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## Department of the Treasur Internal Revenue Service

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

F	or ca	lendar	year 2009, or	tax year begi	nning			, 2009,	and endi	ng		, 20		
_	Check all that apply: Initial return				Initial ret	urn of	a former p	ublic char	ity		Final return			
				Amended	return .	Ac	<u>ldress</u>	change		Na	me change			
_			Name of found	lation			*				A Employer identi	fication number		
	Use t	se the IRS								1				
	lal	bel.	GREENVISI	ION FOUNDA				41-1876575						
	Otherwise, Number and street (or P O box number if mail is not delivered to s						street a	ddress)	Room/su	ıte	B Telephone number (se	e page 10 of the instructions)		
	•	rint	1											
	or type. See Specific PO BOX 758										(6	16) 857-1247		
		ctions.	City or town, s	tate, and ZIP co	de					- 1	If exemption application pending, check her			
										I.	1 Foreign organiza	<u> </u>		
_			SAUGATUCI	K, MI 4945	53						2 Foreign organiza			
H	Che	ck type	of organization	on: X Secti	on 501(c <u>)(3)</u>	exempt priva	ate fou	ındation			85% test, check computation •	here and attach		
	9	Section 4	1947(a)(1) none:			Other taxabl			ion		F If private foundation	n status was terminated	_	
Ī	Fair	marke	t value of all as	ssets at end	J Accountin	g method 🔃	X Cas	h Acc	rual		- '	(b)(1)(A), check here .	$\Box$	
	of y	ear (fro	m Part II, col.	(c), line		specify)				1	F If the foundation is	in a 60-month termination	_	
		▶ \$		2,861.		lumn (d) must be on cash basis.)					under section 507(b)(1)(B), check here .			
2010 2010	art		sis of Revenu			) Revenue and	.	(b) Net inve	etment	(c)	Adjusted net	(d) Disbursements for charitable	S	
20		total o	of amounts in co not necessarily e	numns (b), (c), ar qual the amount	10 (a)   ·	expenses per		incom	-	(0)	income	purposes		
_		colum	n (a) (see page	11 of the instruc	tions).)	books						(cash basis only)	<u> </u>	
8	1	Contribut	ions, gifts, grants, etc			25,0	00.							
AUG	2	Check		indation is <b>not</b> req ch B								ļ		
A	3	Interest	on savings and ter	mporary cash inve	stments		64.		64.			STMT		
	4	Divider	nds and interest	from securities		2,4	<u>83.                                     </u>		2,483.			STMI	<u>' 2</u>	
Щ	5a	Gross r	ents			<del></del>	_					<u> </u>		
Ź	b	Net rent	tal income or (loss	)								-		
Revenue Revenue D	6a b	Gross sa	n or (loss) from sale ales price for all in line 6a	e of assets not on	line 10	· -								
€.	7		gain net incom	e (from Part IV, I	ine 2) .									
řĚ	8	•	ort-term capital (	-										
	9		modifications											
3	10 a	Gross sa	eles less returns wances • • • •	i										
•	Ь		st of goods sold									<u> </u>		
	C	Gross	profit or (loss) (at	ttach schedule)										
	11	Other I	ncome (attach s	schedule)										
_	12	Total.	Add lines 1 thro	ugh 11		27,5	47.		2,547.					
	13	Comper	nsation of officers,	directors, trustees	, etc									
	14_		employee salarie						NONE		NON			
Expenses	15	<u>লিক্</u>	の配がをし	ee benefits			_		NONE		NON:	E		
Jen	16a		<del>ees-(attach-sche</del>									<u></u>		
		Accoun	nting fees (attacl	h soledule) STN	1;I'. 3 .	5	50		275.	<del></del>	NON:	브 2	275	
او	6 C	QUANT	professional lees	lattach schedul	e)							<del> </del>		
ati	17-	-Interes	-,-,- <u>,-,-,</u>	1∝।			25					<del></del>		
Administrative_	18		Jeen Achaenia) (2				25				··· <u>-</u>	<del> </del>		
ni.	19		iation (attach so				-				· · · -	<del> </del>		
Adr	20	•	ancy					·	NIONIT		NON!	<del></del>		
and /	21		conferences, an				-		NONE		NON:	<del></del>		
			g and publication				77		NONE		NON:		06	
ing	23		expenses (attach			<u> </u>	11		25.		<del></del>	<del> </del>	86	
erat	24		perating and ac		·	,	ا ء		200		NI CNT		161	
Operating	1_		ies 13 through 2				86.		300.		NON:	12,4	361 120	
_	25		outions, gifts, gra			12,4		-	300.		N/ON!			
-	26		enses and disburse		4 and 25	13,1	100		300.		NON:	14, /	<u> </u>	
	27		ct line 26 from l			1 / /	<sub>41</sub>							
			f revenue over expe			14,4	<del>4</del> 1 1		2,247.			<del>                                     </del>	_	
			estment incom						4,441.			<del> </del>		
	C	Adjust	ed net income (	u negative, ente	r -U-)		- 1					1		

