SCANNED APR 3 0 2018

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2017

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

Dep	artment o	f the Treasury nue Service	<i>t</i> 1	ial security numbers of a security numbers o		_		-		Open to Public Inspection	
A			endar year, or tax year beginni			and end				, 20	
В		applicable.	C Name of organization Green Ci		,,				D Employ	ver identification number	
ñ		change	Doing business as						1 ' '	20-3911647	
Η			Number and street (or P.O. box if	mail is not delivered to stree	et address)	Room/s	unte		E Telephone number		
H	Name cl	•	· ·	mail is not delivered to strot	cr add:033)	11.00.110	300		Literapine	5108910616	
님	Initial ref		725 Washington Street			<u> </u>	300		 -	3108910010	
님		rn/terminated	i e	ountry, and ZIP or foreign po	istal code					400/50.0	
님		d return	Oakland, CA 94607						G Gross r		
	Applicat	on pending	F Name and address of principal of		ident					subordinates? Yes No	
			725 Washington St , #300, Oa			= 6	2 H(b)			s included? Yes No	
<u> </u>		mpt status	✓ 501(c)(3)) () ◀ (insert no) L	4947(a)(1) or	ر 527 🔔	2	11 -1	vo," attach a	a list (see instructions)	
<u>J</u>	Website		w.greencitiesfund org		_\				exemption		
K				ciation	L Yea	ar of form	ation'	2005	M State	of legal domicile CA	
P	art i	Summ			<u> </u>						
	1		escribe the organization's mis								
8		reform th	rough independent worker co	operatives; addressing	problems cre	eated by	climate	char	ige; refug	ee and disaster relief;	
Governance		support of	of artists engaged in political/e	nvironmental art.	· · · · · · · · · · · · · · · · · · ·	~~~~	##-> FT				
Ver	2	Check th	is box ▶ ☐ if the organizatio	n discontinued its ope	rationsfortdi	spösed	of mor	e tha	n 25% of	its net assets.	
છુ	3	Number of	of voting members of the go	verning body (Part VI,	ine 1a)			่าธุเ	. 3		
త	4	Number of	of independent voting memb	ers of the governing b	ogy (PartyVI)	lineab)20:18-	10	. 4		
Ęį	5	Total nun	nber of individuals employed	l in calendar year 2017	//(part V, line	2a) ื		ြတ်	. 5		
Activities &	6	Total nun	nber of volunteers (estimate	if necessary)] . L			그뜨	. 6	2	
Ğ	7a	Total unre	elated business revenue from	n Part VIII, column (C)	, line 12) (;	TEN	. UT		. 7a		
	ь		lated business taxable incom					!	. 7b		
							F	Pnor Y	ear	Current Year	
a	8	Contribut	tions and grants (Part VIII, Im	e 1h)				:	311671.26	192,650 2	
Š	9	Program service revenue (Part VIII, line 2g)							0		
Revenue	10	_	estment income (Part VIII, column (A), lines 3, 4, and 7d)						0		
Œ	11								0		
	12		enue-add lines 8 through 11			ne 12)			311671.26	192650 2	
	13		nd similar amounts paid (Par					;	349058.70	179210 5	
	14		paid to or for members (Part	• •					0		
ø	15		other compensation, employed	• • • •		5–10)			0		
JSe	16a	•	onal fundraising fees (Part IX,	·			 		0		
Expenses	ь		draising expenses (Part IX, c				JUNE DE	£ 400 14	7.45	Short Halley as the co	
ă	17		penses (Part IX, column (A), I		e)		b rolling to any		0	25.040000. 9. 1. 2.072.45.20.20.20.2	
	18		penses. Add lines 13-17 (mus			3)	h		349058.70	179210 5	
	19	-	less expenses. Subtract line	•		-	<u> </u>				
- S			The state of the s		_ 	_ ` _	Beginnır	ng of C	urrent Year	End of Year	
Net Assets or Fund Balances	20	<u></u>							168975.04	182414.6	
Ass	21		ilities (Part X, line 26)				}		0		
훒	22		ts or fund balances. Subtract	t line 21 from line 20			}		68975.04	182414 6	
	irt II		ture Block			<u> </u>	·			<u> </u>	
			ry I declare that I have examined thi	s return, including accompa	invina schedules	and stat	ements, a	and to	the best of	my knowledge and belief it	
tru	e, correct	t, and comple	ete Declaration of preparer (other th	an officer) is based on all inf	ormation of which	ch prepar	er has an	y know	ledge.	/ /	
_		I N							-3	17/18	
Sig	n	Signa	ature of officer	5					ate		
He	re		1OM P	ILLLER	P	风压	9/1	CF 1	ゾモ	-	
		Type	or print name and title				.,.,.	<u>- ب</u>			
D-			pe preparer's name	Preparer's signature		7	Date		0	PTIN	
Pa		Tom Mi	iller	Ţ .					Check self-em		
	epare	T		<u> </u>				Fin	m's EIN ▶	N.A.	
US	e Onl	V	ddress ► N.A						one no.	5108910616	
Ma	y the IF		s this return with the prepare	r shown above? (see i	instructions)					· · · · Yes · No	

