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## **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

		of the Treasury enue Service	Note. The four		ted as a Private Foundation le to use a copy of this return to satisfy state reporting requ				requirement	equirements		
			or tax year begii	nning	7/30/2010	, and	l ending	12	/31/2010			
G	Chec	ck all that apply:	X Initial r	eturn	Initial return o		•	•	hange	Final re	eturn	
Na	me of	foundation								entification nu	umber	
Th	e Gre	er/Solien Fund								27-3143	1566	
			number if mail is not d	elivered to street ad	Idress) Room/suite			27-3143566  B Telephone number (see page 10 of the instruction				
c/o	Four	ndation Source 5	01 Silverside Roa	d			123	1		(800) 839	-1754	
		wn, state, and ZIP cod		<u> </u>			1 120	(800) 839-1754  C If exemption application is pending, che				• ► X
Wi	lming	ton		-	DE	19	9809-1377	1	•	anizations, ch	-	▶□
	H Check type of organization X Section 501(c)(3) exe							1			eting the 85% test	
Ë	Section 4947(a)(1) nonexempt charitable trust			Other taxable p	nvate fo	undation		check here	and attach co	mputation .	๎►□	
$\overline{1}$	Fair	market value of a	ll assets at end	J Accounting i	method V	Cash	Accrual			dation status v 507(b)(1)(A), o	vas terminated	
•		ear (from Part II, o	~/ (c)	Other /sr	ecity)	•	_				nonth termination	
		16) ▶ \$	o	(Part I, column (c	d) must be on ca	sh basıs	)			507(b)(1)(B),		▶ 🔲
Pa	rt I	-	venue and Exper (b), (c), and (d) may no	, .	(a) Revenue a		(b) Net investm	ent		justed net	(d) Disbursen for chantab purposes	ole
		the amounts in colur	nn (a) (see page 11 of t	the instructions))	books		income		""	A)IIIC	(cash basis o	
_	1	Contributions, gifts,	grants, etc , received (a	ttach schedule)								
	2	Check ►X if the f	oundation is not require	ed to attach Sch B								
	3	Interest on saving	s and temporary cas	sh investments								
	4	Dividends and inte	erest from secunties						ļ		ļ	
	5 a	Gross rents .							ļ		<b>_</b>	
9		Net rental income	· · —							<del></del>	<b>!</b>	
Ĭ	Ι.	• • •	from sale of assets	not on line 10					ļ		<del> </del>	
Revenue	1 _	Gross sales price for	-	P O								
ď	7		ncome (from Part IV,	•	<u> </u>			0	<del> </del>		<del> </del>	
	8	Income modificati	pital gain			+			<u> </u>		<del>                                     </del>	
	l	income modificati I Gross sales less reti	ı				<del> </del>				<del> </del>	
	1 -	D Less: Cost of go	1						<b></b>			
	1	-	ss) (attach schedule								<b>†</b>	
	11	Other income (att				1					<del>                                     </del>	-
	12	•	1 through 11			o		0				
	13	Compensation of	officers, directors, tr	ustees, etc							1	
Expenses	14	•	salaries and wages									
6	15	Pension plans, er	nployee benefits .									
×	16 :	a Legal fees (attach	n schedule)									
	1 1	b Accounting fees (	attach schedule) .	· · · F	DECE	Mel						
.≥	•	C Other professiona	al fees (attach sched	lule) .	KEUL	105	70				<del> </del>	
7	17			L L	<u></u>	- A	1 8		<u> </u>		<del> </del>	
2	18	· ·	ule) (see page 14 of the	. 14	<del>    JUL                                 </del>	5 20	1071				<del> </del>	
Ë	19		ach schedule) and de	1	<del> </del>		<u> </u>				<del> </del>	
Administrative	20				OCHI	= 101	17 -		<del>                                     </del>		<del> </del>	
bue	21 22	•	es, and meetings	]	OGDI	161	J 1		<del>                                     </del>		<del>                                     </del>	
~	23	• .	attach schedule)			<del>-  </del>					<del> </del>	
ב	24	•	and administrative								<u> </u>	
Operation		Add lines 13 thro		- Andrews		اه		0	1			0
ğ	25	Contributions, giff	•				<del></del>		<del> </del>		†	
Č	26	· <del>-</del>	l disbursements. Add l	mes 24 and 25		0		0				0
_	27	Subtract line 26 f			<del> </del>	_+			1		1	
	1		over expenses and dis	bursements		o			1			
	1		income (if negative,			寸		0		-		
			come (if negative, en	•								