D	art II	Ralanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
<u> </u>			amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing			
			cash investments	49,384.	63,849.	<u>63,850</u> .
	3	Accounts receivable				
		Less allowance for doul	btful accounts ▶			
	4	Pledges receivable ▶_				
		Less, allowance for doul	btful accounts			· <del>-</del> -· -· · ·
	5	Grants receivable				
	6	Receivables due from of	fficers, directors, trustees, and other			
			ach schedule) (see page 16 of the instructions)			
	7	Other notes and loans re	eceivable (attach schedule)			
		Less allowance for doul	btful accounts ►NONE			
S	8	Inventories for sale or us	se			
Assets	9	Prepaid expenses and d	leferred charges			
As	10 a	Investments - U S and state	e government obligations (attach schedule)			
	b	Investments - corporate	stock (attach schedule) . STMT .6.	173,250.	173 <u>,</u> 250.	<u>18,975</u> .
		Investments - corporate Investments - land, building	bonds (attach schedule)			
	12	Investments - mortgage	loans			
	13	Investments - other (atta	ach schedule)			
		(attach schedule)	STMT 7)	5,107.	5,083.	36.
			ppleted by all filers - see the	3,107.	3,003.	
		•	· · · · · · · · · · · · · · · · · · ·	227,741.	242,182.	82,861.
$\dashv$			accrued expenses		242,102.	02,001
,,						
Liabilities			ors, trustees, and other disqualified persons			
園			otes payable (attach schedule)			
삅			e ►)			
	22	Other habilities (describe	·/			
	23	Total liabilities (add line	es 17 through 22)			
┪			low SFAS 117, check here ▶			
			24 through 26 and lines 30 and 31.			
S	24	Unrestricted				
길	25	Temporarily restricted				
ala	26	Permanently restricted			· · · -	
믝	20	Foundations that do	not follow SFAS 117, plete lines 27 through 31. ▶ X cipal, or current funds			
.51		check here and com-	plete lines 27 through 31. $\blacktriangleright$ X			
	27	Capital stock, trust princ	cipal, or current funds	178,333.	239,611.	
S	28	Paid-in or capital surplus of	r land, bldg , and equipment fund			
Net Assets		•	lated income, endowment, or other funds	49,408.	2,571.	
ğ			d balances (see page 17 of the			
Net				227,741.	242,182.	
_			assets/fund balances (see page 17			
				227,741.	242,182.	
P			anges in Net Assets or Fund B			<del></del>
			llances at beginning of year - Part II, co		agree with	
-			I on prior year's return)			227,741.
2			line 27a			14,441.
3	Other	r increases not includ	ed in line 2 (itemize) ▶		3	
						242,182.
			line 2 (itemize)		5	
6	<u>Tot</u> al	net assets or fund ba	lances at end of year (line 4 minus line	e 5) - Part II, column (b),	line 30 6	242,182.
						5. 000 BE (2000)