Form **990** (2017)

Cat. No. 11282Y

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Projects involving climate change mitigation, development of sustainable food sources, green building, refugee and disaster relief and development of worker cooperatives
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
·	services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 118412.53 including grants of \$ 118,412.53) (Revenue \$ 99490 00)
	Continued research and development with Cuban economists and academics to develop its economy in a non-exploitive way.
	Principal researchers are Eric Leenson, co-founder of Progressive Assest and founder of SOLeconomics, and economist Rafael Betancourt Activities include development of academic curriculum in Cuba and organization of international meetings and
	seminars
	(Code:) (Expenses \$ 36,783.76 including grants of \$ 36,783.76) (Revenue \$ 16,935.51)
	Organization of study/research trip to Cuba to learn about and share approaches to deep ecology, sustainability and alternative
	energy production through EcoCuba.
4c	(Code:) (Expenses \$ 24,014.30 including grants of \$ 24,014.30) (Revenue \$ 77.224.72)
	Support of ongoing projects including the Vietnam Green Building Council; the OMEGA project to convert sewage and CO2 into algae products and clean water utilizing alternative energy sources, and the Nha San Artists' Collective in Vietnam to encourage socially
	responsible artistic expression. Also, individual grants to produce "Running Shadow" a documentary on Standing Rock; and grass
	roots organizations providing direct assistance to Syrian refugees and earthquake victims in Mexico

	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 170.210.50



Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		ا ر ا	ĺ
•	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	7	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		_
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		,
•	Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			İ
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			į
_	complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	441		
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		~
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1	-	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ł	
12.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	 - -	~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		 -
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a		14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	-	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		+-
	If "Yes," complete Schedule G, Part III	19		~
			_m 990	/2017

Part	Checklist of Required Schedules (continued)	-		Page 4					
rart	Checklist of Required Schedules (continued)		Yes	No					
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~					
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		<u> </u>						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the								
	organization's current and former officers, directors, trustees, key employees, and highest compensated								
	employees? If "Yes," complete Schedule J	23		~					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than								
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b								
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year								
	to defease any tax-exempt bonds?	24c							
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior								
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?								
	If "Yes," complete Schedule L, Part I	25b		~					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any								
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			,					
27	·	26							
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21	,75.V	eth.					
	Part IV instructions for applicable filling thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		ا منتختنده ا					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete								
	Schedule L, Part IV	28b		~					
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)								
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified								
	conservation contributions? If "Yes," complete Schedule M	30		>					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,								
	Part I	31		>					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"								
33	complete Schedule N, Part II	32		/					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I								
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		~					
0 7	or IV, and Part V, line 1			.,					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		V					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		_					
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330							
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		,					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,								
	Part VI	37		•					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- <u></u> -							
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~						