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2010)

n	. 11	Attached schedules and amounts in the description column	Beginning of year	End o		l of year	
rar	L II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	e T	(c) Fair Market Value	
	1	Cash—non-interest-bearing					
İ	2	Savings and temporary cash investments					
	3	Accounts receivable					
ļ	•	Less allowance for doubtful accounts					
ĺ	4	Pledges receivable					
ı	-	Pledges receivable  Less: allowance for doubtful accounts					
- 1	5	Grants receivable	<del> </del>	•		•	
J	6	Receivables due from officers, directors, trustees, and other					
ļ	•	disqualified persons (attach schedule) (see page 15 of the					
		instructions)					
	7	Other notes and loans receivable (attach schedule)					
6		Less allowance for doubtful accounts					
ssets	8	Inventones for sale or use					
188	9	Prepaid expenses and deferred charges		-	$\neg$		
⋖	-	2 Investments—U.S. and state government obligations (attach schedule)	-				
ļ		b Investments—corporate stock (attach schedule)					
Ì		c Investments—corporate bonds (attach schedule)			$\neg$		
			<del></del>			· · ·	
ļ	11	Investments—land, buildings, and equipment. basis			İ		
- 1	40	Less accumulated depreciation (attach schedule)	<del></del>				
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	<u> </u>		-		
- 1	14	Land, buildings, and equipment basis					
		Less accumulated depreciation (attach schedule)		·			
	15	Other assets (describe					
	16	Total assets (to be completed by all filers—see the	_		_		
		ınstructions. Also, see page 1, item I)	0		0		
	17	Accounts payable and accrued expenses					
S	18	Grants payable					
ŧ.	19	Deferred revenue					
ij	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe  )					
	23	Total liabilities (add lines 17 through 22)	0		0		
		Foundations that follow SFAS 117, check here .					
ø		and complete lines 24 through 26 and lines 30 and 31.	i i				
5	24	Unrestricted					
<u>a</u>	25	Temporarily restricted	<u> </u>				
Balances	26	Permanently restricted	-				
75	~~	Foundations that do not follow SFAS 117, check here					
Fun		and complete lines 27 through 31.					
Ë	27	Capital stock, trust principal, or current funds	]				
0	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
e t	29	Retained earnings, accumulated income, endowment, or other funds.	0		0		
Net Assets or	30	Total net assets or fund balances (see page 17 of the					
tΑ	] 30	instructions)			0		
Ž	24	Total liabilities and net assets/fund balances (see page 17			Ų		
_	31	of the instructions)	ا		0		
D.			<u> </u>	<del>-</del>		L	
		Analysis of Changes in Net Assets or Fund Balances	30 (must some with				
٦		I net assets or fund balances at beginning of year—Part II, column (a), line	ov (must agree with		4		
_		of-year figure reported on prior year's return)			1		
		er amount from Part I, line 27a .			2		
		er increases not included in line 2 (itemize)			3	<del> </del>	
		lines 1, 2, and 3			4		
5	Dea	reases not included in line 2 (itemize)			5		
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	column (b), line 30		6		