(a) List and 2-story bri	P-Purchase D-Donation (mo., day, yr) (d) Date (mo., day, yr)					
1a						
b						
C						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini		
a						
b						
C						
d						
е						
	ving gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	aın mınus	
	(i) Adjusted basis (k) Excess of rol (i)					
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any		Losses (from co	il. (h))	
_a						
b			-			
С			ļ			
d			ļ			
e 2 Capital gain net income or (		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2			
If gain, also enter in Part I, II If (loss), enter -0- in Part I, Iir	or (loss) as defined in sections 122 ne 8, column (c) (see pages 13 an ne 8	22(5) and (6) and 17 of the instructions).	3			
Part V Qualification Und	ler Section 4940(e) for Reduc	ed Tax on Net Investment Inc	ome			
	he section 4942 tax on the distrib ot qualify under section 4940(e). [	utable amount of any year in the b	ase perio	d <sup>7</sup>	Yes X No	
1 Enter the appropriate amou	unt in each column for each year;	see page 18 of the instructions bet	ore maki	ng any entries.		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col. (b) divided by		
	7,308.	66,781.			943232357	
2008	23,873.	86,291.			65689353	
2007	14,585.	58,603.			387804379	
2006	6,330.	48,420.			73110285	
2005	8,551.	37,731.			63062203	
2004	_ 6,551.			0.220	000002200	
2 Total of line 1, column (d)			2	0.992	232898577	
	or the 5-year base period - divide t ation has been in existence if less	the total on line 2 by 5, or by the than 5 years	3	0.198	346579715	
4 Enter the net value of nonc	haritable-use assets for 2009 fron	n Part X, line 5	4		67,663.	
5 Multiply line 4 by line 3			5	5 13,429.		
6 Enter 1% of net investment	income (1% of Part I, line 27b)		6	6 22.		
7 Add lines 5 and 6			7		13,451.	
8 Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page	ater than line 7, check the box in	n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	12,781.	

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	tructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 )			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>45.</u>
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% J of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			<u>45.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		N	ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u>45.</u>
6	Credits/Payments.			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 22.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			<u>22.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			23.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No_
	participate or intervene in any political campaign?	1a		X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			7.7
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			v
С	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation ►\$(2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers.   \$			Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions)   STMT 8			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		.	
	(or designate) of each state as required by General Instruction G7 If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9_		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

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Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address   N/A			
14	The books are in care of ► Suzy Richardson Telephone no. ► _(616) 857-1	247_		
	Located at ▶ 966 HOLLAND ST., SAUGATUCK, MI ZIP + 4 ▶ 49453	. <b></b>	- <b></b> -	
15	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<sub>1</sub>	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	١		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	-	
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		Х
	were not corrected before the first day of the tax year beginning in 2009?	16		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	İ		
	be, Fait Aiii) for tax year(s) beginning before 2005.			
	If "Yes," list the years			
D	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement - see page 20 of the instructions.)	2ь		Х
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
·	The provisions of section 4342(a)(2) are being applied to any of the years noted in 20, not the years note.			
32	Did the foundation hold more than a 2% direct or indirect interest in any business			
Ja	enterprise at any time during the year?	Ì		
h	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
U	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009.)	3b_		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X_

hours per week devoted to position

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

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other allowances

NONE

compensation

NONE

NONE

SEE STATEMENT 10

Part VIII Information About Officers, Directors, Trustees, Foundation Maland Contractors (continued)	nagers, Highly Paid Employ	yees,
3 Five highest-paid independent contractors for professional services (see page 23	of the instructions). If none.	enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 11		NONE
Total number of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor of organizations and other beneficiaries served, conferences convened, research papers produced, etc	mation such as the number	Expenses
1N/A	-	
124		
2		
3	<del></del>	
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the inst	ructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 are	nd 2	Amount
1N/A		
2		
All other program-related investments See page 24 of the instructions		
3NONE		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		<del></del>
Total Add lines 1 through 3		