Form **990** (2017)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	· ·	<u> </u>
4			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		،	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	, †		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	 	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	<u> </u>	
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			 -
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	[[
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶		1.	-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		to the	ا المؤسر ما كار
	(FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	i i		
_	gifts were not tax deductible?	6b	17-handso-	E 913°5-3
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-	: 2350	
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		~
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	7227	V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	 	V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		V
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			1
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	西海		
11	Section 501(c)(12) organizations. Enter:			W. C
a b	Gross income from members or shareholders			1.5
_	against amounts due or received from them.)			Sing.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ákika.	
Б	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120 120	1	Index,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	,,, ', ",	184 Octo.
-•	Note. See the instructions for additional information the organization must report on Schedule O.	F 8 14	1,8-14,	199 4
b	Enter the amount of reserves the organization is required to maintain by the states in which	14	1.	``.
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		8
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	See ins	structi	ons.
Secti	on A. Governing Body and Management		F	
1а	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	\(\frac{1}{2}\)	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6	~	\(\frac{1}{\finn}}}}}{\frac{1}
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а b 9	The governing body?	8a 8b	0	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
		140	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	-	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	V	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	~	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13 14 15	Did the organization have a written whistleblower policy?	13 14	V V	
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	lio I	V
	with a taxable entity during the year?	16a 5' 16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Tom Miller, Green Cities Fund, Inc., 725 Washington St., #300, Oakland, CA 94607 510 891-0616	cords	:▶	

	·
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										r, or trustee.
(A) Name and Title	(B) Average hours per	officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Tom Miller, President	25	,		~				o	0	0
(2) Tran Tuong Nhu, Secretary Treasurer	10	v		,				0	0	0
(3)			_							
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)							-			
(12)										
(13)									-	
(14)		·								

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		<u>nd F</u> C)	lighe	st C	compensated E	mployees (continue	ed)
			Ì		•	o) ation				(m)	1	m
	(A)	(B)			neck	more	than o		(D) Reportable	(E) Reportabl	,	(F) Estimated
	Name and title	Average hours per					is both or/trust		compensation	compensation		amount of
		week (list any			-			-	from	related	}	other
		hours for related	₽¥	stitu	Officer	Key employee	를	Former	the organization	organizatio (W-2/1099-M		compensation from the
		organizations	용물	₽	=	필	oyee oyee	4	(W-2/1099-MISC)		·	organization
		below dotted line)	¥ ₹	121		9] ~ <u>a</u>	1	}			and related organizations
		"""	Individual trustee or director	Institutional trustee	1	l°.	Highest compensated employee				}	organization to
			ļ	8			曾					
(15)		 	 	_	_	-	 	\vdash	 			
J			1						1			
(16)												
]		_							
(17)												
			l					$[_$				
(18)												
									<u></u>			
(19)								_			ľ	
				_	L			<u></u>				
(20)		ļ	!	1				ł				
					_			L	<u> </u>			
(21)			ł		İ				}			
								↓_				
(22)		ļ	ļ					}				
				_			L	<u> </u>	 			
(23)		ļ	}						1		ļ	
			ļ						ļ			
(24)												
		 		_		_		├	 			
(25)		ļ	1					1		ĺ	f	
4 1-	Cub Askal	L	L	L	<u> </u>		l		 	<u> </u>		
1b	Sub-total											
d C	Total from continuation sheets to Part								 			
<u>d</u> 	Total (add lines 1b and 1c)							<u> </u>	1	ana Abana (Cal		
4	Total number of individuals (including bur reportable compensation from the organi		to tr	iose	IISI	ea	above	∌) W	no receivea m 0	ore than \$11	00,000	Oi
	reportable compensation from the organ	zation										Von No
3	Did the organization list any former of	ficer direc	tor c	r tr	บรา	96	kev e	mr	olovee or high	est compe	nsated	Yes No
•	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	indi	ividu	ıal					3
4	For any individual listed on line 1a, is the										om the	18 2 2 2 2 2 2 2
•	organization and related organizations											
	individual							-,				4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsai	tion	froi	m anv	un,	related organiz	ration or ind	lividual	1. m. s
•	for services rendered to the organization											5
Section	n B. Independent Contractors					_						
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100.	000 of
•	compensation from the organization. Rep											
	year.							•	, ,			
	(A)								(B)			(C)
	Name and business add	Iress							Description of s	ervices	C	Compensation
						_						
2	Total number of independent contractor	rs (ıncludir	ng bu	ıt n	ot l	ımit	ed to	th	ose listed ab	ove) who	NAME.	TAX HERENON?
	received more than \$100,000 of compens	ation from 1	the or	gan	ızat	ion l	>		0			