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

6 Enter 1% of net investment income (1% of Part I, line 27b) . . .

**7** Add lines 5 and 6 . . . . . . . . . . . . .

the Part VI instructions on page 18

8 Enter qualifying distributions from Part XII, line 4.

0

0

0

6

7

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of	the inst	truction	ons)				
1 a	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 letter if necessary—see Instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	İ				
	here and enter 1% of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%							
	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		0					
3	Add lines 1 and 2		0					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			<u> </u>				
	Credits/Payments:			Ì				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0			]				
	Exempt foreign organizations—tax withheld at source							
_	Tax paid with application for extension of time to file (Form 8868) 6c 0							
_	Backup withholding erroneously withheld		_					
7	Total credits and payments Add lines 6a through 6d		0					
_	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	-				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<u>0</u> 0					
10 11				_				
		<del>-  </del>	0	<u> </u>				
	t VII-A Statements Regarding Activities	-	V	N <sub>2</sub>				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes					
	participate or intervene in any political campaign?	1 <u>a</u>	ļ	X				
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	45	1					
	Instructions for definition)?	· 1b	$\vdash$	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.	į	1					
_	Did the foundation file Form 1120-POL for this year?	1c	1	х				
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	1.0	<del>                                     </del>	<del>  ^</del>				
•	(1) On the foundation.   \$ (2) On foundation managers.   \$							
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-						
•	on foundation managers > \$	i		1				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2	1	x				
	If "Yes," attach a detailed description of the activities		1					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	- 1	1					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	1	x				
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4a		Х				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	. 4b	N/A					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х				
	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:		1	1				
	By language in the governing instrument, or	l	1					
	By state legislation that effectively amends the governing instrument so that no mandatory directions		1					
	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 XI	V.   7	-	X				
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		1					
	instructions) ▶ DE		1					
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 G? If "No," attach explanation	. 8b	X	<del> </del>				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			1				
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?  If "Yes." complete Part XIV	. 9		¥				
10	If "Yes," complete Part XIV	.   <del>"</del>	+	X				
10	their names and addresses	10		x				
	unon numes and dedicases	1 10	<u> </u>	_ ^				

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		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	_
14	Website address  The books are in care of    C/o Foundation Source    Telephone no. ▶	(800	1 839.	1754
17	Located at ► 501 Silverside Road, Suite 123 Wilmington DE ZIP+4 ► 19809-137			-0.20
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			
15	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	
	over a bank, securities, or other financial account in a foreign country?	16	L	_X_
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
12	During the year did the foundation (either directly or indirectly):		103	110
1a	(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?			
	(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)?	1		
	(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			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A	ļ
	Organizations relying on a current notice regarding disaster assistance check here	1		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		х
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 2010, did the foundation have any undistributed income (lines 6d			1
	and 6e, Part XIII) for tax year(s) beginning before 2010?	1		
	If "Yes," list the years > 20			
b	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)	1	N/A	ļ
	to all years listed, answer "No" and attach statement—see page 22 of the instructions)	2b	INVA	-
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.  20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			1
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation	1		
	or 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)			1
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			ł
	ff the foundation had excess business holdings in 2010)	3b	N/A	<del> </del>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a	₩	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	4.		
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	<u> </u>	<u>L X</u>

