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## CISRSDJSYP

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury intomal Revenue Service

Name of the organization

Form 990 or 990-EZ.

## Public Charity Status and Public Support

Complete if the organization is a section 50 (G)(3) organization or a section 4947(a)(1) nonexempt chargeable trust.

► Attach to Form 990 or Form 990-EZ. Bee separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer Identification number

The G.R.E.E.N. Foundation 33-1143366 Part I Reason for Public Charity Status (All organizations milest complete this part.) See instructions. A school described in section 170(b)(1)(A)(ii). (Attach Schedule [] 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 respital 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 lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial partiof its apport 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.) 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 fusiness taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 508(a)(2). (Complete Part III.) 10 ☐ An organization organized and operated exclusively to test for pulpic safety. See section 509(a)(4).

11 ☐ An organization organized and operated exclusively for the begafit 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.

a ☐ Type I b ☐ Type II c ☐ Type III—Finictionally integrated d ☐ Type III—Other e D By checking this box, I certify that the organization is noticontrolled 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) or section 509(a)(2). If the organization received a written determination from the its that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . . . . . Since August 17, 2006, has the organization accepted any gift ocntribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or tonether with persons described in (ii) and No (iii) below, the governing body of the supported organization? 118(/) (ii) A family member of a person described in (i) above? 11900 (iii) A 35% controlled entity of a person described in (i) or (ii) abov(i). 119(11) Provide the following information about the supported organizations (ii) EIN (IV) is the organization in coi. (I) listed in legion governing documinal? (i) Name of supported (Ail) Type of organization (v) Did you notify (vii) Amount of (vi) le the noisestragno (described on lines 1-9 the organization in organization in col. nogaue col. (1) of your support? above or IRC section (i) organized in the (see instructions)) (A) (B) (C) (D) (E) Total For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