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
		Check if Schedule C	O contains a re	sponse or note t	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
ats sta	1a	Federated campaign	s 1a		-						
Grants	b	Membership dues .		1	1		ļ	1			
s, G Am	c	Fundraising events .	1c]						
Gifts, ilar An	d	Related organizations]						
ii iš	е	Government grants (cor	ntnbutions) 1e		}		ĺ	1			
tior er S	f	All other contributions, g									
ڲؚٙۼؚ		and similar amounts not inc	cluded above 11	192650.23]	}	1	İ			
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions inclu-									
	h	Total. Add lines 1a-1	<u>lf</u>				<u> </u>	ļ			
Program Service Revenue				Business Code							
eve	2a							 			
e E	b										
ž	d							-			
ı Ş	u						 				
gra	f	All other program ser	vice revenue					-			
P	g	Total. Add lines 2a-2			192650.23	A CONTROL OF THE	TOWN THAT YE				
	3	Investment income and other similar amo Income from investmen	(including dividuals)	dends, interest,							
	5										
		Royalties	(i) Real	(ii) Personal	35 6 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5		14.5.3.3.5.5.	建设的			
	6a	Gross rents									
	b	Less: rental expenses									
	C	Rental income or (loss)									
	q	Net rental income or		<u> ▶</u>							
	7a	Gross amount from sales of	(i) Securities	(ii) Other							
		assets other than inventory				THE PERSON	11.54	Section 2			
	b	Less: cost or other basis and sales expenses .					运 护 (基础)				
		·	<u> </u>								
	d	Gain or (loss) Net gain or (loss) .						all and area area.			
e	8a	Gross income from fu		•							
enne	04	events (not including \$	andraising								
3ev		of contributions reporte	ed on line 1c).				E SE AVE				
er F		See Part IV, line 18 .									
Other Rev	b	Less: direct expenses	s								
•	С	Net income or (loss) f		events . >] 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	9a	Gross income from ga	aming activities.		Party and						
		See Part IV, line 19 .									
	b	Less: direct expenses				75 B. 1888	45424				
	С	Net income or (loss) f		ivities ▶							
	10a	Gross sales of in returns and allowance	es a	J							
	b	Less: cost of goods s					TO THE STATE OF TH	2,2 57 22			
	с	Net income or (loss) f			Berta Australia			N. 6° Garage Market 1 Mark 1			
	4.4	Miscellaneous R	revenue	Business Code		Managara TV A. B		M. S. F. Carrier By.			
	11a										
	b			<u></u>				<u> </u>			
	c C	All other revenue .					-				
ł	d e	Total. Add lines 11a-	 .11d				a van de	4580 W 745 186			
	12	Total revenue. See in			192650.23	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3010 FYEE ST. 88 64	5 5 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Par	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon-	se or note to any li	ne in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	173,409.78			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5800.81		,	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes [
11	Fees for services (non-employees):]	
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			新於松門著門第	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2000			
12	Advertising and promotion				
13	Office expenses [
14	Information technology				
15	Royalties [
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				

179,210.59

for any federal, state, or local public officials

Conferences, conventions, and meetings .

Payments to affiliates

Depreciation, depletion, and amortization .

Other expenses. Itemize expenses not covered

above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . . .

All other expenses

19

20

21

22

23

24

25

26

	art X	Balance Sheet			
	art A	Check if Schedule O contains a response or note to any line in this Pa	art X		
	-		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	168975.04	1	182,414 68
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		_3	L
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
Assets	6	Complete Part II of Schedule L	rich was being	5 6	
SS	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8_	<u> </u>
	9	Prepaid expenses and deferred charges	A SOURCE OF THE PROPERTY OF TH	9	**************************************
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	* * **		
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	168975.04		182414.68
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	·	19	
	20 21	Tax-exempt bond liabilities		20	
10		Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,	Chicken was a straight	21 387 ca	Market Control of the Control of Control
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	Total liabilities. Add lines 17 through 25	O	26	C
es S		complete lines 27 through 29, and lines 33 and 34.	Total Control (1987)	****	A PORT
2	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		**	
ţş	30	Capital stock or trust principal, or current funds	The state of the s	30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Ne le	33	Total net assets or fund balances	168975.04	33	182414.68
_	34	Total liabilities and net assets/fund balances	168975.04	34	182414.68

_	4	_
Pana	- 1	_

Check if Schedule O contains a response or note to any line in this Part XI	Par	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?. b If "Yes," did the organization undergo the required audit or audits? If the organizat		Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Oonsolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Were the organization changed either its oversight process or selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	1	Total revenue (must equal Part VIII, column (A), line 12)			1926	50.23
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)			1792	10.59
Net unrealized gains (losses) on investments Donated services and use of facilities Net investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Accounting method used to prepare the Form 990: Cash Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: Separate basis Consolidated basis both consolidated and separate basis If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Aduit Act and OMB Circular A-133? If "Yes,"	3	·			13,4	39.64
Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			1689	75.04
Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) The changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances (explain in Schedule O). The changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 182,414.68). The changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 182,414.68). The changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 182,414.68. The changes in net assets or fund balances at end of the reviewed by an independent accountant? The corporation of infancial statements compiled or reviewed by an independent accountant? The changes in the search of the year were compiled or reviewed by an independent accountant? The changes in the search of the year were compiled or reviewed by an independent accountant? The changes in the search of the year were compiled or reviewed by an	5	Net unrealized gains (losses) on investments	<u> </u>			
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated and separate basis Separate basis Consolidated basis, or both: Separate basis Consolidated basis Consolidated and separate basis Separate basis Consolidated basis Consolidated and separate basis Separate basis Consolidated basis Consolidated a	6	Donated services and use of facilities	 _			
Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	7	Investment expenses				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: 2 Cash Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b 2b Fill "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	8					
33, column (B)) Tennoial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Accounting method used to prepare the Form 990:			9			
Check if Schedule O contains a response or note to any line in this Part XII	10		} }			
Check if Schedule O contains a response or note to any line in this Part XII			10		182,4	14.68
Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	Part	·				
1 Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII	· · · ·		· · ·	_Ц
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1			100		4
Were the organization's financial statements compiled or reviewed by an independent accountant?			plain in			* ×
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				2.50	37 7	التبادية
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2a			2a	00 y 10 h 7	✓
 □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			oiled or			
b Were the organization's financial statements audited by an independent accountant?		·		52		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_			5 12	200	
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b			2b	F8 5053	✓
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·	ed on a			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·		1		
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					200	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	C			1		
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				2c		-a-,-a sa
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			plain in			
the Single Audit Act and OMB Circular A-133?				ACM		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3a		forth in	1 1		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				3a		
	þ			0.4		
Form 990 (2017)		required audit of addits, explain why in Schedule O and describe any steps taken to undergo such a	uulis.	للتسلل	000	
				Forn	n 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	of the organization					Employer identification	number
Gree	n Cities Fund, Inc.					20-39	11647
Pa	t Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The (organization is not a private found \[\] A church, convention of church \[\] A school described in section	ches, or associati	on of churches descr	ibed in se	ection 17	0(b)(1)(A)(i).	61
3 4	The state of the s						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gove ☐ An organization that normally described in section 170(b)(1	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described	in section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization is	I to its exempt funt it income and un after June 30, 197	nctions—subject to c related business taxal 75. See section 509(a	ertain exc ble incom a)(2). (Cor	eptions, le (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 33¹/₃% of its
11	An organization organized and	d operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).	
12	An organization organized and of one or more publicly supp Check the box in lines 12a three	orted organizatio	ns described in secti	ion 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
а	Type I. A supporting orga the supported organizatio supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integers its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally inte requirement (see instructionally interest)	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е	Check this box if the orga functionally integrated, or						e II, Type III
f	Enter the number of supported	organizations .					[
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the a listed in you docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)	· · · · · · · · · · · · · · · · · · ·						