om	990-PF	(2010)	The Greer/Soliei	n Fund							27-3	143566	Р	age 6
Pa	rt VII-l	B Sta	tements Regard	ling Activiti	es fo	or Which Form	n 4720 N	lay Be R	equired (	continue		_		
5a	During	the year	r did the foundation p	ay or incur any	amo	unt to:								
	(1) C	Carry on	propaganda, or other	wise attempt t	o influ	uence legislation (	section 49	45(e))?		Yes	5 X N	<b>,</b>		
	(2) Ir	nfluence	the outcome of any	specific public	electi	on (see section 49	955); or to	carry						
	· o	n, direct	tly or indirectly, any v	oter registration	n dnv	e?`				Yes	XN	,		
	/3\ 0	) Provido r	a grant to an individua	of for traval etc	atr a	r other cimilar nur	nococ?			Yes	. XN			
	1		•		•	•	-				, [V] M	'	]	
			a grant to an organiza n 509(a)(1), (2), or (3)							□va	. 🔽			
								u u cuoria)		Yes	S X N	'		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No														
										<b>'</b>				
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in										١	١ ا			
			ction 53.4945 or in a		-	•	•	e page 22	of the instr	ictions)"	· 🗂 ·	<u>5b</u>	N/A	
	•		relying on a current n	•	•						▶□	- 1	1 1	
C			"Yes" to question 5a	• •		•		the		<del></del> 3		ı		
			maintained expenditu	•	-	-			•	∐ Ye	\$ <u></u>	<b>,</b>	]	
	If "Yes,	," attach	the statement require	ed by Regulati	ons s	ection 53 4945–5	(d)					- 1	1 1	
6a			tion, during the year,	•	nds, c	directly or indirectl	y, to pay					- 1		
	•		personal benefit con							Yes	XN	<b>)</b>		
b			tion, during the year,	pay premiums	, dire	ctly or indirectly, o	n a perso	nal benefit	contract? .			6b		<u> </u>
	If "Yes	" to 6b, 1	file Form 8870.							_		- 1		
7a	At any	time du	ring the tax year, was	the foundation	n a pa	arty to a prohibited	tax shelte	er transacti	on?	Yes	S X N	·		
b	If "Yes	," did the	e foundation receive a	any proceeds o	r hav	e any net income	attnbutab	le to the tra	nsaction? .			7b	N/A	
Р	art VII	1	nformation Abo	ut Officers,	Din	ectors, Truste	es, Fou	ındation	Manager	s, Highl	y Paid E	mploy	ees,	
			and Contractors											
1	List a	II OTTICE	ers, directors, trus	stees, found	atior	managers and	their co	mpensat	ion (see p	age 22 of	f the inst	ruction	ıs).	
1	List a			stees, found	(b)	Title, and average	(c) Com	pensation	(d) Co	entributions to	0	ruction (e) Expen		unt,
1	List a		ers, directors, trus	stees, found	(b)		(c) Com (If not p		(d) Co employe	<del></del>	o ans	(e) Expen	<u> </u>	
			) Name and address	stees, found	(b)	Title, and average hours per week	(c) Com (If not p	pensation ald, enter	(d) Co employe	entributions to	o ans	(e) Expen	se acco	
		(8	) Name and address	stees, found	(b)	Title, and average hours per week	(c) Com (If not p	pensation ald, enter	(d) Co employe	entributions to	o ans	(e) Expen	se acco	
		(8	) Name and address	stees, found	(b)	Title, and average hours per week	(c) Com (If not p	pensation ald, enter	(d) Co employe	entributions to	o ans	(e) Expen	se acco	
		(8	) Name and address	stees, found	(b)	Title, and average hours per week	(c) Com (If not p	pensation ald, enter	(d) Co employe	entributions to	o ans	(e) Expen	se acco	
		(8	) Name and address	stees, found	(b)	Title, and average hours per week	(c) Com (If not p	pensation ald, enter	(d) Co employe	entributions to	o ans	(e) Expen	se acco	
		(8	) Name and address	stees, found	(b)	Title, and average hours per week	(c) Com (If not p	pensation ald, enter	(d) Co employe	entributions to	o ans	(e) Expen	se acco	
		(8	) Name and address	stees, found	(b)	Title, and average hours per week	(c) Com (If not p	pensation ald, enter	(d) Co employe	entributions to	o ans	(e) Expen	se acco	
		(8	) Name and address	stees, found	(b)	Title, and average hours per week	(c) Com (If not p	pensation ald, enter	(d) Co employe	entributions to	o ans	(e) Expen	se acco	
SE.	E ATT	(a ACHME	NAME and address		(b)	Title, and average hours per week evoted to position	(c) Com (If not p	pensation ald, enter 0-)	(d) Cr employs and defen	entributions to be benefit placed compens	o ans atton	(e) Expen other al	ise according	
SE.	E ATT	(a ACHME	NT		(b)	Title, and average hours per week evoted to position	(c) Com (If not p	pensation ald, enter 0-)	(d) Cr employs and defen	entributions to be benefit placed compens	o ans atton	(e) Expen other al	ise according	
SE.	E ATT	(a ACHME	NAME and address		(b)	Title, and average hours per week evoted to position	(c) Com (If not p	pensation ald, enter 0-)	(d) Cr employs and defen	page 23 Contributions to	of the in	(e) Expendent other all	ise accordiowance	5
SE2	E ATT/	(a ACHME	NAME and address	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cr employs and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,
2 (a	Comp If non	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to	of the in	(e) Expen	ise accordiowance	s unt,
2 (a	E ATT/	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,
2 (a	Comp If non	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,
2 (a	Comp If non	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,
2 (a	Comp If non	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,
2 (a	Comp If non	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,
2 (a	Comp If non	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,
2 (a	Comp If non	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,
2 (a	Comp If non	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,
2 (a	Comp If non	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid emplo	(b)	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,
SE.	Comp If non	(a ACHME	Name and address  NT  on of five highest r "NONE."	-paid employed more than \$50	yees	Title, and average hours per week evoted to position  (other than the (b) Title, and avera hours per week	(c) Com (If not p	pensation ald, enter 0-)	(d) Cremploys and defen	page 23 Contributions to the benefit played compens	of the in	(e) Expen	ons).	s unt,

