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Form	JJU

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047 **%010** 

Open to Public

benefit trust or private foundation) Department of the Treasury Internal Revenue Service Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning , 2010, and ending 2010 D Employer identification number C Name of organization Check if applicable Fund Inc Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Room/suite ■ Name change 203 468 603 Quinnipiac ☐ Initial return City or town, state or country, and ZIP + 4 ☐ Terminated ☐ Amended return H(a) Is this a group return for effiliates? Yes No F Name and address of principal officer Application pending 603 Quinnipiac Mie New Haven CT 06513 H(b) Are all affiliates included? Yes No ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) 501(c)(3) 501(c) ( Tax-exempt status H(c) Group exemption number Website: ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 2006 M State of legal domicile Part í Summary Briefly describe the organization's mission or most significant activities: Our Mission or environmental quality and equity in The most environmentally distressed Activities & Governance communities within the Greater New Haven area by providing grants mcentives to support in it stips that will reduce exposure to pollution and crea Check this box Diff the organization discontinued its operations or disposed of more than 25% of its net assets. Motes Sustainable Sustain Number of voting members of the governing body (Part VI, line 1a) . . . . . Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Ø Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h). 000,000 9 Program service revenue (Part VIII, line 2g) ن Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 10 17 11 Total revenue add lines 8 through 11 (must) equal Part VIII, column (A), line 12) 12 0 17 Grants and similar amounts paid (Rart IX) column (A), lines 1-3) . . . . . 13 0 Benefits paid tolor for members (Part IX, column (A), line 4) . . . . . . 14 O Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising rees (Part IX) column (A), line 11e) 15 ٥ 16a ٥ 435 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 500 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 500 O 19 Revenue less expenses. Subtract line 18 from line 12 67 **Beginning of Current Yea** 20 Total assets (Part X, line 16) 67 21 Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 051 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer 10,2011 Here Type or print name and title nne Bonnet Treasures Pnnt/Type preparer's name Preparer's signature Check if self-employed **Paid Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

D	2
Page	_

art I	Statemer Check if §	nt of Program Service A Schedule O contains a re	ccomplishments sponse to any question in this Part II		🗆
ī	Briefly describe	the organization's mission	n: prompte environme	ntal quality and a	quity in
W	ostenvir	on mentally dist	ressed communities a	vithin The greate	r New Ha
ned	luce expo	sume to air in	sponse to any question in this Part III  n: prompte environment  ressed communities a  and incentives to supporter and Land pellut	ion and create a	more
	Did the organiz prior Form 990	ration undertake any signif or 990-EZ?	icant program services during the year	which were not listed on the	☐ Yes ☐ No
,	Did the organi	be these new services on stration cease conducting.	, or make significant changes in how	w it conducts, any program	∐ Yes ∰ No
		be these changes on Sche			
	501(c)(3) and 50	01(c)(4) organizations and	nts for each of the organization's three section 4947(a)(1) trusts are required to if any, for each program service reporte	o report the amount of grants ar	penses. Section allocations to
а	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
		•••••			
b	/Code:	) (Funonce &	- Ludino avento of C	\/Devenue f	
D	(Code:	) (Expenses \$	including grants of \$	) (Hevenue \$	)
	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>C</b>					)
c					)
<del></del>					)
c					)
c					)
c					)
c					)
c					)
c					)
	(Code:		including grants of \$	) (Revenue \$	)

art	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	~	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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	7	~
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		v
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V
9	Did the organization report an amount in Part X, line 21; 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	!	V
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10	V	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		~
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		V
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a b		14a	<b></b>	1
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		~
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		~
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		レ
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		1
20 a	• • • • • • • • • • • • • • • • • • • •	20a	ļ	V
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	[	

Form 99	0 (2010)			Page 4
Part	Checklist of Required Schedules (continued)			r
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No V
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_ <del></del>	~
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		V
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 25	24a		V
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b	-	
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		V
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		~
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	V
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		~
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		<b>V</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		/
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
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		/
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		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	N/	
		For	n 990	(2010)

