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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

20**12**

OMB No 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

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Department of the Treasury Internal Revenue Service

at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. , 20 For the 2012 calendar year, or tax year beginning 2012, and ending B Check if applicable C Name of organization D Employer Identification number Address change The G.R.E.E.N. E. Foundation 33-1143366 Room/suite Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return P.O. Box 82 714-507-0338 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Brea, CA 92821 Application pending G Accounting Method: Other (specify) ▶ H Check ► ✓ If the organization is not Website: ► www.thegreenfoundation.net required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 527 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally -not more than \$50,000. A Form-990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 58,525 2 Program service revenue including government fees and contracts 2 0 3 3 Membership dues and assessments . . . 0 4 Investment income 4 0 5a Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c C 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 1 Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7¢ 0 Other revenue (describe in Schedule O) 8 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 58,525 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 11 0 12 12 Salaries, other compensation, and employee benefits . 43,375 13 13 Professional fees and other payments to independent contractors 1500 ত্য 14 Occupancy, rent, utilities, and maintenance 14 320 15 Printing, publications, postage, and shipping . . . 15 988 16 16 Other expenses (describe in Schedule O) . . . 10,162 17 Total expenses. Add lines 10 through 16. 17 57,345 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 18 1,180 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 ... end-of-year figure reported on prior year's return) 19 0 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

11,180

Fal	t II	Balance Sheets (see the instructions f	or Part II)				
		Check if the organization used Schedule	O to respond to ar			<u> </u>	<u>. </u>
					(A) Beginning of year		(B) End of year
22	Cas	h, savings, and investments		[10,000	22	11,180
23	Lan	d and buildings		[0	23	0
24	Oth	er assets (describe in Schedule O)		[0	24	0
25	Tota	al assets		[10000	25	10000
26	Tota	al liabilities (describe in Schedule O)		[0	26	0
27	Net	assets or fund balances (line 27 of column	(B) must agree with	ı line 21)	0	27	11,180
Par	t III	Statement of Program Service Accom	plishments (see th	e instructions for P	art III)		Expenses
		Check if the organization used Schedule	O to respond to ar	ny question in this f	Part III 🔝 . 🔲	(Re	quired for section
What	t is the	e organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
as m	neasur ons be	ne organization's program service accomplised by expenses. In a clear and concise manefited, and other relevant information for ea	anner, describe the ch program title.	services provided	, the number of	494	anizations and section 17(a)(1) trusts, optional others.)
28		t health education, outreach, mobile mammogr		lination, patient/clien	t navigation		
	Breas	t cancer survivor monthly support group and h	ome visitations				
	(Gran	ts \$ 48,675) If this amount	includes foreign gra	nts, check here	<u> ▶ ⊔ _</u>	28	a 48,675
29							
	Coord	linated three comprehensive cancer conference	es				
	(Gran	its \$ 9,850) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u> _	29	a 9,850
30							
						ļ	
	(Gran	its \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	30	a
31	Other	r program services (describe in Schedule O)					
	(Gran	its \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	31	a
32	Total	program service expenses (add lines 28a	through 31a)		•	32	2 58,525
Par	t IV	List of Officers, Directors, Trustees, and Key				stru	ctions for Part IV)
		Check if the organization used Schedule	O to respond to a	ay augetion in this l	D = -4 11 /		<u>. </u>
		3					
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ	- [e) Estimated amount of other compensation
	-	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	- [
Erne	sta Wr	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	- [
Erne	sta Wr	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	- [
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	sta Wri	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	- [
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Krist	ina Ba	(a) Name and title ight rnett	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 30,316	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	- [
Krist		(a) Name and title ight rnett	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	- [
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		162	NO
	detailed description of each activity in Schedule O	33_		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36_		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
38a	Did the organization file Form 1120-POL for this year?	37b		√
00a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		_/
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9)		
ь	Gross receipts, included on line 9, for public use of club facilities	<u> </u>		ļ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
L	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		V	1 110
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	V0
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ 🗆
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	السين	Yes	No
44a	completed instead of Form 990-EZ	44a		√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44		
45a		44d 45a		1
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	458		✓
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

							Yes	No	
46	Did the organization engage, directly of	or indirectly, in political c	ampaign activities on	behalf of or	ın opposit	ion 🗀			
	to candidates for public office? If "Yes	," complete Schedule C	, Part I			. 46	5	1	
Part \			-						
	All section 501(c)(3) organizat		stions 47–49h and	52 and co	nnlete th	e tables	for lin	291	
	50 and 51	one must anone que	otiono +i +ob ana	oz, and co.	iipicto tii	c tabics	101 111	103	
		Cohodulo O to vocasa		h:- D41/				_	
	Check if the organization used	scriedule O to respond	to any question in t	nis Part VI	· · ·	<u>· · · · </u>		<u>, Ц</u>	
							Yes	No	
47	Did the organization engage in lobby		section 501(h) electio	n in effect o	luring the	tax			
	year? If "Yes," complete Schedule C, I	Part II	<i></i>			. 47	'	/	
48	Is the organization a school as describe	ed in section 170(b)(1)(A)(i	i)? If "Yes." complete \$	Schedule E		. 48		1	
49a							_	1./	
						-	+ •		
b						. 49		ــــــــــــــــــــــــــــــــــــــ	
50	Complete this table for the organization								
	employees) who each received more t	nan \$100,000 of compe	nsation from the orgai	nization. If th	ere is non	e, enter '	None.	"	
	fol bloom and talls of each application	(b) Average	(c) Reportable	(d) Health					
	(a) Name and title of each employee paid more than \$100,000	hours per week	compensation) Estimated amount of other compensation		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	compen		Other Ct	inpense	20071	
				l .					
			 	 					
			<u> </u>						
			 						
				ì					
			<u></u> _	<u> L</u>					
f	Total number of other employees paid	over \$100,000	▶						
51	Complete this table for the organizat			contractors	who each	n receive	d mor	e than	
	\$100,000 of compensation from the c								
									
(a)	Name and address of each independent contractor	or paid more than \$100,000	(b) Type of serv	/ice	(c) Compens	ation		
									
			-						
			<u> </u>						
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			1						
			 						
			-∤						
									
			.[i					
d	Total number of other independent co	ntractors each receiving	over \$100.000	>					
52	Did the organization complete Schedu	•	•	and 4947(a)/1)				
JŁ	nonexempt charitable trusts must atta					► □ Y		No	
	-								
	penalties of perjury, I declare that I have examined					nowledge a	nd belie	f, it is	
true, co	rrect, and complete. Declaration of preparer (other	than officer) is based on all inf	ormation of which preparer	nas any knowie	age /				
	1 Comesta W	U_NT		1	<i>O//</i> 3	ŏ I Э	01	5 _	
Sign	Signature of officer				• 7				
Here	$1 \longrightarrow 1 \longrightarrow$								
	Type or print name and title	70 . 0 . 77							
_		Dropperts at a street				DTIL	 -		
Paid	Print/Type preparer's name	Preparer's signature	Da	ate	Check		i		
Prep					self-emplo	yed			
	Only Firm's name								
-3E	Firm's address >				ne no				
May ti	he IRS discuss this return with the prep	arer shown above? See	instructions			► TY	es 🗌	No	

Form, 990-EZ (2012)

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

201

Employer identification number

OMB No 1545-0047 2012

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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.

The G.R.E.E.N. Foundation	33-1143366
Expenses for ActNOW conferences (\$9,850)	
Orange County Conference total expenses:	
0.424.70	
2,431.79	
Los Angeles Conference total expenses	
2,403.47	
2,403.47	
Oakland Conference total expenses	
4814.50	
	••••••