Form 990-PF (2010	7) The Greer/Solien Fund		27-3143566 Page /
Part VIII	Information About Officers, Directors, Trustees, Fo	undation Managers, Highly Paid	i Employees,
	and Contractors (continued)		
3 Five highe	st-paid independent contractors for professional services (see page 1	age 23 of the instructions). If none, ente	r "NONE."
(a) i	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year Include relevant sta ganizations and other beneficianes served, conferences convened, research pape		Expenses
1			
2			
4			
Part IX-B	Summary of Program-Related Investments (see page 1977)	ge 24 of the instructions)	
Describe the two	largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1			
2			
	related investments See page 24 of the instructions		
3			
			0

Form **990-PF** (2010)

Total. Add lines 1 through 3

Par	t X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations	S.
	see page 24 of the instructions.)		- 1
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.	1 1	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	C
C	Fair market value of all other assets (see page 25 of the instructions)	1c	C
d	Total (add lines 1a, b, and c)	1d	C
е	Reduction claimed for blockage or other factors reported on lines 1a and		_
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	C
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	C
6	Minimum investment return. Enter 5% of line 5 MIR PRORATED - SHORT TAX YEAR	6	C
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private (	operating	
	foundations and certain foreign organizations check here   and do not complete this part.)	-	
1	Minimum investment return from Part X, line 6	1	C
2a	Tax on investment income for 2010 from Part VI, line 5	o	
b	Income tax for 2010. (This does not include the tax from Part VI.)	ō	
С	Add lines 2a and 2b	7 2c	C
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	С
4	Recoveries of amounts treated as qualifying distributions	4	C
5	Add lines 3 and 4	5	C
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
-	VIII A. Pisting Distributions (and page Of of the instructions)	1 · 1	
Par	t XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	C
b	Program-related investments—total from Part IX-B	1b	C
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
	purposes	2	C
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Surtability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	
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	C
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	ndation	
	qualifies for the section 4940(e) reduction of tax in those years		

1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
_	line 7	··· · · · · · · · · · · · · · · · · ·			0
2	Undistributed income, if any, as of the end of 2010:				
а				0	
b			0		
3	Excess distributions carryover, if any, to 2010				
а	From 20050				
b	From 2006 . <u>0</u>	4			
C	From 2007				
d	From 2008				
е	From 20090				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2010 from Part				•
	XII, line 4: ► \$ 0				
а	Applied to 2009, but not more than line 2a			o	
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		o		
C	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2010 distributable amount .				0
е		0		-	
5	Excess distributions carryover applied to 2010 .	0	<del></del>		0
•	(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 .	ĺo			
_	Prior years' undistributed income. Subtract				
_	line 4b from line 2b		l		
	Enter the amount of pnor years' undistributed		<u> </u>		
·	• •				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				<del></del>
C	Subtract line 6c from line 6b. Taxable				
	amount—see page 27 of the instructions		0		
€					
	4a from line 2a. Taxable amount—see page 27 of the				
	instructions			0	
f	Undistributed income for 2010. Subtract				
	lines 4d and 5 from line 1. This amount must	1	1		
	be distributed in 2011				0
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)			·	
8	Excess distributions carryover from 2005				
	not applied on line 5 or line 7 (see page 27 of the				
	instructions)	0			
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9:				
	Excess from 2006	ol .	ł		
t		-{	}		
-	Excess from 2008	4			
,		4			
-	Excess from 2010	4	]		
		<u> </u>	1		<u> </u>