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	163969	347781.07	351322.90	311671.26	192975.04	1,267,394.46
2	Tax revenues levied for the organization's benefit and either pald 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	163969	347781.07	351322.90	311671.26	192975 04	1,267,394 46
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)						0
6	Public support. Subtract line 5 from line 4	1964 (17 Sept			20世纪20世纪	N. 18 18 18 18 18 18 18 18 18 18 18 18 18	1,267,394.46
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						1267394.41
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 12	Gross receipts from related activities, etc	. (see instruction	ons)			12	1,267,394.46
13	First five years. If the Form 990 is for the organization, check this box and stop he						on 501(c)(3)
Secti	on C. Computation of Public Support			· · · · ·			· · · · <u>- </u>
14	Public support percentage for 2017 (line			1. column (f))		14	100 %
15 16a	Public support percentage from 2016 Sci 331/3% support test—2017. If the organ box and stop here. The organization qua	hedule A, Part ization did not lifies as a publ	II, line 14 check the box icly supported			15 31/3% or more,	100 % check this
þ	331/3% support test—2016. If the organithis box and stop here. The organization						
	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets the meets the "fac	e "facts-and-ots-and-ots-and-circum:	circumstances' stances" test.	" test, check The organizati	this box and on qualifies as	stop here. s a publicly ► □
18	Private foundation. If the organization dinstructions						

Part	Support Schedule for Organiza (Complete only if you checked the				nization failed	t to qualify up	der Part II
	If the organization fails to qualify						Jor Jan III
Secti	ion A. Public Support	under the te	oto notoc por	<u> , р. саос ос</u>	p.o.co		/
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201,7	(f) Total
1	Gifts, grants, contributions, and membership fees	(4/15:5	(2)	(-/	(-,	\(\frac{1}{2}\)	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose		1				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		!				
4	Tax revenues levied for the		-		/		
•	organization's benefit and either paid to	ļ	}		/		
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the		1			1	
	organization without charge		,				
6	Total. Add lines 1 through 5			1			
7a	Amounts included on lines 1, 2, and 3		-	<i>"</i>			
	received from disqualified persons .						
ь	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						
С	Add lines 7a and 7b	1	7				
8	Public support. (Subtract line 7c from	33.1	4.7	Water Wall			
	line 6.)	/					
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total_
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			,			
	royalties, and income from similar sources ./						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		[!			
	acquired after June 30, 1975					 	
C	Add lines 10a and 10b	·	ļ			ļ	
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.) . /			;			
13	Total support. (Add lines 9, 10c, 11,	<u> </u>					
, 10	and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first secon	d third fourth	or fifth tay ve	ear as a section	501(c)(3)
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor			<u> </u>			
15	Public support percentage for 2017 (line to			3 column (f))	- · ·	15	%
16	Public support percentage from 2016 Sch					16	
$\overline{}$	on D. Computation of Investment In			· · · ·	 		
17	Investment income percentage for 2017 (y line 13. colur	nn (f))	17	%
18	Investment income percentage from 2016		• • •	•			%
19a	331/3% support tests-2017. If the organ						
	17/is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/2%, check this i	box and stop h	ere. The organi	zation qualifies	as a publicly s	upported organi	zation 🕨 📋

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

Part IV 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.)

C4	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	.)	
Sect	on A. All Supporting Organizations		V	Na
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.		res	No
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		
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.	3c	1. J. S.	<u>ie.</u> .
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 organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (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	VIZ.	2.90
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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		
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		
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 .	9a		
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		
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	W	SATE:
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, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	No.	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	7.33	. 13.	15.5

determine whether the organization had excess business holdings.)