Form **990** (2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<del></del> -	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	or the second	14.2	413
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		4	***
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	174		3.44 6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		-
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
6a b	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	ļ <u>-</u>	<u></u>
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		17.73	19999
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 41		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-	+-
н 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711	360 44	. F.
J	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	 8		
9	Sponsoring organizations maintaining donor advised funds.	*	4.78	* <b>X</b> 37
а	Did the organization make any taxable distributions under section 4966?	9a	-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			4
а	Initiation fees and capital contributions included on Part VIII, line 12			4
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .   Section 501(c)(12) organizations. Enter:	-		
11 a	Gross income from members or shareholders			200
b	Gross income from other sources (Do not net amounts due or paid to other sources	†**	W.	
	against amounts due or received from them.)	97.947		
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		312	
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	1	
ь	Enter the amount of reserves the organization is required to maintain by the states in which	100		
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	1	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b		and	
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions.  Check if Schedule O contains a response to any question in this Part VI			_
Section	on A. Governing Body and Management			
30011	71 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	$\Box$		
b	Enter the number of voting members of the governing body at the one of the tax year.  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		<u></u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		V
6	Does the organization have members or stockholders?	6		V
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	]		/
	of the governing body?	7a		
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	V,	
b	Each committee with authority to act on behalf of the governing body?	8b	\	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			/
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
112		100		
l1a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>V</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
I2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	V 1	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		V
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c		/
13	Does the organization have a written whistleblower policy?	13		V
1.0	Does the organization have a written document retention and destruction policy?	14		1/
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<b>V</b> .
b	Other officers or key employees of the organization	15b		1
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a		'		
_	with a taxable entity during the year?	16a		·V
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed   CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	)s only	y) ava	ilable
19	Own website Another's website Uupon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	of inter	rest o	olicv.
	and financial statements available to the public.		•	٠,,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	) : /	
	organization: > Mikki Meadows - Oliver, 603 Quinnipiac Ave, N	2W+	Hau	en
	(203) 468 7035		<i>C</i> 65	
		For	п 990	(2010

Form	1990	(201	n

Part VII	Compensation of Officers	Directors, Trustees	, Key Employees,	<b>Highest Compensated E</b>	mployees,
	and Independent Contract	tors			

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A)	(B)			((	<b>&gt;</b> )			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	e Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1) Christopher Ozyck President, Director	2	V		V	<u> </u>			0	0	0
12) Lynne Bonnett Treasurer, Director	2	~		V				д	0	0
(3) Mikki Meadows-Oliver Scretary, Director	t	/		V				0	0	0
1) Poland Lemar Drector	1	V						0	b	0
(5) John Dixon Director	1	V						0	D	0
6) Obseph John	1.5	V						0	б	0
1) Doug Kysar Divector	<u> </u>	/			ı			0	D	0
Brector	l	/						0	0	0
(9) Yoranda Lopez	0	/						Ф	0	0
110) Julie Newman Drector	2	/						Ø	٥	Ò
(11) Maricel Pumos Valcarce	/ <sub>D</sub>	/						0	ō	0
(12)										
(13)										
(14)										
(15)										
(16)										