_	1 990-PF (2010) The Greer/Solien Fund	00 page 07 of #	o inotructions	ad Dort VIII A	27-314	3566 Page 10
	t XIV Private Operating Foundations (s			na Part VII-A, qu	lestion 9)	N/A
ıa	If the foundation has received a ruling or determina foundation, and the ruling is effective for 2010, enter			<b>▶</b>		
b	Check box to indicate whether the foundation is a p			n section	4942(j)(3) or	4942(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for each year listed	0	(6) 2003	(0) 2000	(u) 2007	
	85% of line 2a	0	0	0	0	- 0
	Qualifying distributions from Part XII,			0	-	
Ū	line 4 for each year listed	اه				0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c			0		0
3	Complete 3a, b, or c for the	0	0	0	0	0
a	alternative test relied upon. "Assets" alternative test—enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					<u>_</u>
	of minimum investment return shown in Part X, line 6 for each year listed					•
_		0				0
C	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Cor	nplete this part	only if the four	ndation had \$5,	000 or more in	
	assets at any time during the ye	ar—see page 28	of the instruc	tions.)		
1	Information Regarding Foundation Manag					
a	List any managers of the foundation who have con	tributed more than 2	% of the total contr	butions received by	the foundation	
	before the close of any tax year (but only if they ha	ve contributed more	man \$5,000). (See	section 507 (0)(2).)		
_	DNE  List any managers of the foundation who own 10%	or more of the stock	of a comoration (c	or an equally large or	ortion of the	<del></del>
•	ownership of a partnership or other entity) of which					
NC	DNE					
2	Information Regarding Contribution, Gran	t, Gift, Loan, Sch	olarship, etc., Pr	rograms:		
	Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may be a second of the foundation of the fo	ikes gifts, grants, etc				tions
	under other conditions, complete items 2a, b, c, ar		ligations should be	addmanad		
•	The name, address, and telephone number of the	person to wnom app	ilcations should be	addressed:		
_	The form in which applications should be submitte	d and information an	d materials they sh	ould include:	·-····································	<u> </u>
	; Any submission deadlines				· · · · · · - · - ·	
_	Any restrictions or limitations on awards, such as I	y deographical area	s chantable fields	kinds of institutions	or other	
(	factors:	,, goograpiiidai aied	o, onamane licids,	ands of modulions,	. J. Juliol	

Part XV Supplementary Information (continued)

3	Grants and Contributions Paid During the Year or Approved for Future Payment								
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount				
	Name and address (home or business)	or substantial contributor	recipient						
a	Paid during the year								
_	Total	· · · · · · · · · · · · · · · · · · ·	T	▶ 3a	<u>C</u>				
b									
	Total			<b>&gt;</b> 3l	bl (				

Part XVI-	A Analysis of Income-Producing Activ	/ities				
Enter gros	ss amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by sector	on 512, 513, or 514	(9)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Prograi	m service revenue:	<b></b>				the instructions)
a						<u> </u>
b		<u> </u>				
C				-		
a				<del> </del>		
e		<u> </u>		<del> </del>		<del> </del>
T				<del> </del>		
_	es and contracts from government agencies			<del></del> -		
	-					
	t on savings and temporary cash investments					
		}		-		
	ntal income or (loss) from real estate:					
	bt-financed property			<del>                                     </del>	<del></del>	
	t debt-financed property  ntal income or (loss) from personal property			<u> </u>	<u> </u>	
	nvestment income			<u> </u>		
	r (loss) from sales of assets other than inventory					
	come or (loss) from special events					
	profit or (loss) from sales of inventory		-			
	revenue: a		1			<del> </del>
b						
е						
42 Cubtot	al Add columns (b), (d), and (e)		1 0	N .	0	0
12 Subtot	ai Add Columns (b), (d), and (e)		<u> </u>	<u>'1</u>		0
	Add line 12, columns (b), (d), and (e)			<del>'</del>	13	0
13 Total.				<del>'</del>		
13 Total. (See works	Add line 12, columns (b), (d), and (e)	ulations.)				
13 Total. (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcu	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
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13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
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13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	
13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions on page 29 to verify calca  Relationship of Activities to the Acc  Explain below how each activity for which income the accomplishment of the foundation's exempt p	ulations.)  complishment e is reported in co	t of Exempt P	<b>'urposes</b> VI-A contributed i	13	

