/or From lı	nterested Per	rsons.	•								
	Complete if the	organization an	swered "Yes" on	Form §	990-EZ	, Part V, line 38a or F	Form 990, Part IV, line	e 26; d	or if th	e orgar	nizatic	n	
			90, Part X, line 5,			1				1. 1 1 10	round		
	 Name of ested person 	(b) Relationsh with organizati			oan to or m the	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee? (i) Wri			
Inter	esteu person	with organization	on on oan		ization?	4				comm			
				To	From			Yes	No	Yes	No	Yes	No
Total						\$							
Part III	Grants or As	ssistance Be	enefiting Inte	reste	d Per	sons.							
	•		swered "Yes" on	Form 9	990, Pa	art IV, line 27.							
(a) N	lame of interested	person	(b) Relationshi interested pe the organi	rson an		(c) Amount of assistance	(d) Type assistan			• • •) Purp assista	ose of ance	F
						1	1						

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

Schedule L (Form 990) 2022

Schedule L	(Form 990) 2022
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Part IV Business Transactions Involving Interested Persons.

	Complete il the organization answered	165 011F01111 990, Fait IV, III 6 20a, 20	00, 01 20C.			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
THE	DRAGONFLY INITIATIVE	CEO	189,301.	CONTRACTOR		X
					1	

Part V Supplemental Information.

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

PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

EQUITABLE ORIGIN DESIGNATED THE DRAGONFLY INITIATIVE (TDI) AS THE

MANAGEMENT COMPANY. DECISIONS ARE OVERSEEN BY THE BOARD. SOLEDAD MILLS,

WHO IS EMPLOYED BY TDI, IS CONTRACTED TO SERVE AS THE CEO OF EQUITABLE

ORIGIN AND IS COMPENSATED BY TDI FOR SERVICES PROVIDED TO EQUITABLE

ORIGIN. TDI ALSO PROVIDES ADMINISTRATIVE AND PROJECT MANAGEMENT

SERVICES.

Schedule L (Form 990) 2022

SCHEDULE O (Form 990)

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.



47 - 4007160

EQUITABLE ORIGIN, INC.

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

EQUITABLE NATURAL RESOURCE DEVELOPMENT THAT BENEFITS ALL STAKEHOLDERS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: GOAL OF THE FPIC360 TOOL IS TO ENABLE CONSULTATION AND CONSENT PROCESSES THAT ALLOW AFFECTED COMMUNITIES TO EFFECTIVELY PARTICIPATE IN AND TAKE OWNERSHIP OF DECISION-MAKING PROCESSES THAT IMPACT THEIR

TERRITORIES, RESOURCES, LIVELIHOODS AND WELLBEING.

EO100 CERTIFICATION: EQUITABLE ORIGIN IS WORKING WITH ENERGY PRODUCERS

AND DISTRIBUTORS IN NORTH AMERICA TO CERTIFY ENERGY PROJECTS TO THE

EO100TM STANDARD FOR RESPONSIBLE ENERGY DEVELOPMENT AND ENABLE A

PREMIUM PRICE FOR E0100TM CERTIFIED RESPONSIBLE ENERGY. THE E0100TM

STANDARD PROVIDES A FRAMEWORK FOR IMPLEMENTING AND VERIFYING ENHANCED

ENVIRONMENTAL, SOCIAL AND GOVERNANCE (ESG) PERFORMANCE, GREATER

TRANSPARENCY, MORE ACCOUNTABILITY, AND BETTER OUTCOMES FOR LOCAL

STAKEHOLDERS IN ENERGY DEVELOPMENT PROJECTS.