Part	Section A. Officers, Directors, Trus (A)		Empic	yee			nigne	251			COTT		
	(B) Average	Positi	on (c		c) k all t	that ap	_	(D) Reportable	(E) Reportab compensation			nated	
		hours per week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	related organization (W-2/1099-N	ons	otl compe from organi and re	
(17)													*****
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													-
(25)													
(26)													
(27)													
(28)													
1b c d	Sub-total	•	on A					<b>▶ ▶ ▶</b>					
2	Total number of individuals (including bu reportable compensation from the organ	t not limite						e) w	vho received m	ore than \$1	00,00	0 in	
3	Did the organization list any <b>former</b> o employee on line 1a? If "Yes," complete	fficer, dire	ctor o	or tr	rust	ee, livid	key (	emp	oloyee, or high	nest compe	ensate		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150	con ,000	npe	nsatio	on a	and other composite of complete Sci	pensation fi	rom th	ie 😘 🗀	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tion	ı fro	m an	y ur	nrelated organi	zation or in		al 5	
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	compensa	ted in	dep	end	lent	conti	ract	ors that receiv	ed more tha	an \$10	00,000 of	
	(A) Name and business add	iress							(B) Description of s	services		(C) Compensa	ation
								$\vdash$					
2	Total number of independent contractor received more than \$100,000 in compens							o ti	hose listed ab	ove) who			
	received indie man \$100,000 in compen	sauon nom	ine 0	yya	HZd	HUI					Garage St	<b>新疆人名</b>	the same and

<b>Part</b>	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
60 m	1a	Federated campaigns 1a				
ant	b	Membership dues 1b			1	· ·
Contributions, gifts, grants and other similar amounts	c	Fundraising events 1c			İ	
ifts	d	Related organizations 1d			İ	دو
S, E	e	Government grants (contributions) 1e	}		Į	11-20
is is	f	All other contributions, gifts, grants,	]			′, .
the ibra		and similar amounts not included above 11 1,000,000				-1
nd o	g	Noncash contributions included in lines 1a-1f: \$				
<u>5</u> <u>F</u>	h	Total. Add lines 1a–1f	1,000,000			
uge '	_	Business Code				
Program Service Revenue	2a			l		
8	b				-	
Ž	C d					
8	e					
Ē	f	All other program service revenue .				
<u>S</u>	g	Total. Add lines 2a–2f	0	ζ, ** .	*	in a complete
	3	Investment income (including dividends, interest,			7	
		and other similar amounts)	53,171	0	0	53,171
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	, o
	5	Royalties	0	0	0	D
		(i) Real (ii) Personal	4 ,	in - 10	1 8 Bit.	
	6a	Gross Rents	<u> </u>		** * *	
	b	Less <sup>-</sup> rental expenses	<b>-</b>  *	2 3 4	4 2, 34	
	C	Rental income or (loss) 0				- Survey
	d	Net rental income or (loss)	- 22	2 No. 10 1	July a Chart au	· 2. 46 da. 1944
	7a	assets other than inventory	- *			1.6
	ь	Less. cost or other basis	* * ' ' '	e ;	ε ·	
		and sales expenses .	• * *	- >' * '	ŵ Jorn of the State of the Sta	ý, <sup>7</sup> , ,
	C	Gain or (loss)       .	<del> </del>			
	d	Net gain or (loss)	7 . 7.	* ,	₹ % ×,×	5 St. 18 1838
ē	8a	Gross income from fundraising		i i	ړ, په رړ	
venue		events (not including \$		*	. *	A 10 X
	1	of contributions reported on line 1c).	5 34	•	, * ,	1 A 19
ē		See Part IV, line 18 a	**	* * * * *	", **	
Other Re	b	Less: direct expenses b				ل ثنف نــــــــــــــــــــــــــــــــــ
	С	Net income or (loss) from fundraising events . ▶				
	9a			* * * *	, <i>"</i> '	16.54
		See Part IV, line 19 a			٠	
	b	Less: direct expenses b  Net income or (loss) from gaming activities ▶	<b></b>			
	102	Net income or (loss) from gaming activities . Gross sales of inventory, less			. 7	2011/15/2011
	lua	returns and allowances a			/ · ` `	
	Ь	Less: cost of goods sold b	7	1		
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				The same of the same
	11a					
	b					
	C		<b>_</b>	<del> </del>		ļ
	d	All other revenue	<del> </del>	1		
	10 e	Total Add lines 11a–11d	1 052 121	<del>                                     </del>	0	En 1-21
	12	Total revenue. See instructions ▶	1,053,171	0		53 \ 1子   Form <b>990</b> (2010)