No. 11285f

CIS	RSDJSYP .			Ver	sion A, cycle 1				
Schedule A (Form 990 or 990-EZ) 2011									Page 2
Part		utions Des	cribe	d in Se	éti	ions 170(b)(1	(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you checked the	he box on li	ne 6	7, or 8	þf	Part I or if the	organization	failed to qua	lify under
Ca -Al	Part III. If the organization fails to	o quality un	der t	ne testil	lis	ited below, pl	ease comple	te Part III.)	
	on A. Public Support	1 ( ) 0007			֓֞֜֜֜֜֝֟֟֝֟֝֟֝֟֝֟֝֟֟ ֓֓֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֜֞֞֞֜֞֜֞֜֜֞֞				
Calendaria 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2007		(b) 2006	1 A	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	Gifts, grants, contributions, and mombership fees received. (Do not		•					Ş	
	include any "unusual grants.")	10/74	امه	20,		62,359	73,000	88,000	254,109
2	Tax revenues levied for the		<del>"</del>	11	ľ	02,333	73,000	00,000	254,103
	organization's benefit and either paid	1 1	• }		ų.	<u> </u>		}	
	to or expended on its behalf		0	H	9	o	0	o	0
3	The value of services or facilities			ÎH.					
	furnished by a governmental unit to the	1	- 1					i	
_	organization without charge	<u> </u>	0	1	9	0	0	0	0
4	Total. Add lines 1 through 3	10,7	४०  इंदरभुक्त	20,0	P	62,359	73,000	88,000	254,109
6	The portion of total contributions by				Ш				
	each person (other than a governmental unit or publicly								
	supported organization) included on				KI.				
	line 1 that exceeds 2% of the amount				L				
	shown on line 11, column (f) ,				H				
6	Public support. Subtract line 5 from line 4.				Ш				254,109
	on B. Total Support	(-) 000 ±	· T	نسيال			(20000		
7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2007 10,7		(b) 2008 20,0		(c) 2009 62,359	(d) 2010 73,000	(e) 2011 88,000	(f) Total 254,109
8	Gross income from interest, dividends,		<del>"</del> }-	20,0	淅	02,338	73,000	88,000	234,108
_	payments received on securities loans,		•	7	1				
	rents, royalties and income from similar		1		光    . 表    :				
	sources	:	0	<u> </u>	þ	0	0	0	0
9	Net income from unrelated business	1 8							
	activities, whether or not the business is regularly carried on			H	1	1			_
10	Other Income. Do not include gain or		<u> </u>	<u> </u>	H	0	0	0	0
	loss from the sale of capital assets		-	H :		1			
	(Explain in Part IV.)		اه		N	0	0	0	0
11	Total support. Add lines 7 through 10				檘				254,109
12	Gross receipts from related activities, etc.	c. (see instruj	ctions	s) []		·		12	0
13	First five years. If the Form 990 is for t	he organizal	ian's	first, sec	Ç0	id, third, fourth	, or fifth tax yo	ear as a section	n 501(c)(3)
Secti	organization, check this box and stop he on C. Computation of Public Suppo	rt Percent		<u> </u>	븼	<u> </u>	<u> </u>		· · <u>-                                 </u>
14	Public support percentage for 2011 (line			led by lin	7	1. column (f)		14	0 %
15	Public support percentage from 2010 Sc	hedule A, Pa	irt II, I	line 14					
169	Public support percentage from 2010 Sc 331a% support test —2011. If the organ	ization did n	ot che	eqk the b	94	on line 13, and	line 14 ls 331	n% or more, ch	neck this
	box and stop here. The organization qua								t-d
ь	331/3% support test—2010. If the organ							15 is 331/3%	
47.	check this box and stop here. The organ	-		161					. ▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me								
	Part IV how the organization meets the "	tacts-and-cl	tenmi ia-am	u-sircum straces"	314 41	the organiz	ation qualifies	as a publiciv si	inoorted
	organization					}			. <b>&gt;</b> []
ъ	10%-facts-and-circumstances test—2	010. If the o	i rgani:	zation die	١	ot check a box	on line 13, 16	ia. 16b. or 17a.	
	15 is 10% or more, and if the organiza	ation meets	the "t	facts-and	-	rcumstances"	test, check th	is box and sto	op here.
	Explain in Part IV how the organization r	neets the "fa	icts-a	ind circu	· N	kances" test. T	he organizatio	n qualifies as a	publicty
40	supported organization		;						· ► 🗆
18	Private foundation. If the organization of instructions	iid not check	•	il.	19.1	Ħ	ı, or 17b, chec	k this box and	see
				· 191 ·		<u>4 - · · · · · · · · · · · · · · · · · · </u>	<u> </u>		
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		. SAL			
	Complete to provide inform	ation to	rospor	ses to specific questions on additional information.	ZU 1
Dopartment of the Yrozoury					Open to Public
Internal Havanue Service	Aπac	n to For	m 990 o	90-EZ.	Inspection
Name of the organization The G.R.E.E.N. Foundation				Employer ide	ntification number 33-1143366
Title August 1 Announdil			F)		33-1142300
			<u> </u>		
, , , , , , , , , , , , , , , , , , , ,					
Question: 8 The organization documents the meetings held		dior wr	tten acti	his undertaken during the year for t	he governing body and for
each committee to take action on behalf of the governing be		} }	í.		
		<b>y</b> :		]]; ;	
				<b>*</b>	
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Quastion 12 a & b Did the organization regularly and consis		ntly mor	iltor and	enforce compliance with the policy	Yes, the information
is discussed regularly during board of directors meetings, a					
15 Discussed regularly	coming board or directors meetings, see	iri meeti	ngs and	valunteer meetings.	watta = = = = = = = = = = = = = = = = = =
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12 c - The organization	consistently monitors and enforces co	hpliand	e with t	conflict of interest policy.	
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		:	<u> </u>		
15 a & b: The organiza	tion's CEO. Executive Director compen	i sation w	as not d	iscussed during 2011 period since h	as not increased
		1		7	
in five years. All key employees of the organization comper		ation ha	not inc	dased in five years.	. , , , , , , , , , , , , , , , , , , ,
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For Paparwork Reduct	ion Act Notice, see the Instructions for	Form 00	ممم سالم	TO NA STOSEK CANALI	- 0 15 000 000 1777 (004.4)