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee page 24 of the instructions.)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	22,275.
b		1b	46,418.
C		1c	<u>NO</u> NE
d		1d	68,693.
е	Total (add lines 1a, b, and c)		
	1c (attach detailed explanation)	İ	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3		3	68,693.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25		
		4	1,030.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	67,663.
6	Minimum investment return. Enter 5% of line 5	6	3,383.
Pa	The XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ ☐ and do not complete this private foreign organizations.	te operating part.)	
1	Minimum investment return from Part X, line 6	1	3,383.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 45.		
b	Income tax for 2009. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	45.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,338.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	3,338.
6	Deduction from distributable amount (see page 25 of the instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		-
-	line 1	7	3,338.
Da	rt XII Qualifying Distributions (see page 25 of the instructions)		<u> </u>
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
1	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	12,781.
a		1b	12,701.
b	Program-related investments - total from Part IX-B	ID	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,  purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE_
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	12,781.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,781.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when qualifies for the section 4940(e) reduction of tax in those years.	nether the fou	ndation

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Pa	t XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				3,338.
2	Undistributed income, if any, as of the end of 2009.				
	Enter amount for 2008 only			NONE	
b	Total for prior years 20 <u>07</u> , 20, 20		NONE		
3	Excess distributions carryover, if any, to 2009:				
	From 2004 6, 664 .				
	From 2005 3, 909.				
	From 2006				
	From 2007				
	From 2008	46.056			
	Total of lines 3a through e	46,056.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 12,781.			NONE	
	Applied to 2008, but not more than line 2a			NONE	
Ь	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)		NONE		
			NONE		
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)	NONE	İ		
d	Applied to 2009 distributable amount				3,338.
	Remaining amount distributed out of corpus	9,443.			
5	Excess distributions carryover applied to 2009	NONE			NONE
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:		;		
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	55,499.			
b	Prior years' undistributed income Subtract		момп		
_	line 4b from line 2b  Enter the amount of prior years' undistributed		NONE		
·	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has		NONE		
	been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions		NONE		
е	Undistributed income for 2008. Subtract line		110112		
	4a from line 2a. Taxable amount - see page			NONE	
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2010				NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
_	instructions)	NONB			
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				
	instructions)	6,664.			<del></del>
9	Excess distributions carryover to 2010.	40 02E			
••	Subtract lines 7 and 8 from line 6a	48,835.			
	Analysis of line 9. Excess from 2005				
	Excess from 2006				
	Excess from 2007 19,724.				
	Excess from 2008 4,078 .				
	Excess from 2009 9,443.				

Form 990-PF (2009)

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	instructions and P	art VII-A, question 9)	NOT APPLICABLE
	If the foundation has					
	foundation, and the ruling					
b	Check box to indicate whe					j)(3) or 4942(j)(5)
_		Tax year		Prior 3 years		T
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment		(3, 3212	T		
	return from Part X for each					
	year listed	<del></del>				
b	85% of line 2a					<del></del>
C	Qualifying distributions from Part					
_	XII, line 4 for each year listed .		<u></u>			
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line					
3	2d from line 2c					<del></del>
3	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					1
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities			,		
	loans (section 512(a)(5)),	•				
	or royalties)				<del>- </del>	<del> </del>
	public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(8)(iii)					<b></b>
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income.					<u> </u>
Pa	rt XV Supplementa	ary Information (C	omplete this part	only if the found	dation had \$5,000	or more in assets
	at any time o	luring the year - see	page 28 of the in	structions.)		
1	Information Regarding	Foundation Manager	'S:			
а	List any managers of	the foundation who h	ave contributed mor	e than 2% of the tot	tal contributions receiv	red by the foundation
	before the close of any	tax year (but only if th	ney have contributed i	more than \$5,000). (	See section 507(d)(2).)	
	PHILLIP D	MTT.T.DD				
_			100/	f Ab		· large parties of the
D	List any managers of ownership of a partner					y large portion of the
	, ,	sinp of other entity) of	Willer the loundation	i ilas a 10/6 or greate	i interest.	
	NONE					
2	Information Regarding	Contribution Grant	Gift Loan Scholarch	in etc Programs:		
Z	ر ست	•	•	-		
	Check here ► if t	he foundation only i	nakes contributions	to preselected chai	ritable organizations a	and does not accept
	unsolicited requests f				je 28 of the instruction	ons) to individuals or
	organizations under ot	ner conditions, comple	ete items 2a, b, c, and	a		
а	The name, address, and SEE STATEMENT	•	f the person to whom	applications should	be addressed <sup>.</sup>	
b	The form in which app		omitted and information	on and materials they	should include:	
_	SEE ATTACHED ST					
	Juli III III U.					
_	Any submission deadli	nec:				
C	SEE ATTACHED ST		ME 2			
	SEE ALLACHED S.	TATEMENT LOK DI	۵ نبر ۱۷			
	A			unhigal access the "	oblo fields bit de -f	institutions of other
đ	Any restrictions or li factors.	mitations on awards,	such as by geogra	apnicai areas, charit	able tields, kinds of	institutions, or other
		namenterio ====================================	· NTD - O			
	SEE ATTACHED ST	TATEMENT FOR L	.NE 2			

