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RETIGACINE

REINSTATEMENT

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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Institution Control	7			C Name of organization		D Employer	dentification number
Control tell Cont		Name o	change		46-53	45889	
Accounting Method	П	Initial re	Number and street (or P O box, if mail is not delivered to street address) Room/suite				number
An application primore		Final reti	urn/terminated			(256)	763-6116
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Tax-exempt status (check only one) =	G	Acco	unting Metl	hod Cash X Accrual Other (specify) ►	H Check	► If the	organization is not
K Form of organization	ı	Webs	site 🟲 <u>N</u>	I/A			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total sasets (Part I), column (8) below) are \$500,000 or more, file Form \$90 instead of Form \$90-E2	J	Tax-ex	kempt status	s (check only one) $ \times$ 501(c)(3) \times 501(c) () \rightarrow (insert no) \times 4947(a)(1) or \times 52	7 (Form	990, 990-EZ	', or 990-PF)
assets (Part II, column (B) below) are \$500,000 or more, file Form \$90 instead of Form \$90-EZ	K	Form	of organiz	ation X Corporation Trust Association Other			
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11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefit ontractors 13 Professional fees and other payments to independent ontractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20.		10	Grants an	id similar amounts paid (list in Schedule 0) .	Stmt.	10	
Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20.		11	Benefits o	paid to or for members		11	20,700.
Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20. 13 100. 14 15 16 16 16, 200. 17 67, 278. 18 7, 370. 20 21 -7, 700.	E	12	Salaries, o	other compensation, and employee benets NOV 01 2017		12	29,993.
See Form 990 EZ, Part I, Line 16 Other Expenses 14 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20. 14 15 16 16 17 67, 278. 18 18 19 7, 370. 20 21 19 7, 370.	Р	13	Profession	nal fees and other payments to independent contractors	-	13	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20. See Form 990 EZ, Part I, Line 16 Other Expenses 16 16, 200. 17 67, 278. 18 -15, 070. 19 7, 370.	N	14		cy, rent, utilities, and maintenance OGNEN UT			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20. See Form 990 EZ, Part I, Line 16 Other Expenses 16 16, 200. 17 67, 278. 18 -15, 070. 19 7, 370.	S E	15	-	publications, postage, and shipping			
17 Total expenses. Add lines 10 through 16	s	16		· · · · · · · · · · · · · · · · · · ·	rt J, Line 16 Other E		16 200
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 -7,700.		17	· · · · · · · · · · · · · · · · · · ·	·			67 278
NS EE TT S 20 Other changes in net assets or fund balances at end of year (Combine Innes 18 through 20		18					
21 Net assets or fund balances at end of year Combine lines 18 through 20	A S S S E E		Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with e	nd-of-year		
21 Net assets or fund balances at end of year Combine lines 18 through 20 ≥ 21	ΤŢ	20				· · · · · · · · · · · · · · · · · · ·	1,310.
	3						7 700
	BA				· ·	. ~ .	Form 990-EZ (2016)