## 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) but are not required to complete columns (B), (C), and (D).						
Do 1	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 governments and organizations in the U.S. See Part IV, line 21	υ				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0				
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	D				
7 8	Other salaries and wages	0				
9 10	Other employee benefits	0				
11 a b	Fees for services (non-employees):  Management  Legal	0				
c d	Accounting	0				
e f	Professional fundraising services See Part IV, line 17 Investment management fees	0		1,500		
9 12 13	Advertising and promotion	1,500		1,500		
14 15 16	Information technology	0				
17 18	Occupancy	0				
19 20	Conferences, conventions, and meetings Interest	0				
21 22 23	Payments to affiliates	0 0				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	* 4			N.	
a b						
c d e						
f 25 26	All other expenses  Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ ☐ if following	1,500	0	1,500	0	
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					

	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
$\neg \top$	1	Cash – non-interest-bearing	0	1	48.515
	2	Savings and temporary cash investments		2	
ĺ	3	Pledges and grants receivable, net		3	<u> </u>
- 1	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	<u> </u>	7	
SS	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges		9	<u>-</u>
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	٠,٠	* , , 4	
	ь	Less: accumulated depreciation 10b		10c	1.4.7.14.4.14.3.4.3.4.3.4.3.4.3.4.3.4.3.4.3.4
	11	Investments—publicly traded securities	<del></del>	11	1,003,156
	12	Investments—other securities. See Part IV, line 11	<del></del>	12	1,000,100
	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 34)	D	16	1,051,671
$\neg$	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
- 1		Complete Part II of Schedule L		22	
- 1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities. Complete Part X of Schedule D		25	
s	26	Total liabilities. Add lines 17 through 25	0	26	D
		lines 27 through 29, and lines 33 and 34.		7.5	Salari Salari
<u>a</u>	27	Unrestricted net assets	0	27	51,515
Ba	28	Temporarily restricted net assets	0	28	50,156
밀	29	Permanently restricted net assets	0	29	950,000
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	*	* **.	
र्झ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا⊈	32	Retained earnings, endowment, accumulated income, or other funds .		32	
2	33	Total net assets or fund balances	0	33	1,051,671
	34	Total liabilities and net assets/fund balances	()	34	1,051,671

	•			
orm 99	0 (2010)	_	Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	
1 2 3 4 5 6	Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Column (B))	,053 1,05 ,05	1,6	71 71 0 67
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	
1	Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	,	Yes	No
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	2a 2b 2c	V	V
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	2		

issued on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form **990** (2010)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

**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. ▶ See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Grean Find, Inc New Haven 26-37-30695 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting . 🗆 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes (iii) below, the governing body of the supported organization? . . . 11g(ı) (ii) A family member of a person described in (i) above? . 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(III) Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (IV) Is the organization (III) Type of organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (1) of your above or IRC section governing document? (i) organized in the support? (see instructions)) Yes No Yes Yes No No (A) (B) (C)

(D)

(E)

Total

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

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

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	0	O	9	D	1,000,000	1,000,000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0	0	Ð	٥
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	D	o	0	0
4	Total. Add lines 1 through 3 .	D	0	0	0	1,000,000	1,000,000
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)				,		O
6	Public support. Subtract line 5 from line 4.	\$ 2	<u> </u>				1,000,000
Secti	on B. Total Support	L	<u> </u>	l		<u>l</u> 1	(1,700,000
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	D	ی	0	0	1,000,000	1,000,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	O	53,171	53,171
9	Net income from unrelated business activities, whether or not the business is regularly carried on	O	0	0	0	O	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	O	0	D	Ö	D	0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization			, or fifth tax ye	12 ear as a sectio	1,053,17 0 n 501(c)(3)
Secti	on C. Computation of Public Suppor		e				
	Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))						
	331/3% support test—2009. If the organ check this box and stop here. The organ	zation qualifie	s as a publicly	supported org	anızatıon		<b>&gt;</b>
	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f organization	ets the "facts-a acts-and-circu	and-circumsta imstances" tes 	nces" test, che t. The organiza 	eck this box an ation qualifies	nd <b>stop here.</b> E as a publicly st	xplain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-ci s-and-circumst	rcumstances"	test, check th	us box and sto	op here
18	Private foundation. If the organization di instructions	d not check a	box on line 13,	. 16a, 16b, 17a	, or 17b, chec	k this box and	