				 -
Part	Supporting Organizations (continued)		Vaa	Nic
11	Has the organization accepted a gift or contribution from any of the following persons?	ا	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	, '		1
4	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[í
	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]	i	
	controlled the organization's activities. If the organization had more than one supported organization,	1.43		
	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.	1		
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			ļ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		F 138-35	Yes	No
1	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		を表	
	or management of the supporting organization was vested in the same persons that controlled or managed		18. W	
	the supported organization(s).	1	المتشقف	Mark
Secti	on D. All Type III Supporting Organizations			
			Yes	No
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	V est		
	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?	1	Sease 188	\$4.+xx*1
2	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).	2		iğırı
3	By reason of the relationship described in (2), did the organization's supported organizations have a	M. 3	200 AV	
	significant voice in the organization's investment policies and in directing the use of the organization's			A AZ
	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.	3		14000 2400
Secti	on 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 i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*K.F.W	7
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Care.		
	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.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		跨强	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	語為		
	reasons for the organization's position that its supported organization(s) would have engaged in these	3 4 148	شامسية	1,3,1
_	activities but for the organization's involvement.	2b		lad
3	Parent of Supported Organizations. Answer (a) and (b) below.		2	, 18 , 1
а	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? <i>Provide details in Part VI.</i>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ننث ا	<u> </u>
h		3a	13 14 G	525
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	1 SE 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	أسسنا

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	niza	ions must complete Section	ns A through E.
Section 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		<u> </u>
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		L
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			AND THE STATE OF
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	186		
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		
Section C - Distributable Amount		2 3 4 1 7 2 2 1 1 2 3 4 1 2 3 4 1 3 3	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	7.2% (19.5% State) \$1.259 bit	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	计算 研究的证据。	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	NO PERSONAL PROPERTY OF THE PR	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	_	Paralle State of the State of t	
emergency temporary reduction (see instructions). 7	10	tograted Type III cupporting	
 Uneck here it the current year is the organization's first as a non-functional 	เหเก	tegrateu Type III Supportini	y organization (See

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	,
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is re	sponsive	
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			· · · · · · · · · · · · · · · · · · ·
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	·	Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			Carles Control
-	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
<u>~</u>	D. F. The Construction of the Construction of	7324. A. A. Int	S. A. D. A. C. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	
<u>-</u>	From 2013	100 - 100 May 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17	11 11 11 11 11 11 11 11 11 11 11 11 11	
_			Proping Party Medical Case	
d				
<u>e</u>	From 2016			TO THE TOWN THE WAR A STREET OF THE PARTY OF
— <u> </u>	Total of lines 3a through e	1 80x4 to 20x1274 (88x 88x 1972 - 4.8x		
<u>-</u>	Applied to underdistributions of prior years		L'ALIESCONNECTIONS, SELVER L'ANDE	
<u> </u>	Applied to 2017 distributable amount			[CL 6 84]
<u>;;</u>	Carryover from 2012 not applied (see instructions)		Selving at the serving	
— i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	The service is a transfer of the state of the		
4	Distributions for 2017 from	5.4 4 C 3 C 1 - 2 4 5 C 1 7 8 2	Carlotte and the state of the state of	970-97, 274-16-58-16-5
7	Section D, line 7:			
a	Applied to underdistributions of prior years		1.74 Mary 400 F T A	Braker Francisco
<u>_</u>	Applied to 2017 distributable amount			B (2) 38 4 5 5 1 3
_	Remainder. Subtract lines 4a and 4b from 4.	The state of the s		
5	Remaining underdistributions for years prior to 2017, if		as minutes the advantage of the material of the co	
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h	5.24°62.3°1 134°546.3°.	S-MANATED ROLL	1 7 886 288 3 AND 188 3 7 C 188 4 7 3 A
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	(A.A.) 在1000 (A.A.)		
7	Excess distributions carryover to 2018. Add lines 3j	A LANGE CONTRACTOR OF THE PROPERTY OF THE PROP		-87°-1,46°/-3#*-877°-2-763°
•	and 4c.	1		
8	Breakdown of line 7:			TRANSPORT TO THE PROPERTY OF T
a a	Excess from 2013	CONTRACTOR OF THE STATE OF THE	THE CONTRACTOR OF THE PARTY OF	CONTRACTOR CONTRACTOR
<u>a</u> b	Excess from 2014	A STATE OF THE STA	* 13 () * 14 - 44 - 47 () () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>_</u>	Excess from 2015	A STATE OF THE STA		************************************
ď	Excess from 2016	THE TOTAL PROPERTY.		
	Excess from 2017	William Control		
<u>е</u>	LAUCOO IIUIII 2017	F12 Tan - 12 12 12 12 12 12 12 12 12 12 12 12 12	1月とかいろうかいかいないならには	1000 100 100 100 100 100 100 100 100 10

Page	۶
raue	٠.

