

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

2019

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

► Do not enter social security numbers on this form, as it may be made public.  
 ► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

1912

**A For the 2019 calendar year, or tax year beginning** 1 January , 2019, and ending 31 December , 20 19

<b>B</b> Check if applicable	<b>C</b> Name of organization <b>Green Across the World, Inc.</b>	<b>D</b> Employer identification number <b>03-0367596</b>
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address) <b>1594 North Orwell Road</b>	Room/suite <b>03</b>
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code <b>Shoreham, VT 05770</b>	
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
<b>I</b> Website: ► <a href="http://www.greenacrosstheworld.org">www.greenacrosstheworld.org</a>	<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$		

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

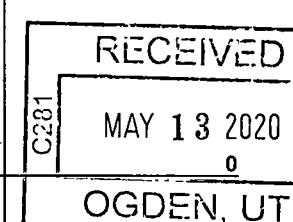
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 12,138
	2 Program service revenue including government fees and contracts . . . . .	2 82,688
	3 Membership dues and assessments . . . . .	3 0
	4 Investment income . . . . .	4 183
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c 0
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	
c Less: direct expenses from gaming and fundraising events . . . . .	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	
7a Gross sales of inventory, less returns and allowances . . . . .	7a	
b Less: cost of goods sold . . . . .	7b	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .		
8 Other revenue (describe in Schedule O) . . . . .		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 390
	11 Benefits paid to or for members . . . . .	11 0
	12 Salaries, other compensation, and employee benefits . . . . .	12 13,866
	13 Professional fees and other payments to independent contractors . . . . .	13 7,012
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 1,632
	15 Printing, publications, postage, and shipping . . . . .	15 2,394
	16 Other expenses (describe in Schedule O) . . . . .	16 56,107
	17 <b>Total expenses.</b> Add lines 10 through 16 ►	17 81,401
<b>Net Assets</b>	18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18 22,228
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 27,031
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 -732
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 48,527

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2019)

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**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	26,122	45,254
23	Land and buildings	0	0
24	Other assets (describe in Schedule O)	909	3,273
25	<b>Total assets</b>	27,031	48,527
26	<b>Total liabilities</b> (describe in Schedule O)	26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	27,031	48,527

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Environmental & Cultural Education

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	Tottori-Vermont Youth Environmental Leadership Exchange: Reciprocal 10 day exchanges between Burlington and Essex High Schools, and schools in Tottori, Japan in April (Japan) and October (Vermont) included over 28 students each and focused on Culture & Environment.	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	30,115
29	Youth Green International: Development and maintenance of this website continued for international youth group and school exchange related to environment & culture. 413 users are registered. Active school to school and other exchanges occurred during spring and fall semesters.	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	321
30	Sino American Youth Environmental Leadership Exchange: 10 high school students participated in a two-week summer program/course focused on natural history, economics and politics based at the University of Vermont, Burlington, VT.	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	31,383
31	Other program services (describe in Schedule O)	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)		► <input type="checkbox"/>	32	61,819

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Peter Lynch				
Executive Director	30	11,250	1,250	0
Andreas Nolte				
Chairperson	2	0	0	0
Eric Knudsen				
Vice-Chairperson	1	0	0	0
July Sanders				
Treasurer	1	0	0	0
Meagan Van Woert				
Secretary	3	0	0	0
Tom Merkel				
Director	1	0	0	0
Michael Krasnow				
Director	1	0	0	0
Smith McKay				
Director	1	0	0	0
Quinn Longbothum				
Director	2	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions  34 ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a ✓

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0  37b ✓

b Did the organization file Form 1120-POL for this year?  38a ✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b

b If "Yes," complete Schedule L, Part II, and enter the total amount involved  39a

39 Section 501(c)(7) organizations. Enter:  39b

a Initiation fees and capital contributions included on line 9  39b

b Gross receipts, included on line 9, for public use of club facilities  39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0  40b ✓

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40b ✓

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40b ✓

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40b ✓

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e ✓

41 List the states with which a copy of this return is filed ► NA (Vermont does not require us to file)

42a The organization's books are in care of ► Peter Lynch Telephone no. ► 802.897.5232  
Located at ► 1594 North Orwell Road, Shoreham, VT ZIP + 4 ► 05770  42b ✓

b 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)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42c ✓

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►  42c ✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b ✓

c Did the organization receive any payments for indoor tanning services during the year?  44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a ✓

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45b ✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

**Part VI      Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 . . . . ► 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ► 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>		<b>5-8-2020</b>
	<b>Signature of officer</b> <b>Peter Lynch, Executive Director</b>	<b>Date</b>
	<b>Type or print name and title</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

Green Across the World, Inc.

Employer identification number

03-0367596

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. **07**
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B**.
  - b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C**.
  - c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E**.
  - d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V**.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,086	40,811	33,334	21,384	12,138	157,753
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3	<b>50,085</b>	<b>40,811</b>	<b>33,334</b>	<b>21,384</b>	<b>12,138</b>	<b>157,753</b>
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)						71,501
<b>6 Public support.</b> Subtract line 5 from line 4						86,252

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	50,085	40,811	33,334	21,384	12,138	157,753
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	44	19	52	57	183	355
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,827	53,404	78,683	35,313	91,308	283,535
<b>11 Total support.</b> Add lines 7 through 10						441,643
12 Gross receipts from related activities, etc. (see instructions)					<b>12</b>	0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	20 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	27 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

**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.)

**Part II, line 10: Other Income**

2015- \$3,831 tuition; \$15,914 contracted program services, Tottori Prefecture, Japan; \$536 fundraising; \$4,546 reimbursements

(airfare, fees, etc.)

2016- \$21,435 tuition; \$15,340 contracted program services, Tottori Prefecture, Japan; \$8,000 deposit contracted program services

Woodstock Union High School, VT; \$135 fundraising; \$8,494 reimbursements (airfare, fees, etc.)

2017- \$13,800 tuition; \$17,278 contracted program services, Tottori Prefecture, Japan; \$34,325 contracted program services, Woodstock

Union High School, VT; \$400 fundraising; \$650 est. value of donated goods; \$12,178 reimbursements (airfare, fees, etc.)

2018- \$12,960 tuition; \$15,435 contracted program services, Tottori Prefecture, Japan; \$40 fundraising; \$6,878 reimbursements

(airfare, fees, etc.)

2019- \$61,949 tuition; \$20,739 contracted program services, Tottori Prefecture, Japan; \$8,620 reimbursements (airfare, fees, etc.)

**Part II, line 17a: 10%-facts-and-circumstances test—2019**

Green Across the World maintains a mailing list, currently 469 addresses, for spring and fall appeals. We also solicit donations on line.

We are governed by a volunteer Board of Directors who oversee adherence to our educational mission. Our Youth Green International web site ([www.youthgreeninternational.org](http://www.youthgreeninternational.org)) is available to any school for cultural and environmental exchange upon request.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**Green Across the World, Inc.**

Employer identification number

**03-0367596**

**990EZ Part I, line 8: reimbursements; Airfare (\$ 8,620)**

**990EZ Part I, line 16: goods & supplies (\$ 8,298), membership, entrance, & banking fees (\$ 1,167), insurance (\$ 3,668),**

**airfare, travel & transportation (\$ 20,899), advertising (\$ 813), and lodging & meals (\$ 21,262).**

**990EZ Part I, line 20: Net depreciation of durable goods**

**990EZ Part II, line 24: Computers (3 new in 2019), printer, storage drives, camera, phone.**