,	Windade 7 (1 6 m) 330 01 330 22 / 2010					
Part III	Support Schedule for Organizations Described in Section 509(a)(2)					
	(Complete only if you checked the box on line 9 of Part I or if the organization failed					
	If the organization fails to qualify under the tests listed below, please complete Part					
Section A	A. Public Support					

	(Complete only if you checked the lift the organization fails to qualify						der Part II.
Secti	on A. Public Support			o, p.o		,	
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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 performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		<del>                                     </del>			<del></del>	ļ
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	77 F 34 F 418		MA THE CH	indus Ann	• • • • • • • • • • • • • • • • • • • •	
	line 6)			B 11.3 **	<b>编辑2000</b>		
Secti	on B. Total Support	Interior 22 contra contractor	1		12.85.39.75.128.5	<i>»</i> ′	<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	}					
_							
11	Add lines 10a and 10b .  Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or	<del> </del>		-	-	···	
	loss from the sale of capital assets						
	(Explain in Part IV)		•				
13	Total support. (Add lines 9, 10c, 11,		1	-		· —	
	and 12)						
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he		<u> </u>		•	•	. ▶ 🗆
	on C. Computation of Public Suppor					·	
15	Public support percentage for 2010 (line		•	3, column (f))	•	15	<u>%</u>
16 Sacti	Public support percentage from 2009 Sch			· · · · · · · · · · · · · · · · · · ·		16	%
	on D. Computation of Investment In			who to	(6)	147	
17 18	Investment income percentage for 2010 ( Investment income percentage from 2009)					17	<u>%</u>
19a	33 <sup>1</sup> /3% support tests—2010. If the organ					18 ore than 331 <i>a</i> 9	% and line
130	17 is not more than 33½%, check this box	and stop here.	. The organizati	on qualifies as a	ia iiia io io iii Apublicly sunno	orted organizati	on $\blacktriangleright$
b	331/3% support tests—2009. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	zation qualifies	as a publicly su	pported organ	ization 🕨 🔲
20	Private foundation. If the organization di						

Paue •	Page	4
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Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).				
•••••••					
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···					
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·					

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

010	w Haven Green Find	Inc.	26-3730695
Par		·	r Funds or Accounts. Complete if the
rai	organizations Maintaining Done organization answered "Yes" to F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
6	funds are the organization's property, subjectives and the organization of the organiz		
6	Did the organization inform all grantees, do only for charitable purposes and not for the		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · ·	· Yes No
Par	Il Conservation Easements. Comp		
1	Purpose(s) of conservation easements held		
•	Preservation of land for public use (e.g.,		
	Protection of natural habitat		ition of a certified historic structure
	Preservation of open space		aion of a continea motorie structure
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation conf	tribution in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas	sements	
С	Number of conservation easements on a ce		2c
d	Number of conservation easements include		
	historic structure listed in the National Regis	ster	· 2d
3	Number of conservation easements modifie	ed, transferred, released, extinguished,	or terminated by the organization during the
	tax year >		
4	Number of states where property subject to		
5	Does the organization have a written po		<del>-</del>
	violations, and enforcement of the conserva		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conser	vation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring,	, inspecting, and enforcing conservatio	n easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirem	
	(i) and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIV, describe how the organization re		
	balance sheet, and include, if applicable, the	=	on's financial statements that describes the
Par	organization's accounting for conservation of	ections of Art, Historical Treasure	on or Other Similar Assets
rai		wered "Yes" to Form 990, Part IV, II	
12	If the organization elected, as permitted un		····
ıa			on, education, or research in furtherance of
	public service, provide, in Part XIV, the text	•	
b	•		in its revenue statement and balance shee
			on, education, or research in furtherance o
	public service, provide the following amount	•	on, or resident in fermioration of
	· · · · · · · · · · · · · · · · · · ·	· ·	▶ \$
	<ul><li>(i) Revenues included in Form 990, Part VIII</li><li>(ii) Assets included in Form 990, Part X</li></ul>		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works	of art, historical treasures, or other	similar assets for financial gain, provide the
	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, lir		
	Assets included in Form 990, Part X .		<b>&gt;</b> \$