· rom	1990-EZ (2016) GREENE STREET M	ARKET AT NATIVITY	INC		16-534	5889 Page 2
Ka	Balance Sheets (see the institute Check if the organization used Sched	ructions for Part II)	on in this Bort II			X
	Check if the organization used Sched	idle O to respond to any questi		(A) Beginning of	1025	(B) End of year
22	Cash, savings, and investments			31.3	7	
23	Land and buildings			31,3	0. 23	14,829.
24	Other assets (describe in Schedule O)	See L-24 Str	nt	22,0		0.
25	Total assets		 			20,437.
26	Total liabilities (describe in Schedule O)		nt	53,4		35,266.
	Net assets or fund balances (line 27 of c	• • • • • •		46,0		42,966.
				7,3	<u>/U. [27]</u>	-7,700. Expenses
<u>Ea</u>	Statement of Program Service A Check if the organization used Scho	scomplishments (see the line	structions for Part III)		_	•
What	is the organization's primary exempt purpose? See			····		uired for section 501
Des	eribe the organization's program service acc	e Organization's Primary Exem	ipt Purpose iree largest program se	Prvices as		and 501(c)(4) nizations, optional
mea	cribe the organization's program service acc sured by expenses. In a clear and concise r fitted, and other relevant information for eac	nanner, describe the services i	provided, the number of	f persons		hers)
28	OPERATED GREENE STREET MA	ARKET OPEN AIR MARK	<u>ET</u>		_	
					_	
					_	
	(Grants \$ 20,985.) If th	is amount includes foreign grai	nts, check here		28 a	40,637.
29	OPERATED GREEN STREET STO	ORE			_1 _1	
					_	
					_	
	(Grants \$ 0.) If th	is amount includes foreign grain	nts, check here .		29 a	18,206.
30	<u> </u>					
					-	
					-	
	(Grants S) If th	is amount includes foreign gra	nts check here		□ 30 a	
31			nto, one or here		1000	
31	, •	is amount includes foreign gra	nte eboek horo		31 a	
- 22	Total program service expenses (add lin				▶ 32	
						58,843.
ra	List of Officers, Directors, Check if the organization used Sch			ven if not compensati	ed — see th	ie instructions for Part IV)
	Official in the organization used our	T	T T T T T T T T T T T T T T T T T T T	(d) Health has	efits .	
		(b) Average hours per				
	(a) Name and title	week devoted to	(c) Reportable compensatio (Forms W-2/1099-MISC)	CONTINUUNIONS TO E	nployee deferred	(e) Estimated amount of
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to er benefit plans, and compensat	deferred	(e) Estimated amount of other compensation
		week devoted to	(Forms W-2/1099-MISC)	benefit plans, and	deferred	(e) Estimated amount of other compensation
	RILYN EVANS	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	deferred on	other compensation
PR	RILYN EVANS	week devoted to	(Forms W-2/1099-MISC)	benefit plans, and compensat	deferred	(e) Estimated amount of other compensation
PR:	RILYN EVANS ESIDENT CKEY ELLIS	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	deferred on O .	other compensation
PR MI VI	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	deferred on	other compensation
PR MI VI JE	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	O.	0.
PR MI VI JE SE	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR'	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	deferred on O .	other compensation
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR'	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	O.	0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU''T CRETAR!	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.
PR MI VI JE SE RO	RILYN EVANS ESIDENT CKEY ELLIS CE PRESIDENT RRY NU'T CRETAR! BERT CROOK EASURER	week devoted to position 10.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and compensat	0 . 0 .	0. 0.

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		•	. []
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
24	If 'Yes,' provide a detailed description of each activity in Schedule Ó	33		X
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	i	v
25.0	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		X
30 a	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a	Ì	Х
h	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	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.	35 c		Х
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		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	经生活	物をお	5.50°95.3 1.22.3.4
	Did the organization file Form 1120-POL for this year?	37 b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	1 1 2 1 1	かか	100
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	ļ	Х
t	olf 'Yes,' complete Schedule L, Part II and enter the total	TO 286	San San S	C.M. P.
20			開製	
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9	5 的 整	1000	THE PARTY
	Third and supplied the supplied to the supplined to the supplied to the supplied to the supplied to the suppli		K.B	
	, oross recopic, marades on mile s, religions and second	11.38		77. 3.4.
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		数的	
	section 4911 , section 4912 , section 4955 , section 4955	多药		
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Special Strates and	Language 13
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	37.3	第13 0	為
	managers or disqualified persons during the year under sections 4912, 4955, and 4958		1.00 mg	17 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	e 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	40 e	10,2.3.15.1	X
42 8	The organization's books are in care of THE ORGANIZATION Telephone no (256) Localed at 208 EUSTIS ST HUNTSVILLE AL ZIP+4 35801	_763		
t	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country		11/4	
		<i>J</i>		
			最级	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	2. 194. il	25.00	
(c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		X
	If 'Yes,' enter the name of the foreign country			
				,
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			,
		Path Am	Yes	No
44 8	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	44 2		TENERAL PER
	of Form 990-EZ	44 a	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	X
ı	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	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c	+	X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	S AND AND		
(If 'No,' provide an explanation in Schedule O	44 d		
45 8	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Х
1	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	- ATEL	P. Burner	
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X (2016)
	TEEA0812 12/22/16			