FORM 990, PART VI, SECTION A, LINE 3:

EQUITABLE ORIGIN DESIGNATED THE DRAGONFLY INITIATIVE (TDI) AS THE

MANAGEMENT COMPANY. DECISIONS ARE OVERSEEN BY THE BOARD. SOLEDAD MILLS, WHO

IS EMPLOYED BY TDI, IS CONTRACTED TO SERVE AS THE CEO OF EQUITABLE ORIGIN

AND IS COMPENSATED BY TDI FOR SERVICES PROVIDED TO EQUITABLE ORIGIN. TDI

ALSO PROVIDES ADMINISTRATIVE AND PROJECT MANAGEMENT SERVICES.

Schedule O (Form 990) 2022 Page 2							
Name of the organization EQUITABLE ORIGIN, INC.	Employer identification number $47 - 4007160$						
THE FORM 990 IS REVIEWED BY THE FINANCE AND COMPENSATION C	OMMITTEE AT A						
MEETING. THE COMMITTEE WILL DETERMINE IF CONSIDERATION IS	NEEDED BY THE						

FULL BOARD BEFORE IT IS POSTED ON THE EO WEBSITE.

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

BOARD MEMBERS HAVE A DUTY TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. A DESIGNATED COMMITTEE WILL DETERMINE WHETHER A CONFLICT OF

INTEREST EXISTS AND WILL TAKE APPROPRIATE ACTIONS TO RESOLVE.

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

EQUITABLE ORIGIN HAS ESTABLISHED A BOARD-LEVEL FINANCE AND COMPENSATION

COMMITTEE THAT IS RESPONSIBLE FOR PROVIDING FINANCIAL OVERSIGHT OF

EQUITABLE ORIGIN'S BUDGETING AND FINANCIAL PLANNING, FINANCIAL REPORTING,

AND THE CREATION AND MONITORING OF INTERNAL CONTROLS AND ACCOUNTABILITY

POLICIES. ACCORDING TO THE TERMS OF REFERENCE, THE FINANCE AND COMPENSATION

COMMITTEE SHALL BE COMPRISED OF THOSE DIRECTORS ELECTED BY THE FULL BOARD,

NORMALLY INCLUDING THE BOARD TREASURER AND ONE OR MORE OTHER DIRECTORS.

AMONG ITS PRINCIPAL RESPONSIBILITIES, THE FINANCE AND COMPENSATION

COMMITTEE PROVIDES OVERSIGHT ON ALL ISSUES RELATED TO THE FINANCIAL

MANAGEMENT OF THE ORGANIZATION INCLUDING, BUT NOT LIMITED TO REVIEWS AND

MAKES RECOMMENDATIONS TO THE FULL EO BOARD ON THE COMPENSATION PACKAGES OF

THE EO CEO.

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

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization EQUITABLE ORIGIN, INC.	Employer identification number 47-4007160
PROGRAM SERVICE EXPENSES	36,402.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,402.
FOREIGN CONTRACTORS:	
PROGRAM SERVICE EXPENSES	285,728.
MANAGEMENT AND GENERAL EXPENSES	10,029.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	295,757.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	332,159.

Schedule O (Form 990) 2022

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

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

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

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

Type or print	r Name of exempt organization or other filer, see instructions. Tage					Taxpayer identification number (TIN)		
•	EQUITABLE ORIGIN, INC.	47-4007160						
File by the due date for filing your	e date for Number, street, and room or suite no. If a P.O. box, see instructions.							
return. See instructions. HOUSTON, TX 77002								
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			01		
Applicati	on	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	-PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870			12		
Form 990	-T (corporation) DEBORAH DAVID	07						
 If the c If this i box ▶ [1 I rea the ▶ [▶ [one No. ▶ (917) 677-7671 organization does not have an office or place of business s for a Group Return, enter the organization's four digit (If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization are tax year beginning text year entered in line 1 is for less than 12 months, childrange in accounting period	Group Exe and atta NOVEI anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole ers the exten npt organiza 	group, check this nsion is for.		
any	any nonrefundable credits. See instructions.			3a	\$	0.		
esti	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.		
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by					
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879	9-TE for payment		

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

Form 8868 (Rev. 1-2022)