Part VI	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 F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

Name of the	he organization					Employer id	entification number
Green C	ities Fund, Inc)-3911647
Part I	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organ	ization ansi	wered "Yes" on
a	For grantmakers. Does the assistance, the grantees' elegrants or assistance?		e grants or as				
	For grantmakers. Describe assistance outside the Unite		the organizati	ion's procedures for monit	toring the use o	of its grant	s and other
3 A	Activities per Region. (The fo	ollowing Part	l, line 3 table d	can be duplicated if addition	nal space is need	ded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity lists a program se describe specifi service(s) in the	ervice, ic type of	(f) Total expenditures for and investments in the region
(1) Vie	etnam	0	1	Program Services	Green building c	ertification	352 27
(2) Vie	etnam	0	1	Program Services	Nha San Art Coll	ective	5448 54
(3) Cu	ıba	0	1	Program Services	Ecological resea	rch	36783 76
(4) Cu	ıba	0	1	Program Services	Worker co-op de	velopment	118,412 53
(5) Sy	ria	0	11	Program Services	Refugee relief		1015 00
(6) Me	exico	0	1	Program Services	Earthquake relie	f	1000 00
(7) Vie	etnam	0	1	Program Services	Ecological resea	rch	2947 03
(8)							
(9)			 				
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)						:	L
b T	Sub-total					·	174,210 59
s	heets to Part I			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		, , , , , ,	·

c Totals (add lines 3a and 3b)

174,210 59

Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5.000 Part II can be duplicated if additional space is needed. Part II

	Part IV,	line 15, tor an	ly recipient who re	eceived more than \$	5,000 Par II car	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated it additional space is needed.	dditional space is	needed.	
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ	7								
[2]	>								
ල									
<u> </u>	~ ' .	<**							
(2)		-							
<u> </u>									
<u> </u>	,								
<u> </u>		y %							
6	>								
<u>6</u>									
£									
(12)	2	\$							
(13)	,								
5	* * * * * * * * * * * * * * * * * * * *								
(15)	^ ~								
(16)									:
	*						•		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt . by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

0

Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2017

Part III Grants at

Fart III can be dupiic	Space	Is needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(6)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2017

Page	Δ

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		₽ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	n	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)		₽ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	١,	₩ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes, the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		₽ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)		☑ No

Part V Supple

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

O L. L. D. L. L. C. L. L. L. L. L. L. L. L. L. L. L. L. L.
Sched F, Part 1(2) Procedures for monitering In Vietnam, the Vietnam Green Building Council has become an independent Vietnamese
and raises its own funds through corporate membership and fees. Since it is self-sustaining, only a small amount of financial support is
needed. The money spent last year were for travel expenses of Green Cities Fund's unpaid VGBC board member, verified through receipts
Additional expenditures in Vietnam were for development of the OMEGA program conceived by NASA scientist Jonathan Trent, where
space technology is applied on earth to convert CO2 and sewage into clean water and algae products on a floating platform powered by
sun, wind and wave action. In addition, Green Cities Fund continues to support the Nha San Art Collective through scholarships and
exhibition grants Nha San artists practice cutting edge political art in a challenging environment, in much the same way as Ai Weiwei in
"plays chess" with the Government. Gabby Miller (daughter of GCF founders) has helped establish the collective on firmer ground through
various international grants.
In Cuba unpaid representatives of GCF supervise various projects involving deep ecology, organic farming, development of curriculum and
conferences on worker cooperatives and "people to people" contact with the Cuban people