Form 990-PF (2009)				Page 11
Part XV Supplementary Information (co	ntinued)			
3 Grants and Contributions Paid Durin	g the Year or Appro			Τ
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				]
SEE STATEMENT 16				
DEE STATEMENT TO				
	:			
	,			
				]
			<u> </u>	12,420.
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·		12,420.
• Approved for fatale payment				
		,		
		:		
		1		
Total			▶ 3b	

220111 1mm	amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
inter gross	amounts unless otherwise maicated.	(a)	(b)	(c)	(d)	Related or exempt function income (See page 28 of
1 Program	service revenue:	Business code	Amount	Exclusion code	Amount	the instructions.)
				-		
		<u> </u>				<del></del>
d e						
						<del></del>
· —	and contracts from government agencies			<u> </u>		
_	ship dues and assessments					
	n savings and temporary cash investments				NONE	64
4 Dividend	ds and interest from securities				NONE	2,483
5 Net rent	al income or (loss) from real estate.			_		
a Deb	t-financed property					
<b>b</b> Not	debt-financed property					
	l income or (loss) from personal property .					
7 Other in	vestment income					
	oss) from sales of assets other than inventory					
9 Net inco	me or (loss) from special events					<del> </del>
	ofit or (loss) from sales of inventory					
	venue: a			-		
	<u> </u>					
<u> </u>				_		· · · · ·
e	Add columns (b), (d), and (e)	-			NONE	2,547
	dd line 12, columns (b), (d), and (e)				<del></del>	
	neet in line 13 instructions on page 28 t					
Part XVI-				xempt Purp	oses	
Line No.	Explain below how each activ	tv for whi	ch income is reporte	ed in column	(e) of Part XVI-A cont	tributed importantly t
	the accomplishment of the fo					
▼	page 29 of the instructions.)				·	
	INVESTMENT INCOME EAR		THIS FOUNDATIO	N IS USED	TO MAKE	
	CITADIMADI D. COMMUTATIMIT	ONIC				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
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	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
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	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS.				
	CHARITABLE CONTRIBUTION	UNS .				