Firm's name ► FOUNDATION SOURCE

Firm's address ► 55 WALLS DRIVE, FAIRFIELD, CT 06824

Preparer

Use Only

OIIII 930-I							27-3143		, ug	- 10
Part XV	_	formation Rega xempt Organiza	•	fers To and Transacti	ons and F	lelationships V	ith Nonchari	table		
				ngage in any of the following	an with any	other emeniaction	- described	<del>T -</del>	Yes	No
in se	ection 5	501(c) of the Code		ection 501(c)(3) organizati					163	140
orga	ınızatıo	ns?							1	
a Tran	isfers f	rom the reporting t	foundation to a	a noncharitable exempt or	ganization o	of:				l -
(1)	Cash							1a(1)		L.X
(2)	Other a	assets .					•	1a(2)		<u> </u>
<b>b</b> Othe	er trans	sactions:						-		1
		of assets to a none		. •				1b(1)		X
				ble exempt organization				1b(2)	<u> </u>	X
				assets	•			1b(3)	ļ	X
		ursement arranger						1b(4)		X
		or loan guarantee						1b(5)		X
				ip or fundraising solicitation				1b(6)	<u> </u>	X
	-			s, other assets, or paid en	-			1c	L	X
valu	e of th	e goods, other ass	sets, or service	complete the following scl es given by the reporting for ement, show in column (d)	oundation If	the foundation re	ceived less that	n fair m	arket	ż
(a) Line n	0 (	b) Amount involved	(c) Name o	of nonchantable exempt organizat	on (d)	Description of transfer	s, transactions, and s	sharring a	rangen	nents
						<del></del>				
					<u> </u>					
		· , · , · -					· · · · · · · · · · · · · · · · · · ·			
					_					
				· · · · · · · · · · · · · · · · · · ·						
				<del></del>						
	_					<del>, , , , , , , , , , , , , , , , , , , </del>				
							<del></del>			
2- 1-4		dation dispaths or s	ndirectly office	ated with, or related to, one	or more to	v ovomat organiz	ations			
des	cribed		of the Code (of	ther than section 501(c)(3				Yes X	No No	
	(	a) Name of organization	1	(b) Type of organiz	ation	(0	) Description of relat	onship		
		<u> </u>								
Sign	Under p belief, if	enalties of perjury, I dea is trate correct, and cor	clare that I have ex implete Declaration	xamined this return, including acc n of preparer (other than taxpayer	ompanying sch or fiduciary) is /	edules and statements based on all information	on of which preparer	hasany l	knowled	id ige
Here	<b>                                     </b>	10 pc	VI 4-		15//	7/1/	Meside			
	Sign	ature of officer or truste	e		Date	7	l'itle			
Paid	•	Print/Type preparer's n	name	Preparer's signature		Date Check f				
Preparer Jeffrey D. Haskell		Jeffrey D. Haskell		4/11/2011	self-employed					

Firm's EIN

Phone no

Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

Frank Greer   Street   Crty   State   Code   Tritle   Hrs   Comp. Benefits   According								0		0	
Soft Silverside Road Suite 123 Cof Foundation Source Soft Silverside Road Wilmington Soft Silverside Road Source 123 Wilmington DE 19809 President / Director 1 0 Secretary 1 0	_	Name	Street	Crty	State	Zip Code	Title	Avg Hrs	Сотр.	Benefits	Expense
Stephanie Solien Co Foundation Source Sure 123 Wilmington DE 19809 President / Director / 1 0			c/o Foundation Source 501 Silverside Road Suite 123	Wilmington	DE	19809	Vice President / Director	-	0		0
			c/o Foundation Source 501 Silverside Road Suite 123	Wilmington	DE	19809	President / Director / Secretary	₹-	0		O
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