C-4-4-1- C	15	000	0040
Schedule D	1FOrm	990	12010

Part	Organizations Maintaining	Collections of A	Art, Historica	l Treasures, or	r Other Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply).	accession, and ot	her records, ch	eck any of the fo	ollowing that are a s	significant use of its
а	☐ Public exhibition		d 🗌 L	oan or exchange	e programs	
b	☐ Scholarly research		_			
С	☐ Preservation for future generatio	ns				
4	Provide a description of the organization		and explain how	they further the	e organization's exer	not ouroose in Part
	XIV		and onplain non	ranoj rananon and	o organization o exer	inpr purpose in rair
5	During the year, did the organization	solicit or receive	donations of ar	t historical troas	euroe or other simila	nr.
•	assets to be sold to raise funds rather	than to be mainta	uned as part of	the organization'	sures, or other similar 's collection?	
Part						Yes No
· are	line 9, or reported an amoun	nt on Form 990 F	Part X line 21	ryanization ans	swered res to re	orm 990, Part IV,
	Is the organization an agent, trustee,				e or other accete n	
	included on Form 990, Part X?		· · · · · · ·		is of other assets in	
b	□ les □ luo					
-	in ros, explain the arrangement in ra	art Aiv and comple	ste the following	j table.		mount
С	Beginning balance					inount
					1c	
d	Additions during the year .			• •	1d	
e	Distributions during the year .				1e	<del></del>
f	Ending balance			• •	1f	
2a	Did the organization include an amount "Vac " evaluation to a surround t	·	art X, line 217		•	☐ Yes ☐ No
Pari	If "Yes," explain the arrangement in Pa			-1 (1)/21 1 - 5	- 000 B + 04 F	10
Fail	Y Endowment Funds. Comple	(a) Current year				
4-	Dogwood of war balance		(b) Prior year	(c) Two years ba	ack (d) Three years bach	(e) Four years back
1a	Beginning of year balance .	, , , , , , , , , , , , , , , , , , ,	<u></u> ت	0	1 23 85 1	, " i
b	Contributions	1,000,000		0		
С	Net investment earnings, gains, and					
_	losses	53,171		0		4
d	Grants or scholarships	0		0		
е	Other expenditures for facilities and				<b>24</b> 55	( ' ' ' ' ' ' ' ' ' ' ' ' ' '
	programs	0		0		1
f	Administrative expenses	1,500	0	0	<b>♦.</b> ₹;	1 18 11
g	End of year balance .	1,061,671	O	0	7	, ,
2	Provide the estimated percentage of t	he year end baland	ce held as			
а	Board designated or quasi-endowmer	nt ▶ O	%			
b	Permanent endowment ► 10	0 %				
C	Term endowment ▶ Ø %					
3a	Are there endowment funds not in the	e possession of th	e organization t	that are held and	d administered for th	e
	organization by					Yes No
	(i) unrelated organizations .					3a(i) 1
	(ii) related organizations .				•	3a(II)
b	If "Yes" to 3a(II), are the related organi	zations listed as re	equired on Sche	edule R? .		3b
4	Describe in Part XIV the intended uses	s of the organization	n's endowment	t funds.		<u> </u>
Part	VI Land, Buildings, and Equip	ment. See Form	990, Part X, I	ine 10.		
	Description of investment	(a) Cost or oth		at or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				,	
b	Buildings					<del></del>
c	Leasehold improvements			<del> </del>		
d	Equipment					<del></del>
e	Other			<del></del>		
	Add lines 1a through 1e (Column (d) m	ust equal Form 00	0 Part X colur	nn (R) Inn 10(a)	1	·
	Add mod ta through to (Column (a) II	aust equal i Olli 93	o, ran A, colui	ini (b), inte TO(C)	) •	