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1	ın se	he organization directly ction 501(c) of the Co	ode (other than	section 501(c)(3)	organizations	i) or in se					Yes	No
а		izations? fers from the reporting for										17
		ash								1a(1)		X
		ther assets			• • • • • •		• • • • •		• • • •	1a(2)		X_
þ		transactions:										7.7
		ales of assets to a noncha							ſ	1b(1)		X
		urchases of assets from a								1b(2)		X
	(3) R	ental of facilities, equipme	ent, or other asse	ets						1Ь(3)		X
	(4) R	eimbursement arrangeme	ents						• • • •	1b(4)		X
		oans or loan guarantees								1b(5)		X
	(6) Pe	erformance of services or	membership or f	undraising solicitation	s					1b(6)		X
C	Sharır	ng of facilities, equipment	, mailing lists, ot	her assets, or paid em	ployees				l	1c		X
d	If the	e answer to any of t	he above is "	Yes," complete the	following s	schedule. C	Column (b)	should always	show	the	fair n	narket
	value	of the goods, other	assets, or serv	rices given by the	reporting fo	undation I	If the found	dation received	less	than	fair n	narket
	value	in any transaction or	sharing arran	gement, show in co	olumn ( <b>d</b> ) ti	he value c	of the good	s, other asset	ts, or s	service	s rec	eıved.
		· · · · · · · · · · · · · · · · · · ·			·							
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable exempt org	anization	(d) Descri	iption of transfe	ers, transactions, a	and sharii	ng arrai	ngeme	nts
	•					<u> </u>						
-				· · · · · · · · · · · · · · · · · · ·								
								***				
		<u></u>						· · · · · · · · · · · · · · · · · · ·				
				<del></del>			_					
					<u>.</u>							
								<del></del>				
2a	Is the	foundation directly or	indirectly affilia	ted with, or related	to, one or r	nore tax-exe	empt organiz	ations describe	ed in _	_		<b>.</b>
	sectio	n 501(c) of the Code (oth	er than section !	501(c)(3)) or in section	527 <sup>7</sup>				L	Ye	s X	Ŋo
b	If "Yes	s," complete the following	schedule.									
		(a) Name of organization	<u> </u>	(b) Type of c	organization		(	c) Description of	relations	hip		
								_				
								_		_		
• •		· · · · · · · · · · · · · · · · · · ·										
	U (er	penalties of perjury, decla	The that I have ex	amined this return, inclu of preparer (other than t	iding accompa	nying schedu	iles and staten	nents, and to the	best of	my kn	owledg	ge and
	00.131	it as side, correct, and comp					-	mation of which	ртератет	nus un	,	,,ougo
	N	1. Juind	9111111	Willenta	بل	Clic 9	2010)					
-		gnature of officer or trustee	_			Date	/ /	Title				
Sign Her	. <b>. v</b> . 🗍	k::::			Date		Check if		parer's ic			,
<u>.</u>	.v <u>&gt;</u>	Preparer's	001/0	hA		1000	self-employe	ed 🟲 💹   page	30 of th	e instru	ictions)	j
ప్ట్	Paid sparer's se Only	signature	ULK VIL	Maas	<u>  8/6</u>	2010		P0	00369	86		
- [	Paid Preparer Use Onl	Firm's name (or yours if	FIFTH	THIRD BANK				EIN ► 31-	06768	65		
1	د ہے	self-employed), address,		3OX 3636				_		- بھا	A117	a
		and ZIP code	GRAND	RAPIDS, MI		495	01-3636	Phone no. $\delta$	200-4			
									Fo	rm 99	0-PF (	2009)

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

Department of the Treasury

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Internal Revenue Service Employer identification number Name of the organization GREENVISION FOUNDATION 41-1876575 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Name of organization	
GREENVISION	FOUNDATION

Employer identification number 41-1876575

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1_	Phil Miller & Suzy Richardson	-	Person Payroli
	966 Holland St	\$\$ 25,000.	Noncash
	Saugatuck, MI 49453	-	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		-   -   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- <b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS 

NET INVESTMENT INCOME	64. 
REVENUE AND EXPENSES PER BOOKS	64.
	TOTAL
DESCRIPTION	MONEY MARKET INTEREST

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET	INVESTMENT	INCOME	; ; ;	2,475.	. 8	2,483.	
REVENUE AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1	2,475.	. &	2,483.	
						TOTAL	
		DESCRIPTION		DOMESTIC DIVIDENDS	U.S. GOVERNMENT INTEREST		

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	275.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	275.
REVENUE AND EXPENSES PER BOOKS	550.
	TOTALS
DESCRIPTION	TAX PREPARATION FEE

FORM 990PF, PART I - TAXES 

> REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

FEDERAL EXCISE TAX - PRIOR YEA

25.