Form 990-E	Z (2016) GREENE STREET MARKE	T AT NATIVITY	Y INC	46-534	15889	P	age
	ne organization engage, directly or indirectly dates for public office? If 'Yes,' complete So		n activities on behalf of or in	n opposition to	46	Yes 沙山	No Call
	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51	only	uestions 47-49b and 5	2, and complete the	·		
	Check if the organization used Schedule	O to respond to any q	uestion in this Part VI				. [
47 Did th	ne organization engage in lobbying activities	s or have a section 50	1(h) election in effect durin	o the tax year? If 'Yes'		Yes	N
compl	lete Schedule C, Part II				47		X
	organization a school as described in section			E	48		X
	ne organization make any transfers to an ex s,' was the related organization a section 52	,	-		49 a		<u> }</u>
50 Comp	olete this table for the organization's five hig oyees) who each received more than \$100,	hest compensated er	nployees (other than office	rs, directors, trustees and	d key		
empic	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
NONE							
	number of other employees paid over \$100 plete this table for the organization's five high		dependent contractors who	each received more that	n \$100.000 c	of	
comp	pensation from the organization. If there is r	none, enter 'None '			T	. <u> </u>	
NONE	(a) Name and business address of each independent cor	ntractor	(в) Туре	of service	(c) Comp	ensalio	
			-				
- -							
				`		-	
			100,000				
52 Did the comp	I number of other independent contractors of the organization complete Schedule A? Not bleted Schedule A	e All section 501(c)(3) organizations must attack		► XYes		N
Under penaltie true, correct a	es of perjury, I declare that I have examined this return, in and complete Paclaration of preparer (ather than officer)	cluding accompanying sched is based on all information of	lules and statements and to the bes which preparer has any knowledge	st of my knowledge and belief it	is		
Sign Here	Signature of officer			Date Date	<u>.u</u>		
пете	ROBERT CROOK Type or print name and title			TREASURER			
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	1	
Paid Preparer	J KEVIN SMITH, CPA, CGFM, CGMA Film's name ► DYER & SMITH, L		A, CGFM, CGMA(10/25/	T / Self-entbloyed	P0010705	4	
Use Only	Film's address > 112 SOUTHSIDE S			Firm's EIN	02-0639		
Man, 45 - 17	HUNTSVILLE	un abaya? Can instru	AL 35801	Phone no (2)	56) 536- ► X Yes)]No
viay the IR	S d scuss this return with the preparer show	wii anove, See iiistiu			Form 99		

SCHEDULE A (Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number GREENE STREET MARKET AT NATIVITY INC 46-5345889 Paidi國 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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 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 5 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). 6 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) 8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% 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 33-1/3% 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) 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 in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Typin III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations. Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (v) Amount of monetary (vi) Amount of other (IV) is the (described on lines 1-10 above (see instructions)) ion listed support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Part 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)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning ɪn) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see instru	ctions).			12	
13	First five years. If the Form 990 i organization, check this box and s				•	tion 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	ercentage				
14	Public support percentage for 201		•	, column (f))		14	%
15	Public support percentage from 20	015 Schedule A, Pa	art II, line 14		• •	. 15	%
16a	33-1/3% support test—2016. If the and stop here. The organization of					more, check this	box ►
b	33-1/3% support test-2015. If the and stop here The organization of				nd line 15 is 33-1/3 	,	this box
17a	10%-facts-and-circumstances to or more, and if the organization meets the 'facts-a	eets the 'facts-and	circumstances' tes	st, check this box a	and ston here. Exc	dain in Part VI hov	▶
b	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Ext	olain in Part VI hov	10% v the . ►
18	Private foundation If the organiz	ation did not check	x a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	x and see instructi	ons ►
BAA					Cal	hadula A /Form 0	00 000 F7\ 004C

Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (b) 2013 Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ') 6,176 51,863 45,354 103,393. 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 58,783 24,847 61,122 144,752. Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. . . Total. Add lines 1 through 5 31,023 110,646 106,476 248,145. Amounts included on lines 1, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1%-of-the-amount-on-line-13 for the year . . . c Add lines 7a and 7b . Public support. (Subtract line 7c from line 6) 248,145 Section B. Total Support (a) 2012 (d) 2015 (b) 2013 (c) 2014 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) > 9 Amounts from line 6. 31,023 110,646 106,476 248,145. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 0 similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b . . . 0 11 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 loss from the sale of capital assets (Explain in Part VI) . . Total support (Add lines 9, 31,023. 110,646. 106,476. 248,145 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . 15 100.00 16 Public support percentage from 2015 Schedule A, Part III, line 15. g 8 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). 17 용 0.00 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33-1/3% support tests - 2016 If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 X is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests-2015 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	10000000000000000000000000000000000000	14 - T
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		Tes
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	Did the crganization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) Lelow (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		1535
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	plantin de ,	5.6% (5S)
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7	道法	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	THE REAL PROPERTY.	and the
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	型域 9a	ELV.	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	(E) (E)	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		Post config
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		1:5:4
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	M.t.	الم المدا