Part VII	Investments - Other Securities.	See Form 990, Part X,	line 12.				
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m				
(1) Financial derivatives							
	neld equity interests						
(A)		· · · · · · · · · · · · · · · · · · ·					
(B)							
(C) (D)							
(E)		<del></del>					
(F)				<del></del>			
(G)							
(H)							
(l)							
	b) must equal Form 990, Part X, col (B) line 12.)						
Part VIII	Investments—Program Related	I. See Form 990, Part X	, line 13.				
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m				
_(1)							
(2)							
(3)			<del> </del>				
(4)							
(5)							
(6) (7)							
(8)				<del></del>			
(9)							
(10)							
Total. (Column (	(b) must equal Form 990, Part X, col (B) line 13 ) ▶		# 200 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Part IX	Other Assets. See Form 990, Pa						
	(a	) Description		(b) Book value			
(2)		<del></del>					
(3)							
(5)				<del></del>			
(6)				<del></del>			
(7)							
(8)		· 444 · · · · · · · · · · · · · · · · ·					
(9)				···-			
(10)							
	mn (b) must equal Form 990, Part X, co	• • •					
Part X	Other Liabilities. See Form 990,						
1.	(a) Description of liability	(b) Amount		, , ,			
	income taxes			,			
(2)							
(4)				, <del>,</del> , , ,			
(5)				· .			
(6)				97% 3			
(7)				a			
(8)				, , ,			
(9)			「   「   「   「   「   「   「   「   「   「	*			
(10)				• • •			
(11)							
	b) must equal Form 990, Part X, col (B) line 25 )			*			
2. FIN 48 (A	2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the						

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Page 4	

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements						
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1				
2	Total expenses (Form 990, Part IX, column (A), line 25)	2				
3	Excess or (deficit) for the year Subtract line 2 from line 1	3				
4	Net unrealized gains (losses) on investments	4				
5	Donated services and use of facilities	5				
6	Investment expenses	6				
7	Prior period adjustments	7				
8	Other (Describe in Part XIV.)	8				
9	Total adjustments (net) Add lines 4 through 8	9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10				
Part						
1	Total revenue, gains, and other support per audited financial statements	1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments					
b	Donated services and use of facilities	7 !				
С	Recoveries of prior year grants	7, 1				
d	Other (Describe in Part XIV.)	7				
е	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1	3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a					
b	Other (Describe in Part XIV)	7				
¢	Add lines 4a and 4b	4c				
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5				
Part		per Return				
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					
а	Donated services and use of facilities 2a					
b	Prior year adjustments	7				
С	Other losses	7.				
d	Other (Describe in Part XIV.) 2d	<del></del>				
е	Add lines 2a through 2d	2e				
3	Subtract line <b>2e</b> from line <b>1</b>	3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a					
b	Other (Describe in Part XIV.) 4b					
С	Add lines <b>4a</b> and <b>4b</b>	4c				
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5				
Part	XIV Supplemental Information					
Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information						
<b>-</b>						

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

New Haven Green Fund INC	26-3730695
,	
Form 990, Part VI, Section B, Line	11a - The Form 990 was
provided to all members of the boa	
New Haven Green Fund, Inc. at the-	
completed and board members were	
to ask questions at a board meets	na prior to The return
being filed.	<del>\frac{1}{2} \frac{1}{2} \frac</del>
Form 990, part VI, gection < Line 19 -	- The New Haven Green
Find, Inc., makes its governing doc	
interest policy, and Financial State	ements available to
the public upon request.	0,1.0,0,0
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