TOTALS

25. 

FORM 990PF, PART I - OTHER EXPENSES

		CHARITABLE	PURPOSES	1 1 1 1 1 1 1 1 1 1		. 98	.98	
	NET	INVESTMENT	INCOME	1 1 1 1	25.		 25.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1	25.	. 98	111.	
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BANK SERVICE FEES	OTHER MISC CHARITABLE EXPENSES	TOTALS	

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

ALTERNATIVE MARKETING NETWORK

TOTALS

ENDING	VALUE
ENC	BOOK

ENDING FMV 1 1

173,250.

18,975.

173,250.

18,975.

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

TECHNOLOGY EQUIPMENT TECHOLOGY UPGRADES

ENDING BOOK VALUE

ENDING FMV

1

4,500. 583.

36.

5,083.

TOTALS

36.

ι (

ι

STATE(S) WHERE THE FOUNDATION IS REGISTERED

ΜI

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES \_\_\_\_\_

OFFICER NAME:

PHILLIP D MILLER

ADDRESS:

966 HOLLAND ST.

SAUGATUCK, MI 49453,

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

SUZY A RICHARDSON

ADDRESS:

966 HOLLAND ST.

SAUGATUCK, MI 49453,

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

EMPLOYEE NAME: NONE

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

NAME: NONE RECIPIENT NAME:

SUZY RICHARDSON

ADDRESS:

PO BOX 758

SAUGATUCK, MI 49453

RECIPIENT'S PHONE NUMBER: 6168571247

FORM, INFORMATION AND MATERIALS:

APPLICATIONS ARE ACCEPTED IN ANY REASONABLE FORM

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

NONE

GREENVISION FOUNDATION 41-1876575 FORM '990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: LAKESHORE INTERFAITH INSTITUTE- MOTHERS TRUST ADDRESS: 6676 122ND AVE FENNVILLE, MI 49408 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: 501(C)(3) 500. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: CHAMBER MUSIC FESTIVAL OF SAUGATUCK ADDRESS: 131 MASON ST SAUGATUCK, MI 49453 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: 501(C)(3) 680. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: LAND CONSERVANCY OF WEST MICHIGAN

WEST MICHIGAN
ADDRESS:
1345 MONROE AVE NW
GRAND RAPIDS, MI 49503
RELATIONSHIP:
NONE

PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT:

FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

OX-BOW

ADDRESS:

PO BOX 216

SAUGATUCK, MI 49453

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUMMER SCHOOL OF ART

FOUNDATION STATUS OF RECIPIENT:

501(C)(3)

AMOUNT OF GRANT PAID ...... 400.

RECIPIENT NAME:

SAUGATUCK CENTER

FOR THE ARTS

ADDRESS:

400 CULVER ST

SAUGATUCK, MI 49453

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

501(C)(3)

RECIPIENT NAME:

VIVAVEGIE SOCIETY

ADDRESS:

PO BOX 1447

NEW YORK, NY 10276

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

501(C)(3)

AMOUNT OF GRANT PAID ..... 70.

RECIPIENT NAME:
FRIENDS OF SAUGATUCKDOUGLAS LIBRARY
ADDRESS:
10 MIXER ST
DOUGLAS, MI 49406
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
CONTRIBUTION

FOUNDATION STATUS OF RECIPIENT:

501(C)(3)

RECIPIENT NAME:
SAUGATUCK COASTAL DUNES
ALLIANCE
ADDRESS:
PO BOX 1013
SAUGATUCK, MI 49453

RELATIONSHIP:
NONE
PURPOSE OF GRANT:

LOCAL DUNE FUND FOUNDATION STATUS OF RECIPIENT: 501(C)(3)

AMOUNT OF GRANT PAID ..... 4,000.