Part V Supporting Organizations (continued)	· · · · · · · · · · · · · · · · · · ·
11 Has the organization accepted a gift or contribution from any of the following persons?	Yes No
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b A family member of a person described in (a) above?	11b
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c
Section B. Type I Supporting Organizations	
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	Yes No
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2
Section C. Type II Supporting Organizations	
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	Yes No
Section D. All Type III Supporting Organizations	
1—Did-the-organization-provide-to-each-of-its-supported-organizations,-by-the-last-day-of-the-fifth-month of-the—organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction a The organization satisfied the Activities Test Complete line 2 below	Yes No 1 2 3 s).
b The organization is the parent of each of its supported organizations. Complete line 3 below	
c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	uctions)
2 Activities Test Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	Yes No 2a
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b
3 Parent of Supported Organizations Answer (a) and (b) below.	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b

Par	似瀬 Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov 2 must co	0, 1970 (explain in Part VI implete Sections A through) See 1 E	
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)				
а	Average monthly value of securities	1 a			
t	Average monthly cash balances	1 b			
C	Fair mart et value of other non-exempt-use assets	1 c			
C	I Total (add lines 1a, 1b, and 1c)	1 d			
E	Discount claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5	阿斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ated Typ	e III supporting organizati	on	
BAA			Schedule A (Fo	orm 990 or 990-EZ) 201	

46-5345889

Part Vi Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
<u>Sect</u>	Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purpose						
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ns,					
3	Administrative expenses paid to accomplish exempt purposes of suppor						
4	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)	······································					
	Other distributions (describe in Part VI) See instructions			·			
7	Total annual distributions Add lines 1 through 6		· · · · · · · · · · · · · · · · · · ·				
	Distributions to attentive supported organizations to which the organizat in Part VI) See instructions	ion is responsive (provide	e details				
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(III) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6	注例系说图》 图	が記述を記録的				
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions						
3	Excess distributions carryover, if any, to 2016	2、江州市区南部城市中华5	が対抗な対抗性が	的認识的認識的可能性的			
а			では、大学の大学の大学を表現である。	基础系统的编码			
b	则是现代的基本企业的,但是是不是是一种的企业。		电影影响的对象	的方式的一种			
	From 2013	广泛新疆市区		即為於於軍事的			
d	From 2014	まれる理由が対する。	書きる。	以可以是否则以及是可能			
е	From 2015		李明的				
f	Total of lines 3a through e			And the second s			
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)	以大學就是是法學的說法	清部的學習中,其他學科工作	的。 第一章 第一章 第一章			
J	Remainder Subtract lines 3g, 3h, and 3i from 3f			国际人类的特殊的			
4	Distributions for 2016 from Section D, line 7 \$						
а	Applied to underdistributions of prior years			新疆,1000年1000年100			
b	Applied to 2016 distributable amount	计器等基本设置 计数据					
c	Remainder Subtract lines 4a and 4b from 4	Delice and design of the District for the Control of the State of the	四种的思想是否被明治				
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions						
7	Excess distributions carryover to 2017. Add lines 3j and 4c			建筑工作。			
8	Breakdown of line 7		或空間地震到 完於	建筑对这种人种华拉拉 索			
a			图 验证证证证证证证证	美国 1985年 1985年 1988年			
	Excess from 2013		Market Market State of the	《新国》等"大大教》第二次 第一			
С	Excess from 2014	人工起源的证据。这种证明是	STATE OF THE PROPERTY OF THE P	原证法的管理等于表示 。			
d	Excess from 2015 .			MENT TO THE PARTY OF THE PARTY			
е	Excess from 2016		到的最初的企业运动 。				

46-5345889

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

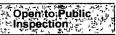
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

Attach to Form 990 or 990-EZ

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016



Department of the Treasury Internal Revenue Service Name of the organization

GREENE STREET MARKET AT NATIVITY INC

Employer identification number

46-5345889