RECIPIENT NAME:
HARBOR HUMANE SOCIETY
ADDRESS:
14345 BAGLEY ST
WEST OLIVE, MI 49460
RELATIONSHIP:
NONE

501(C)(3)

PURPOSE OF GRANT:
GENERAL CONTRIBUTION
FOUNDATION STATUS OF RECIPIENT:

GREENVISION FOUNDATION 41-1876575 FORM '990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_ RECIPIENT NAME: CHRISTIAN NEIGHBORS ADDRESS: 163 SAINT PETERS DR DOUGLAS, MI 49406 RELATIONSHIP: NONE PURPOSE OF GRANT: THANKSGIVING MEALS FOUNDATION STATUS OF RECIPIENT: 501(C)(3) 

TOTAL GRANTS PAID:

12,420.

### Form **8**868

(Rev April 2009)

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

Department of the Treasury Internal Revenue Service

► File a separate application for each return

OMB No. 1545-1709

Internal Revenue S		File a separate application for a			
-	_	nth Extension, complete only Part I a Automatic) 3-Month Extension, comp			<b>►</b> X
		ready been granted an automatic 3-mo			868.
Part I Auto	matic 3-Month Extension	on of Time. Only submit original (no	copies needed).	-	
•	•	and requesting an automatic 6-month		oox and complete	. $\Box$
Part I only	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • •	▶ 📖
	orations (including 1120-0 ome tax returns.	filers), partnerships, REMICs, and tr	usts must use Form 7	7004 to request a	n extension of
one of the re electronically i returns, or a c	turns noted below (6 mo if (1) you want the additio omposite or consolidated F	an electronically file Form 8868 if yon ths for a corporation required to fil nal (not automatic) 3-month extension From 990-T. Instead, you must submit filing of this form, visit www.irs.gov/efil	e Form 990-T). Howev n or (2) you file Forms the fully completed an	ver, you cannot fi s 990-BL, 6069, o d signed page 2 (l	le Form 8868 r 8870, group Part II) of Form
Type or	Name of Exempt Organizatio	n		Employer identific	ation number
print	GREENVISION FOU			41-18765	75
File by the	Number, street, and room or	suite no. If a P.O. box, see instructions			
due date for filing your	PO BOX 758				
return See	l '	e, and ZIP code. For a foreign address, see i	nstructions.		
instructions	SAUGATUCK, MI 4		·		
		eparate application for each return):	Г		
Form 990	·	Form 990-T (corporation)	₩	rm 4720	
Form 990	<u> </u>	Form 990-T (sec. 401(a) or 408(a) trust)	H	rm 5227	
X Form 990	<del></del>	Form 990-T (trust other than above) Form 1041-A	<del></del>	rm 6069 rm 8870	
X Form 990	J-PF		ro	1111 0070	
<ul> <li>If the organ</li> <li>If this is for the whole one of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of the whole of</li></ul>	r a Group Return, enter the group, check this box . ► [ Is of all members the extenst an automatic 3-mont	ffice or place of business in the United organization's four digit Group Exempti	States, check this box on Number (GEN) this box · · • a	nd attach a list wi	sion of time
<b>▶</b> X	calendar year 2009 or				
<b>&gt;</b>	tax year beginning	,, and e	naing		<u> </u>
2 If this tax	year is for less than 12 mo	nths, check reason: Initial return	Final return	Change in acco	unting period
nonrefun	dable credits. See instruction			3a S	22.
<b>b</b> If this ap	plication is for Form 990-P	F or 990-T, enter any refundable cred	lits and estimated tax	payments	
	clude any prior year overpa		<del> </del>	3b S	<u> </u>
		line 3a. Include your payment with t		1 7	
	•	, by using EFTPS (Electronic Feder	ai iax Payment Syst	— <del>— 1</del>	
instructio			2000 - 5 24555	3c   S	
•		ronic fund withdrawal with this Form 8	søbø, see Form 8453-E	o and Form 8879-	EU
for payment in			<u> </u>		069 (0
For Privacy Ac	t and Paperwork Reduction	n Act Notice, see Instructions.		Form 88	<b>68</b> (Rev 4-2009)